

**ATTACHMENT A  
APPLICANT SIGNATURE FORM**

**INSTRUCTIONS:** Applicants must complete and submit this Applicant Information Form signed and dated by the Supermarket Manager, or other authorized personnel, and the Supermarket Owner.

<b>Applicant Organization</b>
Supermarket Name:  
<b>Certifications</b>
<p>As Supermarket Manager, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</p> <hr/> <p style="text-align: center;">Signature of Supermarket Manager <span style="float: right;">Date</span></p> <hr/> <p>Printed Name and Title</p> <p>As the Owner of the supermarket submitting this application, I am supportive of this application and commit my store to fully engaging in the work proposed as part of this application.</p> <hr/> <p style="text-align: center;">Signature of Authorizing Official <span style="float: right;">Date</span></p> <hr/> <p>Printed Name and Title</p>