

RFA – Get the Good Stuff Program Expansion

Applicant Signature Form

INSTRUCTIONS: Applicants must complete and submit this form signed and dated by the Store Manager and the organization's Authorizing Official.

Applicant Organization	
Grocery Store Name:	
Certifications	
As Store Manager, I certify that all information provided in this application is correct and accurate to the best of my knowledge.	
_____ Signature of Store Manager	_____ Date
_____ Printed Name and Title	
As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work proposed as part of this application.	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	