



## **Authorized Signer Certification**

Please complete all fields below. This form must be notarized and uploaded with your application by October 31, 2025.

Organization Information		
Organization Name:		
Organization Mailing Address:		
Organization Phone:		
Name		Title
Signature		
	_	01 (c)(3) organization listed above, with permission e organization and distribution of funds.
Affidavit		
application are true and correct. I is filed is a charitable organization	Further, I hereby de n defined under 501	nts and information submitted with this grant clare that the organization for which this application 1 c (3) and/or related sections of the Internal Revenue d on race, color, religion, sex, age or national origin.
<u>Notarization</u>		
and do hereby acknowledge that <sub>.</sub>	day of	, County of, the above signed affiant, did sign and publish, 2025, affirming correctness and validity the Affidavit is attached.
Name (print)		Signature
My commission expires	dav of	. 20