

# AUTHORIZED SIGNER CERTIFICATION



Fill out all the required information. This form must be notarized and uploaded to your online grant application by October 31, 2024.

## Organization Information

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Business Phone Number: \_\_\_\_\_

## Personal Information

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

The individual listed above is certified to be an authorized signer for \_\_\_\_\_  
with authority to sign documents related to grant requests and to issue any payment  
instructions. Name of organization

### **Affidavit**

I, undersigned, state and affirm that all the statements and information submitted with this grant application are true and correct. Further, I hereby declare that the organization for which this application is filed, is a charitable organization defined under 501(c)(3) and/or related sections of the Internal Revenue Code, and does not discriminate in any manner based on race, color, religion, sex, national origin or based on age.

### **Notarization:**

I, the below signed Notary, in and for the State of \_\_\_\_\_, County of \_\_\_\_\_, and do hereby acknowledge that \_\_\_\_\_, the above signed Affiant, did sign and publish the above Affidavit before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, affirming the correctness and validity of the statements made in the application to which the Affidavit is attached.

\_\_\_\_\_  
NOTARY

My commission expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.