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By signing and submitting this form, the undersigned certifies to the best of his or her knowledge and belief, that:

A. The work product in this grant application is the original work of the district/applicant and its agents who worked on the application.

B. The application accurately reflects the unique demographics and formally identified needs of the district/applicant and sites.

C. The application was developed in accordance with an Advisory Committee process and its recommendations.

Printed Name of Person Completing Application	Title
	Are you a contracted Grant Writer?

Signature of Person Completing Application

Date

 \Box NO

□ YES

Applicant Organization



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