

## Assurance and Certification (Signature Page)

Please complete this form and include in the application.

**By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.**

### **ASSURANCE SIGNATURE:**

---

By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Applicant Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title of Authorized Applicant Representative

\_\_\_\_\_  
Authorized Applicant Signature

\_\_\_\_\_  
Date

### **CERTIFICATION SIGNATURE:**

---

By signing this certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- Certification: Debarment, Suspension and Other Responsibility Matters
- Certification: Drug-Free Workplace
- Certification: Lobbying Activities

**Applicant Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title of Authorized Applicant Representative

\_\_\_\_\_  
Authorized Applicant Signature

\_\_\_\_\_  
Date