

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 PAGE

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 PAGE

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