



ARP ESSER After-school and Summer Initiative
Office of Emergency Programs

Certification Signature Page

Appendix C: Required SCDE Forms

Certification Signature Page

(This form must be signed by the individual from each proposed organization, district, or school who holds the title listed below.)

Certification

I hereby certify that, to the best of my knowledge, the information and data contained in this application are true and correct. The applicant's governing body has duly authorized this application and documentation, and the applicant will comply with the Program Specific Assurances (if applicable) and the SCDE Assurances and Terms and Conditions if the grant is awarded. The applicant is registered and current (active) on the federal [System for Award Management \(SAM\)](#).

Authorized Official (should be CEO of organization)

Name:	
Position:	Email:
Telephone:	Fax:

Signature of Authorized Official:	Typed name of Authorized Official:
Date Signed:	

Financial Official

Name:	
Position:	Email:
Telephone:	Fax:

Signature of Financial Official:	Typed Name of Financial Official:
Date Signed:	

Complete and obtain electronic signatures prior to submission. Include the signed form in the required attachments as indicated online.