Certification Signature Page

(This form must be signed by the individual from each proposed district or organization 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 and the SCDE Assurances and Terms and Conditions if the subgrant is awarded. The applicant is registered and current (active) on the federal System for Award Management (SAM).

Authorized Official (CEO/executive director of organization or school district superintendent)

Name:	
Position:	Email:
Telephone:	Fax:

Signature of Authorized Official:	Typed name of Authorized Official:
Date Signed:	
Signature of Financial Official:	Typed Name of Financial Official:
Date Signed:	
Signature of Adult Education Director:	Typed Name of Adult Education Director:
Date Signed:	

Obtain electronic signatures prior to submission. Include the form in the required appendices.