CERTIFICATION LETTER

*(The following is to be printed on grantee letterhead and returned to the SHPO)*

Grant #:

Organization Name:

Mailing Address:

Phone Number:

Authorized Signatures:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official #1 Signature of Authorized Official #2

Signature of Authorized Official #3

This is to certify that the above is the signature of:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Official #1 Name (please print) Title (please print)

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 Authorized Official #2 Name (please print) Title (please print)

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Authorized Official #3 Name (please print) Title (please print)

are authorized to sign the Monthly Financial Report and Quarterly Progress Report forms*.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Official Title (please print) Date