Certification Signature Page

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 for State Awards if the grant is awarded. The applicant is registered and current (active) on the federal System for Award Management (SAM).

Authorized Official (i.e., IHE president, finance director, or superintendent of school district)

Name:	
Position:	Email:
Telephone:	Fax:
Signature of Authorized Official:	Date Signed:

Financial Official (if not Authorized Official)

Name:	
Telephone:	Email:
Signature of Financial Official:	Date Signed:

Project Director

Name:	
Position:	Email:
Telephone:	Fax:
Signature of Project Director:	Date Signed:

Complete, print, and obtain signatures prior to submission. Include the signed, scanned form in the required appendices as indicated on page 16