**AUTHORIZED REPRESENTATIVE SIGNATURE**

**I have read and support this Targeted State Grant Application.**

| **CONTACT INFORMATION** |
| --- |
| **Organization** |       |
| **Project Name** |       |
| **Authorized Representative Name** |       |
| **Title** |       |
| **Email Address** |       |
| **Phone Number** |       |
| **Authorized Representative Mailing Address** |       |
| **City, State, Zip** (9-digit) |       |

**Authorized Representative Signature (electronic)** **Date**

*Type name or insert digital signature above.*

*No hard copies or wet signatures will be collected for the initial application. Applicants will be asked to sign an award packet using DocuSign later on in the process.*

*Please see instructions for more information.*