2023 PARKS PASS GRANT PROGRAM

**APPLICATION CERTIFICATION & SIGNATURE**

|  |  |
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| Applicant Organization: |  |

**SIGNATURES**

The parties below attest to and certify that the information provided in this application is true, complete, and accurate. The applicant agrees to execute the project based on the data provided in the application.

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| --- | --- | --- | --- | --- | --- |
| AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION (signature of person listed in the application as authorized to make application for the jurisdiction | | | | | |
| Authorized Official Name: |  | Title: |  | | |
| Authorized Official Signature: |  | | | Date: |  |
| PRIMARY CONTACT | | | | | |
| Primary Contact Name: |  | Title: |  | | |
| Primary Contact Signature: |  | | | Date: |  |