

Florida Division of Emergency Management
Nonprofit Security Grant Program
National Security Supplemental
Application Signature Page

Instructions:

1. The signature page **must** be signed by the Applicant's Authorized Representative (AOR). Consultants or contractors of the applicant organization are not permitted to sign the application nor be the AOR of the recipient. If application is signed by anyone other than the Applicant's Authorized Representative, the application will be ineligible.
2. Each signature must be a physical or a digital signature with date and time certification stamp. **A typed name will not be accepted.**
3. This signature page must be signed and submitted with application materials as a PDF.

Applicant Information:

Applicant Legal Name:

(Legal name of the organization legally responsible for the grant award to whom payments will be made)

FEIN:

Applicant Physical Address:

Applicant Mailing Address:

(if different from Physical Address)

Applicant Authorized Representative Title:

(Person authorized by Applicant to apply for grant funding)

Applicant Authorized Representative Full Name:

(e.g., Benjamin J. Smith)

Applicant Authorized Email:

Certification:

By signing this Signature Page, I certify that I am the person authorized to submit this application on behalf of the Applicant. I certify that I am not a consultant or contractor serving in the capacity as the Authorized Organization Representative and I further certify to the best of my knowledge, that all information provided in this application is true and correct.

Applicant Authorized Representative Signature:

_____ Date: _____