

CERTIFICATION FORM

SUBRECIPIENT NAME: _____

AGREEMENT NO: _____

Signature _____

FEIN NO. _____

Typed Name _____

UNIQUE ENTITY ID NO.

Title _____

Signature _____

Typed Name _____

Title _____

This form certifies the above persons are authorized to sign reports or requests for payment and other legal instruments associated with the grant agreement number(s) referenced above. Any one of the three signatures on this form may be accepted for the purposes described above. Submission of this document to the Alabama Department of Economic and Community Affairs is a condition for project sponsors to receive payment of grant funds. Changes in project management and/or elected officials will require the submission of a new *Certification Form*.

OFFICIAL SEAL

CEO/ Executive Director/President (Signature)

CEO/ Executive Director/President (Typed Name)

Date

MAILING ADDRESS for general information:

General Contact: _____

Phone Number: _____

MAILING ADDRESS for CHECKS

(This address must exactly match the sponsors' address listed in the State of Alabama Accounting and Resource System (STAARS)):
