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 subrecipients to receive payment of grant funds. Changes in project management and/or the authorized signer will require the submission of a new *Certification Form*.

OFFICIAL SEAL

_____
Authorized Signer (Signature)

_____
Authorized Signer (Typed Name and Title)

_____
Date

MAILING ADDRESS for general information:

_____

_____

_____

_____

General Contact: _____

Phone Number: _____

MAILING ADDRESS for CHECKS
(This address must <u>exactly</u> match the subrecipient's address listed in the State of Alabama Accounting and Resource System (STAARS)):

_____

_____

_____

_____

Revised 10/26