

# GROUP APPLICATION CERTIFICATION

NOTE: This form must be completed by eligible parties applying as a group for a grant. This form must be accompanied by a group agreement that details the activities that each member of the group plans to perform under the grant.

(34 FR 75.128(b)-(c)).

To the best of my knowledge and belief, all data in this application are true and correct. I agree to be bound to every statement and assurance made in this application

## Authorized Representative

Name of Institution/  
Organization

Typed Name

Title

Signature

Date  
Signed

Telephone Number  
(Including Area Code)

OMB Number 1885-0551 Expires 10/31/2005

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