

CERTIFICATION FORM

This certification form must be completed by the applicant Organization's Authorized Official (including but not limited to Municipal Authorized Official, Chief Executive Officer, Executive Director, or an officer of the Board of Directors).

I certify that I hold one of the positions named above and am authorized by the applicant Organization to submit this application.

I certify that all statements are true and accurate to the best of my knowledge.

I acknowledge that this application is being submitted with the full knowledge and approval of the Organization's Board of Selectmen/Commissioners/Directors or City Council and that the Organization will comply with New Hampshire conflict of interest laws as defined by RSA 7:19-a and RSA 292:6-a.

I acknowledge that this application is being submitted with the full knowledge and approval of CDFA's Privacy Policy, by which I acknowledge all information and documents created, accepted or obtained by, or on behalf of, CDFA are potentially subject to disclosure in compliance with RSA 91-A, New Hampshire's Right-to-Know law.

Name of Organization

Signature:

Title:
Duly Authorized

Date