

SIGNATURES OF AUTHORIZATION

Ohio History Fund Grant Application

Ohio History Connection

Grant Project Title: _____

Applicant Organization: _____

As the grant project's Authorizing Official, Project Director, and Project Bookkeeper, we certify the following:

- All information in the application is accurate to the best of our knowledge and we can, if requested, provide proof of same.
- We and our subordinates will execute the project and expend all project funds as described in the application, or in modifications to subsequent agreements, describing the project and can, if requested, demonstrate same.
 - Furthermore, if awarded a grant, we will return to the Ohio History Connection a signed grant agreement and associated forms no later than 30 days following receipt of the grant agreement and forms. Noncompliance will result in forfeiture of the grant.
- The project adheres to all requirements for the History Fund as described in the *History Fund Grant Guidelines*

_____ Signature of applicant organization's Authorizing Official	_____ Printed Name	_____ Date
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_____ Signature of Project Director	_____ Printed Name	_____ Date
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_____ Signature of Project Bookkeeper	_____ Printed Name	_____ Date
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Upload and attach this form, with signatures, to your online History Fund grant application in the section titled "Signatures."