Certified Local Government Grant Application
Signature Page

I. CLG Community Name: _____

Project Administrator: ☐ **CLG** ☐ **Third-Party Administrator**

CLG Chief Administrative Official:

Name: _____

Title: _____

Address: _____

City: _____ State: OH Zip: _____

Email: _____

Signature: _____

Third-Party/Project Administrator:

Name: _____

Title: _____

Address: _____

City: _____ State: OH Zip: _____

Email: _____

Signature: _____