**2022 Vermont Department of Public Safety Regional Communications**

**Application Signature Page**

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| **Instructions:** |

1. The signature page must be signed by both the Official Grantee Authorized Representative and the Fiscal Agent person if the Fiscal Agent is not the same person as the Official Grantee Authorized Representative.
2. The signature must be a physical or a digital signature. A typed name will not be accepted.

3. The signature page must be signed and submitted with application materials as a PDF.

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| **My regional dispatch center is:**  |

[ ]  is a new regional dispatch center

[ ]  is an existing regional dispatch center adding additional agencies

[ ]  is an established regional dispatch center fully transitioning from state resources

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| Official Grantee: *(Name of organization legally responsible for award and the vendor to whom payments will be made)* |  |
| Official Grantee Address: *(Street Address, City, State, & Zip Code)* |  |
| Official Grantee Authorized Representative Title: *(Person with authority to authorize application for funds)* |  |
| Official Grantee Authorized Representative Name: *(e.g., John Smith)* |  |
| Official Grantee Authorized Representative Email: |  |
| **Certification:**  | [ ]  By signing this Signature Page, I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the Working Group considering this application to use the information provided herein for the purpose of grant consideration.  |
| **Official Grantee Authorized Representative Signature:** |  | Date: |
| Fiscal Agent Title: *(Person responsible for the financial management of grant project if different than Official Grantee Authorized Representative)*  |  |
| Fiscal Agent Name: |  |
| Fiscal Agent Email:  |  |
| **Fiscal Agent Signature:** |  | Date: |
| **Total Amount of Application Request:** | **$** |