**2019 Vermont Department of Public Safety**

**Application Signature Page**

1. The signature page must be signed by both the Authorizing Official and the Fiscal Contact. These must be different people.
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 agency is applying in response to the following RFP: (check all that apply) |
| Preventative Radiological and Nuclear Detection (PRND) Training  Preventative Radiological and Nuclear Detection (PRND) Equipment  Screening, Search, and Detection, Interdiction and Disruption, and Intelligence and Information Training  Screening, Search, and Detection, Interdiction and Disruption, and Intelligence and Information Equipment  Fusion Center (Vermont Intelligence Center)  Mass Search and Rescue Operations Training  Mass Search and Rescue Equipment and Supplies  Trauma Informed Behavioral Health Training for Responders  Support of Local Training and Exercise Program Local Exercise Activities (Local applicants only)  Interoperable Communication (State agencies only)  Operation Stonegarden – Equipment  Operation Stonegarden – Operational Details  Nonprofit Security Grant Program |
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| Applicant Agency Name: |  |
| Applicant Agency Address: |  |
| Authorizing Official Title (person with authority to authorize application): |  |
| Authorizing Official Name: |  |
| Authorizing Official 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. |
| **Authorizing Official Signature:** |  |

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| --- | --- |
| Fiscal Contact Title: |  |
| Fiscal Contact Name: |  |
| Fiscal Contact Email: |  |
| **Fiscal Contact Signature:** |  |