**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:** |  |