**2020 Vermont Department of Public Safety**

**Application Signature Page**

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| **Instructions:** |

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)** |

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| [ ]  Preventative Radiological and Nuclear Detection (PRND) Training[ ]  Preventative Radiological and Nuclear Detection (PRND) Equipment[ ]  Law Enforcement Training[ ]  Law Enforcement Equipment[ ]  Fusion Center (Vermont Intelligence Center applicant only)[ ]  First Responder Training[ ]  First Responder Equipment and Supplies[ ]  Vermont Urban Search and Rescue (USAR) Team Support[ ]  Support of Local Training and Exercise Program [ ]  Local Exercise Activities (Local applicants only)[ ]  Interoperable Communication (State applicants only)[ ]  Communications Training[ ]  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:** |  | Date: |
| Fiscal Entity Name: |  |
| Fiscal Contact Title and Name: |  |
| Fiscal Contact Email: |  |
| **Fiscal Contact Signature:** |  | Date: |
| **Total Amount of Application Request:** | **$** |