



# Fiscal Year 2018 Community Impact Grant CERTIFICATIONS

**Name of Organization:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

Is your organization located in Washington County?  Yes  No

Will the program for which you are applying serve Washington County Residents only?  Yes  No

Have you attached an IRS Determination Letter showing your 501 (c) (3) status?  Yes  No

Have you included a Letter of Support from your Board of Directors?  Yes  No

\_\_\_\_\_

I certify that the information contained in this application is accurate and correct. I understand that the omission of information required by this application is grounds for disqualification.

\_\_\_\_\_  
Signature of Authorized Certifying Representative Date

\_\_\_\_\_  
Printed Name and Title