DISCLOSURE STATEMENT

(Must be signed by all applicants)

On behalf of the (agency)	
I, (name of authorized representative)	
hereby state that the funds that are being requested will be used i	n accordance with the scope-of-
work identified in this application, and that funding obtained thr	ough this grant will not be used
to replace existing revenue sources.	
Signature of Authorized Representative	Date
{Must sign in blue ink}	