

Signature Page

- I do hereby certify to the above statements and that all facts, figures, and representations made in this application and supporting documents are true and correct.
- I certify that I have been duly authorized to act as the authorized representative of the Applicant Organization in connection with filling out this application and have obtained any necessary authorization from the Applicant’s governing body for the submission of this application.
- I acknowledge that this application and all additional documents submitted become the property of the Children’s Board and will become public record subject to the provisions of Chapter 119, Florida Statutes.

Signature of Authorized Official

(Printed Name)

(Title of Authorized Official)

____/____/_____
(Date)