

New York State Department of State, 99 Washington Ave, Albany, NY
12231 Appalachian Regional Commission Program
Area Development Grant Application - FFY-2019
CERTIFICATION FORM

Project Name:

Grantee Name:

Address:

Short Description of Project

GIS Coordinates (Optional):

Amount of ARC Funds Requested: Total Project Cost:

NYS Implementing Strategy:

Basic Federal or State Administering Agency: ("Not applicable" if non-construction projects; otherwise consult with LDD for applicable Basic Federal or State Administering Agency.)

Not Applicable

CERTIFICATION

The project applicant ("sponsor") certifies that the information contained in this initial application is correct. It is understood that any significant changes prior to funding approval may affect funding priority and that ARC funds are to be considered the last dollars spent on a given project and subject to adjustment in the event of underrun. If the project is approved, it is recognized that the sponsor has the obligation to keep the appropriate Local Development District (LDD) fully informed about all aspects of the project's progress and completion, including status of project performance measures (outputs and outcomes). The sponsor agrees to provide requested information regarding project outputs/outcomes during project implementation and for a period of three years after project completion.

(Date)

(Signature)

(Name and Title)