APPLICANT CERTIFICATION

I,		, hereby certify
(Name of Individual)		
that I am a(n) officer / member / owner of _		
	(Business N	ame)
located at		
(Busines	ss Address/es)	
and that I am duly authorized to submit this included in this application and accompanyi completed and reviewed the foregoing a completed application is true and accurate acknowledge that submission of the foregoing Hartford funding, and that any and all actions grant funding is done in the exercise of the	ing materials. I here application and acc to the best of my l ing application doe on or inaction of the	eby attest that I have personally recompanying materials and that knowledge. I further understand as not create an entitlement to City the City concerning the award of the city concerning the city city concerning the city city city city city city city city
Applicant's Signature	Date	<u></u>
Sworn and subscribed before me on this	day of	, 20
Notary Public		
My Commission Expires:		