

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL

APPLICATION AUTHORIZATION

Authorization to submit a grant application to the Department of Law and Public Safety, Office of the Attorney General (OAG), for a project entitled:

for an award in the approximate amount of \$ _____, with the Applicant providing a match of \$ _____ (if applicable), for an approximate total project cost of \$ _____.

This application consists of the following additional attachments for all applicants:

- o Applicant Information Form
- o Program Application Narrative
- o Project Work Plan
- o Budget Detail Worksheet and Narrative
- o New Jersey Single Audit Requirements Certification

The undersigned understands that DLPS OAG will rely upon the following statements to provide these award funds:

1. The Project Director has reviewed the contents of the application, believes it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of his or her knowledge and belief.
2. The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities; has sought and obtained legal advice from the Applicant's legal counsel as considered appropriate or necessary, and will be responsible for undertaking the programs and activities described in the application.
3. The duly Authorized Official of the Applicant will ensure that the Applicant will use these award funds to carry out the project and activities specifically described in the application.

4. The duly Authorized Official of the Applicant is responsible for authorizing expenditures and disbursements of award funds.
5. The duly Authorized Official of the Applicant will ensure that the Applicant complies with all federal, state and municipal laws, statutes, regulations, circulars, policies, or codes regarding the use of these award funds.
6. The duly Authorized Official of the Applicant and the Project Director acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. §1001.
7. The duly Authorized Official of the Applicant and the Project Director certify that the foregoing statements are true, and that if any of the foregoing statements made are willfully false, we will be subject to punishment.

As the duly Authorized Official of the Applicant-Recipient and as the Project Director, we hereby certify that the Applicant-Recipient will comply with the above-referenced provisions.

Applicant

Signature of Authorized Official

Title (County Executive, Mayor ,
County Supervisor, County Board
President, etc.)

Printed Name of Authorized Official

Signature of Project Director