

APPLICATION AUTHORIZATION

I certify that the information in this application is true and correct, that the undersigned possesses the authority to apply for this grant, and that the applicant will comply with all Conditions and Assurances associated with this program.

The undersigned gives authorization to submit the application to the State of New Jersey, Division of State Police for the following subaward project:

FFY24 Hazardous Materials Emergency Preparedness Sub-award Program

at an estimated project total of \$_____, which includes \$_____ in federal funding and \$_____ cash or in-kind match.

(Signature of Authorized Official)

(Date)

(Print Name and Title)

(Name of Unit of Government)