**Appendix H**

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| --- |
|  APPLICANT CERTIFICATION |
| Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding. |
|  Date Signature Printed Name/Title  |

FOR PHIMC USE ONLY - DO NOT WRITE BELOW THIS LINE

 Grant Application Funding Recommendation:

|  |  |
| --- | --- |
| 🞎 | Grant Application Disqualified/Not Eligible for Funding under this Award |
| 🞎 | Grant Application Recommended for Funding at $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

 PHIMC Review Committee Approval:

 Whitney Allen, HIV Prevention Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title Signature Date

 Final Application Funding Recommendation Approved by:

 Naomi Sugar, Vice President of Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title Signature Date

 Karen A. Reitan, President & CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title Signature Date