PHIMC
Public Health Institute
of Metropolitan Chicago

Appendix H

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.
_____ Signature _____ Printed Name/Title _____ Date

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 Not Recommended for Funding
☐	Grant Application Recommended for Funding at $

PHIMC Review Committee Approval:

Name/Title: Bryan Gooding - Program Director/Public Health Practice

Signature: _____ Date: _____

Final Application Funding Recommendation Approved by:

Name/Title: Katie Morin - Managing Director/Public Health Practice

Signature: _____ Date: _____

Name/Title: Dan'iel Kendricks – Chief Program Officer

Signature: Date: _____ Date: _____