

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY

APPLICATION AUTHORIZATION

Authorization to submit a grant application to the Department of Law and Public Safety, Division of Administration (DOA), 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 \$ 0.

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

- o Applicant Information Form
- o Abstract (if applicable)
- o Project Narrative
- o Project Work Plan
- o Budget Detail Worksheet
- o Federal Single Audit Certification
- o Proof of Federal Single Audit (if applicable)
- o New Jersey Single Audit Requirements Certification
- o Job Descriptions and Resumes of ALL staff budgeted with grant or match funds
- o Proof of non-profit status (for non-profit applicants only)
- o DLPS High Risk Grantee Applicant Disclosure and Justification (if applicable)

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

1. 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.
2. 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 state grants, including certifications provided in connection with such grants, are subject to review by designated state agencies.

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. By signing below, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of state and/or federal laws or statutes.

Applicant

Signature of Authorized Official

Date

Title (County Executive, County Manager, Executive Director, Board President)

Printed Name of Authorized Official

Signature of Project Director

Date

Printed Name of Project Director