Certification of Application

I certify this application to be true and accurate to the best of my knowledge. On behalf of all organizations participating in this application, I hereby assure and certify that I will comply with all regulations, policies, guidelines and requirements pertinent to the application and to the use of award funds. Funds will not be used for indirect or administrative costs. The applicant agrees to submit a final report, which will include a narrative, budget and certification by the final report deadline. If this application is approved, I certify that the project will begin promptly, and will be completed as described.

Library Name: Gila County Library District

Project Name: SGIA 2017

Authorizing Official's Name: Jacque Sanders

Authorizing Official's Title: Gila County Librarian

Jacque Sanders 9-6-2016

Authorizing Official Signature for Library Date

IMPORTANT
This form MUST be postmarked by the due date in order
for the application to be eligible for consideration. Please type or print clearly.

MAIL COMPLETED APPLICATION TO:
Grants Administrator
Arizona State Library, Archives & Public Records
Library Development
1700 W. Washington St, Ste 220
Phoenix, AZ 85007

Date Received