**THE GRAYSON FOUNDATION**

**APPLICATION SIGNATURE FORM**

|  |  |
| --- | --- |
| **Organization name:** |  |
| **Tax ID #:** |  |
| **Program name:** |  |
| **Amount Requested:** |  |
| **Mailing address:** |  |

We certify that the information contained in the accompanying grant application and supporting documents is correct to the best of our knowledge and represents accurately the activities, programs and financial position of our organization. We authorize and acknowledge that the Grayson Foundation, Inc. may share this information with board members, volunteers, donors and stakeholders.

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| --- | --- |
| Chairperson, Board of Directors:  (please type name, email address, and phone number) | Chairperson, Board of Directors:  (signature) |
| Treasurer, Board of Directors:  (please type name, email address, and phone number: | Treasurer, Board of Directors:  (signature) |
| Executive Director:  (please type name, email address, and phone number) | Executive Director:  (signature) |
| Finance Director:  (please type name, email address, and phone number) | Finance Director:  (signature) |
| Program Director:  (please type name, email address, and phone number) | Program Director:  (signature) |

Updated by EML 3-10-2014