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| **GROUP APPLICATION CERTIFICATION** | | | | | |
| **NOTE: This form must be completed by eligible parties applying as a group for a grant. This form must be accompanied by a group**  **agreement that details the activities that each member of the group plans to perform under the grant.**  **(34 FR 75.128(b)-(c)).** | | | | | |
| **To the best of my knowledge and belief, all data in this application are true and correct. I agree to be bound to every statement and assurance made in this**  **application** | | | | | |
| **Authorized Representative** | | | | | **Name of Institution/**  **Organization** |
| Typed Name | **Title** | **Signature** | **Date**  **Signed** | **Telephone Number**  **(Including Area Code)** |
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OMB Number 1885-0551 Expires / /

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