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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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