***CERTIFICATION OF AUTHORITY***

The (RECIPIENT) hereby certifies that the person(s) whose signature(s) appear below, are authorized to requisition funds from the Rural Utilities Service for purposes authorized under the Community-Oriented Connectivity Broadband financial assistance in accordance with the Grant Agreement(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Name (print or type) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Name (print or type) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Name (print or type) Signature

Bonding:

1. As Recipient of the financial assistance, I certify that we are:

a Unit of Government\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Not** a Unit of Government \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. As a non-governmental unit, the Recipient further certifies that Fidelity bond coverage in the amount of fifteen percent (15%) of the financial assistance is currently in effect for those person(s) authorized above. The Recipient covenants that the bond coverage will remain in effect until disbursement of the financial assistance is completed. *(Fidelity bond coverage is not required if the Recipient is a unit of government or the amount of financial assistance is less than $100,000.00).*

This certification will remain in force until such time as the financial assistance is fully disbursed or until rescinded by the Recipient and approved by the Rural Utilities Service.

[RECIPIENT’S NAME HERE]

By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print or type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (print or type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date