

Applicant Certification

I am a duly authorized representative of the Applicant. The proposal(s) and information provided in this Application for Funding are true and correct to the best of my knowledge and belief. If funded, I understand that all Application materials may be incorporated by reference into the Grant Contract Agreement (the “Grant Contract Agreement”).

Applicant, who is not a state employee, will: If awarded grant funds, comply with required grants management policies and procedures set forth through [Minn.Stat.§16B.97](#), Subd. 4 (a) (1) and review the State of Minnesota Office of Grants Management policy 08-01, (Conflict of Interest for State Grant-Making). In addition, if the Applicant or, if awarded funds, the Administrator, has knowledge or becomes aware of any actual, potential, perceived, or organizational conflicts of interest with respect to the Grant Contract Agreement the Administrator shall immediately disclose the conflict of interest directly to Minnesota Housing.

Authorized Signature

Date

Printed Name and Title

Organization

Phone Number

Email Address