Statement of Assurance for ALA COVID Library Emergency Relief Fund Application

[All signatures must be present and be original signatures. If the Authorized Representative is also the Grant Coordinator they must sign for both positions. The Authorized Representative and Fiduciary/Fiscal Agent Representative must not be the same individual.

The Authorized Representative is whoever has the authority to sign contracts for the applicant library/institution, such as the Library Director, Dean or District Coordinator or other authorized official. Fiduciary/Fiscal Agent Representative is whoever has authority/ responsibility over funding to the library: City Manager, County CFO, School Business Manager, College CFO, Tribal CFO, Library District Finance Officer/Treasurer.]

We the undersigned hereby certify the accuracy of the information provided in the application to the best of our knowledge. Further, we fully support the submission of this application to the ALA Covid Library Emergency Relief Fund to support the library and the activities described therein. Further, we understand that these funds are to be used for the purposes in the application. If our library is funded, we agree to participate in publicity to promote the goals of the initiative and to provide reports as outlined.

Please upload this signed document to your application before submitting.

Authorized Representative Name

Authorized Representative Title

Signature

Date

Grant Coordinator Name

Grant Coordinator Title

Signature

Date

Fiduciary/Fiscal Agent Representative Name

Fiduciary Representative Title

Signature

Date