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|  | Signature Page  * I have read and can comply with the CBHC General Terms and Conditions (Appendix #3).   + I do hereby certify to the above statements and that all facts, figures, and representations made in this proposal and supporting documents are true and correct. * I certify that I have been duly authorized to act as the Authorized Official of the Applicant Organization in connection with filling out this proposal and have obtained any necessary authorization from the Applicant’s governing body for the submission of this proposal. * I acknowledge that this proposal and all additional documents submitted become the property of the Children’s Board of Hillsborough County and will become public record subject to the provisions of Chapter 119, Florida Statutes.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Official Signature of Board Chair  (CEO/Executive Director)  Printed Name: Printed Name:  Title: Title:  Date: Date: |