

Application Certification Form

Applicant Individual or Entity Name: _____

Authorized Person Name: _____
(Person authorized to enter into a grant agreement with State of Montana)

Authorized Person Title: _____

Project Title: _____

I certify that the information and the statements in this application are true, complete, and accurate to the best of my knowledge. I certify that the project or activity as described in this application complies with requirements listed in the Application Guidelines document and all applicable state, local, tribal, and federal laws and regulations.

By my signature below, I certify that I have knowledge of and understand the content of this application and that I am fully authorized to apply to DNRC for the grant specified in the submitted materials.

A facsimile, photocopy or electronic copy of the signature below shall have the same force and effect as an original signature and an electronic signature shall be regarded as an original signature, *MCA 30-18-102*.

/s/

Signature of Authorized Applicant Representative

If the applicant is a lessee, this application must also be signed by the landowner.

Landowner Name (if different than applicant): _____

I certify that I am aware of the details of this application for capital improvements on my property. I hereby give the applicant permission to apply for this grant and to perform capital improvements in accordance with the Off-Season Stock Water Mitigation Grant Program.

A facsimile, photocopy or electronic copy of the signature below shall have the same force and effect as an original signature and an electronic signature shall be regarded as an original signature. *MCA 30-18-102*.

/s/

Signature of Landowner