

**DNRC Conservation and Resource Development Division**  
APPLICATION AUTHORIZING STATEMENT

Applicant \_\_\_\_\_  
(Name of Eligible Entity, i.e.name of local government entity, organization, or individual)

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 all applicable state, local, 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.

I further declare that, for \_\_\_\_\_  
(Applicant), I am legally authorized to enter into a binding contract with the Department of Natural Resources and Conservation to obtain funding if this application is approved. I understand that all funds must be both authorized by the Montana Legislature and available in the natural resources project account before grants are available.

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. 30-18-102, MCA.

/s/ \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name of Authorized Representative

\_\_\_\_\_ Title of Authorized Representative



This form is available electronically [here](#).