

SIGNATURE AUTHORIZATION and ATTESTATION FORM

PURPOSE: To provide the County with authorization on behalf of the organization applying for a Tourist Development Cultural/Arts Grant Award and to certify that the information and attachments provided are accurate.

COMPLETING THE FORM:

- A. Complete date.
- B. Provide the **“Legal”** Name of the Organization and Address.
- C. Complete the contact information (primary grantee contact, telephone and email)
- D. Authorization Section:
Signature(s) of individual(s) authorized to sign the TDC/A Agreement, Reimbursement Requests and Final Report on behalf of the organization. Print name and sign.
- E. Attestation Section:
Obtain signature and title of an officer of the organization, attesting to the accuracy of all information provided to Sarasota County Arts and Cultural Alliance and Sarasota County.



**SIGNATURE AUTHORIZATION and ATTESTATION FORM
Sarasota County Tourist Development
Cultural/Arts Grants
FY2020**

DATE: _____

Legal Name of Grantee/ Organization:

Current Address: _____

Primary Grantee Contact: _____

Telephone: _____

E-Mail Address: _____

AUTHORIZATION:

The following individuals are hereby authorized to execute the Sarasota County Tourist Development Cultural/Arts Grant (TDC/A) Performance Based Reimbursement Agreement and related reports on behalf of the Grantee.

Print

Signature

Title

Print

Signature

Title

Print

Signature

Title

ATTESTATION:

The undersigned certifies that the information contained in the FY2019 electronic application(s) and all attachments thereto for the Sarasota County Tourist Development Cultural/Arts Grants is accurate to the best of my knowledge.

Print Signature

Title – President, Chairman, Director, CEO