New York State Department of State Appalachian Regional Commission Program 2022-23 Area Development Grant Application

CERTIFICATION FORM

Project Name:		
Grantee Name:		
Address:		
Short Description of Project:		
Project GIS Coordinates (Optional):		
Amount of ARC Funds Requested:	Total Project Cost	:
ARC Goal & NYS Strategy:		
Basic Agency - Federal or State Adn	ministering Agency: (For work involving s	significant construction only.)
PlannedProject Period:	Planned Start Date	Planned End Date
	<u>CERTIFICATION</u>	
It is understood that any significant ARC funds are to be considered the event of underrun. If the project is a appropriate Local Development Dis completion, including status of proj	ertifies that the information contained in a t changes prior to funding approval may e last dollars spent on a given project ar approved, it is recognized that the sponso trict (LDD) fully informed about all aspec ject performance measures (outputs and garding project outputs/outcomes during completion.	affect funding priority and that and subject to adjustment in the rhas the obligation to keep the ts of the project's progress and outcomes). The sponsor agrees
(Date)	(Signature)	
	(Name and Title)	

Revised: 6/4/2021