



Application for Designation - Signature Page

This page is required to be uploaded with the eGMS online submission of a HELP application for designation.

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|----------------|--|
| Lead Applicant | |
| Date | |

- To the best of my knowledge and belief, the data in this application is true and correct and supporting documentation for the claims and assertions made within this application is available to the OCRA for its review.
- I understand that submitting false or misleading information in connection with this application may result in the applicant being found ineligible for designation and planning assistance under the Hoosier Enduring Legacy Program. I further understand that receiving public funds as a consequence of false representation constitutes an act of fraud.
- I understand that OCRA may conduct audits, check references, and conduct on-site inspections after designation and prior to any expenditure of funds.
- I understand application data is private or nonpublic data until grants are awarded. An entire application becomes public when an agency has completed negotiating the grant agreement with a grantee. You do not have to provide the information requested on the application form. However, if you do not, OCRA will not be able to consider your grant request. The only people who will have access to your data during the time that it is protected are those permitted access by law, by your written consent, by a court order, or by department employees whose job duties require access.
- I certify that submission of this document has been duly authorized by all governing bodies of the applicant; that the applicant has the legal capacity to carry out the proposed designation; and that by participating in this program the community seeks to meet the identified housing and community development needs of the community, including those of low- and moderate-income persons. I also certify that Strategic Investment Planning through HELP will be completed within eighteen (18) months of designation, if designated.
- By signing below, I affirm that all the above information is correct and fully authorize an investigation to confirm the validity thereof. Furthermore, I understand that any misrepresentation or omission of facts may result in a rejection of this HELP application.

Date

Signature, Chief Elected Official

Typed Name and Title:

Date

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