**Community Service Block Grant**

2016 Applicant Certification Form

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** | | | | | | |
| **Executive Director:** | | | | **Date Prepared:** | | |
| **Email Address:** | | | | **F.E.I.N. Number:** | | |
| **Telephone:** | | | | **Fax:** | | |
| **Address:**  **Is this the address currently registered with your WV State OASIS Vendor account? □ Yes □ No** | | | | | | |
| **CSBG Service Area - List the county(s) to be served by CSBG funding:** | | | | | | |
| **Total Service Area Population:** | | | |  | | |
| **Total Service Area Poverty Population at 125%:** | | | |  | | |
|  | | | | | | |
| **Proposed Funding:** | **CSBG:**  **$** | | **Additional Resources:**  **$** | | | **Agency Total Budget:**  **$** |
| **CSBG:** Enter the proposed amount of CSBG funds allocated for PY 2016.  **Additional Resources:** Enter the amount of other resources the agency expects to receive during the 2016 program year. If an exact figure is not known at this time, the best possible estimate.  **Agency Total Budget:** Enter the sum of CSBG and Additional Resources for the period of January 1, 2016 - December 31, 2016. | | | | | | |
|  | | | | | | |
| **Application Period:** | | **Beginning:** January 1, 2016 | | | **Ending:** December 31, 2016 | |
| Certification (Original Signatures)  *To the best of my knowledge and belief, data in this application is true and correct, the governing body of the applicant has duly authorized the document, and the applicant will comply with CSBG assurances and legislative guidelines if the application is approved.*  \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Executive Director Date  \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Chairperson/President Date | | | | | | |