



CERTIFICATE OF COMPLETENESS AND ACCURACY

**Certificate of Completeness and Accuracy (below) is to be signed by the organization's Board Chair. Please SAVE this form using the following format:
Name_CertAccuracy_CSIP12**

Organization's Name: _____

Project Name: _____

"I certify that, to the best of my knowledge, the organization is operating in full compliance with the all legal regulations, applicable Acts, and our own By-laws. I further certify that I am aware of the information contained in this proposal and, in my capacity as an officer of the organization, attest to its accuracy."

Signed on behalf of:

Date: _____

Print Name: _____

Title: President/Chair of the Board of Directors

Phone: _____

Email: _____

Signature: _____

Note: You may **FAX TO FILE** any printed documents to create electronic files by selecting the "Fax to File" link on the left hand side of the online page and following the directions provided.