 **2021** 

**NATIONAL UNDERGROUND RAILROAD NEWTWORK TO FREEDOM GRANT**

**APPLICATION CERTIFICATION FORM**

As the applicant or the authorized representative for the applicant organization, I am submitting this request for grant funding for the 2021 National Underground Railroad Network to Freedom Grants.

I understand the following:

1. The submitted request for funding has been approved by the owner of record of the Network to Freedom Listing indicated under “Project Information” on page 1 of the application;
2. The information contained in this application, including all supporting documentation is correct and complete;
3. This is a request for consideration for a grant and does not constitute a commitment for funding from the National Park Service, National Underground Railroad Network to Freedom Program (NTF) 2021 Grant Program administered by the Association for the Study of African American Life and History (ASALH);
4. Any funds received will be expended in accordance with the grant agreement to be executed with the NTF and ASALH;
5. No work proposed in this application will begin until the applicant has been notified in writing the funds have been awarded and has accepted in writing the terms and conditions of the grant;
6. If grant funding is awarded, the applicant will complete the project within the allotted time, no later than December 31, 2022;
7. Failure to comply with any of the conditions above will result in cancellation of the grant.

By signing this form, the applicant or the authorized representative for the applicant organization, is bound by his/her signature, to the statements and representations contained in the application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Project Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NTF Listing Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Typed or Printed Name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)