

ATTACHMENT 2
Urban Streams Restoration Program

Application Signature Page

Project Name:	
Sponsor Name and Mailing Address	Check one: Local Public Agency Citizens' Group
Sponsor's Representative whose title is identified in resolution	
Name:	Title:
Phone:	Email Address:
I certify that the information contained in this project application, including required attachments, is complete and accurate. I certify that I have the legal authority to submit the proposal on behalf of the sponsor, and the sponsor has the legal authority to enter into a contract with the State.	
Signed: _____	Date: _____
Sponsor's Project Manager – Person with day to day responsibility for project (if different from authorized representative)	
Name:	Title:
Phone:	Email Address:
Co-Sponsor Name and Mailing Address	Check one: Local Public Agency Citizens' Group
Co-Sponsor's Representative whose title is identified in resolution	
Name:	Title:
Phone:	Email Address:
I certify that the information contained in this project application, including required attachments, is complete and accurate. I certify that I have the legal authority to submit the proposal on behalf of the co-sponsor, and the co-sponsor has the legal authority to enter into a contract with the State.	
Signed: _____	Date: _____
Co-Sponsor's Project Manager	
Name:	Title:
Phone:	Email Address:
Fiscal Agent and Mailing Address (if applicable)	Check one: Local Public Agency Non-Profit
I certify that my agency will serve as Fiscal Representative for the Sponsor (No other certification implied)	
Signed: _____	Date: _____