INSERT AGENCY LETTERHEAD HERE

New Hampshire Department of Safety

Grants Management Bureau

Application Signature Page

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**PRINT** Name and Title of Authorizing Official per RSA 31:95b or RSA 37:6

Signature of Authorizing Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PRINT** Name and Title of Project Director or Point of Contact

Signature of Project Director/POC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PRINT** Name and Title of Financial Officer

Signature of Financial Officer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_