



## **CERTIFICATION OF UNDERSTANDING**

As representative for my organization, \_\_\_\_\_,  
I understand that \_\_\_\_\_ is responsible for the payment of  
A \$50.00 application fee for the following application: \_\_\_\_\_  
\_\_\_\_\_.

I understand that the application fee is due immediately upon the initiation of SIRPC staff involvement in the project and that the administration fee is due immediately upon grant award.

The signature below certifies my understanding and commits my organization to the provision of the compensation as described in the Southeastern Indiana Regional Planning Commission Foundation Grants Assistance Policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date