



Illinois Council on Developmental Disabilities

**CFI Signature Page**

Name and Title of Contact Person:

Name of Organization or Individual  
Applying for Investment:

Legal Status of the Organization:

Address:

I hereby certify that I have the legal authority to enter into binding agreements on behalf of the applicant organization and certify under oath that all of the information submitted in this application for funding and proposal is true and accurate, to the best of my knowledge. The funds shall be used only for the purposes described in the proposal and grant agreement. No funds will be approved for payment of costs incurred before the full execution of the grant agreement and the start date of the project as identified in the grant agreement.

Typed Name of Chief Executive Officer and date:

Date:

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature, Chief Executive Officer of the Organization or Individual Submitting Application, if not affiliated with an organization.