

Authorizing Statement



Community Wildfire Protection Plan Grant

I warrant and certify this Application is approved and supported by the County I represent, and that I am authorized to execute this Application. I further understand that any false, missing, or misleading information, statements or claims in any part of the application may result in removal of the Application from consideration.

Organization: _____

Authorized Representative: _____
(Printed Name)

Signature: _____ Date: _____