

## Authorizing Statement

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### **Cooperative Fire Protection Capacity 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.

County: \_\_\_\_\_

#### **County Commissioner Approval**

Name: \_\_\_\_\_

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