

APPLICATION AUTHORIZATION

I certify that the information in this application is true and correct, that the undersigned possesses the authority to apply for this grant, and that the applicant will comply with all Conditions and Assurances associated with this program.

The undersigned gives authorization to submit the application to the State of New Jersey, Department of Law & Public Safety for the following subaward project:

**State Fiscal Year (SFY) 2025
Operation Helping Hand Grant Program**

(Signature of Authorized Official)

(Date)

(Print Name and Title)

(Name of Unit of Government)