**CERTIFICATIONS**

I, the duly appointed representative of the organization named below, do hereby certify as follows:

All statements made in the attached application are, to the best of my knowledge, true and accurate;

I have the authority to submit this grant application on behalf of my organization.

We will complete and submit quarterly 1-page project progress reports describing plans and objectives for each upcoming quarter as well as the progress made against the plans and objectives set for this quarter in the previous quarterly report.

We will participate in relevant outcome evaluation studies for the Marriage Ministries and Programs that get implemented in our community.

We will participate in monthly or weekly group training webinars and individual coaching sessions, as appropriate to further the success of our project;

We understand that even though our grant application describes a multi-year project, the amount of funding that will officially be awarded as a result of this grant application will be the amount requested for the first 12 months of the project.

If our application is selected for funding, we authorize posting of our completed application (either as initially submitted or as later revised) to the website of the Community Marriage Initiatives Fund (the CMI Fund) and/or otherwise distributed to future prospective applicants to assist them in their preparation of applications for future rounds of grants by the CMI Fund, as long as any information we deem to be sensitive has been redacted from the application.

In the spirit of Matthew 10:8 “Freely you have received, freely give”, we agree to freely share the knowledge we have received in this process with other organizations that come after us.

All of the above statements are hereby agreed to by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Name (Typed or Printed) Title

On behalf of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_