

FY24 ICASA Program Development Grantee Application

Program Development Grantee Application Signature Page

ORGANIZATION NAME: _____

The following signatories have read and approved the FY24 ICASA Program Development Grantee Application for submission to ICASA. Signatories verify that information provided is accurate.

_____ **Date** _____
ORIGINAL SIGNATURE of Agency Executive Director or CEO

Name (Print or type)

_____ **Date** _____
ORIGINAL SIGNATURE of President, Board of Directors

Name (Print or type)

_____ **Date** _____
ORIGINAL SIGNATURE of Treasurer, Board of Directors

Name (Print or type)