## 2022 Muscogee/Russell Continuum of Care Supplemental Notice of Funding Opportunity

Financial Statements Declaration Statement

Falsification or omission of true and correct documentation will result in immediate denial of Project Application. I hereby declare under penalty of perjury that the foregoing is true and correct.

**Project Name** 

**Organization Seeking Funding** 

**Authorized Representative (Print)** 

Authorized Representative (Signature)

Date