





## 2022 Muscogee/Russell Continuum of Care

## 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                                  |