

## **ECRAC/ACHF Certification – Organization**

**Follow the ACHF Organization Grant Instructions to complete this proposal certification.**

**No adjustments are allowed in the wording of the certification.**

We, the undersigned, certify that our board of directors supports the project as described in this application and that all the information in the attached application is true and correct to the best of our knowledge. Further, we resolve to carry out the project as it is described in the attached proposal and to abide by program guidelines if funding is awarded by ECRAC. We also certify that: the applicant is an organization established in Minnesota that primarily serves Region 7E; the applicant is eligible; the proposed activities are not exclusively for curriculum development; the applicant does not propose or include activities that are not open and accessible to the entire general public; the applicant does not propose or include activities that are essentially for the religious socialization of the participants or audience; the proposed activities do not support salaries and overhead of public or private schools, or colleges; the proposed activities do not include establishing any type of nonprofit or for-profit organization; the applicant does not propose or include payment of debts incurred before the grant period begins; the applicant does not propose or include activities that attempt to influence any state or federal legislation or appropriation; the applicant is not requesting funds for a fundraising campaign; the applicant is in compliance with any grant contract with the East Central Regional Arts Council; the project complies with applicable start and end dates as specified in the grant guidelines; the applicant does not propose or include activities in which artists are required to pay excessive fees in order to exhibit or perform; we will not substitute traditional sources of funding with this ACHF grant; that all project costs will be documented including director or program costs and that ACHF funds spent on administration will be only those directly related to and necessary to carry out the project; and the proposed project takes place in Region 7E.

### **CERTIFICATION SIGNATURES**

\_\_\_\_\_  
Print name of Board officer/fiscal agent

\_\_\_\_\_  
Print name of Project Director

\_\_\_\_\_  
Board officer/fiscal agent signature

\_\_\_\_\_  
Project Director signature

\_\_\_\_\_  
Board officer/fiscal agent title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed

**Note: Two separate signatures are required.** One signer must be a board officer. If using a fiscal agent, one signer must be an authorizing officer of the fiscal agent organization and the other the project director.