

### Certification by Authorizing Official

I understand, and agree to comply with, the general and fiscal provisions of this grant application, including the terms and conditions; the provisions and regulations governing these funds and all other federal and state laws; that all information presented in this application is true and correct; that there has been appropriate coordination with all affected agencies; that costs incurred prior to grant approval may result in those costs being absorbed by the Sub-grantee, and that the receipt of these grant funds will not supplant state or local funds.

**Name of Authorizing Official:** Linda Gorton  
**Title of Authorizing Official:** Mayor  
**Agency/Organization:** Lexington Fayette Urban County Government  
**Mailing Address:** 200 East Main Street  
**City, State, ZIP:** Lexington, KY 40507  
**Phone:** (859) 258-3100  
**Fax:** (859) 258-3194  
**Email Address:** mayor@lexingtonky.gov

**Signature:** *Linda Gorton*




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