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 suppliant 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 |

