

Notice: Incomplete forms may not be considered. Personally identifiable information collected will be used for grant administration and may be provided to requesters as required by Wisconsin’s Open Records law (ss. 19.31-19.39, Wis. Stats.).

Applicant:

1. Certifies that, to the best of applicant’s knowledge, the information being submitted is true and correct.
2. Certifies that the applicant owns the equipment for which it is applying for grant coverage *or*, if leased, provides written approval from owner that equipment may be altered under this project.
3. Certifies that the applicant is either headquartered or has an operational base in Wisconsin.
4. Certifies that price quotes were obtained in an open, free and competitive manner.
5. Certifies that affirmative action requirements will be met. Affirmative action guidance will be provided to selected fleets for their action during the award acceptance phase.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM A LEGALLY AUTHORIZED SIGNATORY OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION AND ANY OTHER REQUIRED INFORMATION ON BEHALF OF THE APPLICANT.

Print Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date Signed