Section 6. Signature Page
Print this document and have all sections signed. Scan and upload the signed signature page into Section 7.
Subgrant Application for Montana Board of Crime Control

The officials who certify this document to include Section 5: Special Assurances and Conditions, agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. (Please refer to the Application Guidelines regarding signatures.)

Original Signatures are Required

A. Official Budget Representative (City/County Commissioner, Mayor, Department Head, or President of Board of Directors)

Name:	~~Denis Pitman~~ Donald Jones	**Title:**	Chair, County Commissioner
Address:	PO Box 35000	**City:**	Billings
Zip:	59107	**Phone:**	406-256-2701
E-mail:	~~dpitman@co.yellowstone.mt.gov~~ djones@yellowstonecountymy.gov	**Fax:**	
Signature:	_____	**Date:**	_____

B. Project Director

Name:	Amanda Stonerock	**Title:**	Independent Contractor
Address:	3486 Stone Mountain Circle	**City:**	Billings
Zip:	59106	**Phone:**	406-855-4490
E-mail:	~~stonerockholdings@outlook.com~~ StonerockHoldings@outlook.com	**Fax:**	X
Signature:	_____	**Date:**	_____

C. Financial Officer

Name:	Jennifer Jones	**Title:**	Assistant Finance Director
Address:	316 N 26th Street #3101	**City:**	Billings
Zip:	59101	**Phone:**	406-256-2816
E-mail:	jjones@yellowstonecountymt.gov	**Fax:**	
Signature:	_____	**Date:**	_____

Signature Page for OSAS Application #:2702