

Authorizing Statement

A. Grant Authorization

I certify that the information and the statements in this application are true, complete, and accurate to the best of my knowledge. I certify that the project or activity as described in this application complies with all applicable state, local and federal laws and regulations. By my signature below, I certify that I have knowledge of and understand the content of this application and that I am fully authorized to apply to the Department of Natural Resources and Conservation (DNRC) for the grant specified in the submitted materials.

I further declare that, for Yellowstone County (Entity Name), I am legally authorized to enter into a binding contract with the DNRC to obtain funding if this application, Billings Bench Water Association Rattlesnake Reservoir Diversion Upgrade and SCADA Project (Title), is approved. I understand that all funds must be both authorized by the Montana Legislature and available in the natural resources project account before grants are available.

A facsimile, photocopy or electronic copy of the signature below shall have the same force and effect as an original signature and an electronic signature shall be regarded as an original signature. 30-18-102, MCA.

/s/
Signature and Title of Authorized Representative

Date

Printed Name and Title of Representative

Entity Name