

VERIFICATION

STATE OF OKLAHOMA)
COUNTY OF _____) ss.

I, _____, being first duly sworn and upon oath state: that I am the duly authorized representative for the Applicant herein; that I have read the contents of the within and foregoing AMERICAN RESCUE PLAN ACT (ARPA) GRANT APPLICATION and am familiar with the contents thereof; and that the matters and information therein set forth are, to the best of Applicant's knowledge and belief, true and correct.

Applicant: _____

By: _____

Name: _____

Title: _____
(Applicant's Representative)

Subscribed and sworn to before me this ____ day of _____, 20 ____.

(Notary Public)

My Commission Expires:

(SEAL)

ATTORNEY'S CERTIFICATION AS TO LEGALITY OF APPLICATION

I, the undersigned, certify that: I am an attorney representing the applicant herein with respect to their eligibility to apply for an OWRB APRA Grant; and that the applicant is a [CHECK ONE]:

- Municipality
Public Trust
Rural Water or Sewer District
Other Public Entity (identify)

Duly organized and existing under the laws of the State of Oklahoma; the applicant possesses full power and authority to acquire, complete and operate the project described in this application; and this application has been lawfully and effectively authorized and executed as the valid action of the applicant.

Attorney at Law

Printed Name: _____

OBA No.: _____