

**NON-CAPITAL GRANTS APPLICATION**

**APPLICANT STATEMENT FORM– SIGNATURE REQUIRED**

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<b>Project Title:</b>
<b>Applicant (Jurisdiction):</b>
<b>Requested SGIP Funds (Dollars):</b>

Please indicate application completeness by checking the following boxes and sign and date below.

As an authorized delegate, I certify that my agency:

- Has read the [Standardized Grant Agreement](#) and is capable of meeting the terms and conditions
- Understands that SANDAG will not reimburse applicants for expenses incurred prior to execution of a Grant Agreement.
- Has submitted a resolution that includes the required statements from the [Sample Resolution](#) template.

If the SANDAG Board of Directors approves the grant, the proposed grantee agrees to sign and return the standardized grant agreement to SANDAG, without exceptions, within 45 days of receipt.

If this proposal is approved for funding, I certify that my agency:

- Understands the responses in this application may become requirements reflected in the Grant Agreement with SANDAG.
- Agrees to sign and return the Standardized Grant Agreement to SANDAG, without exceptions, within 45 days of receipt.
- Will comply with [SANDAG Board Policy No. 035 Competitive Grant Program Procedures](#) and has proposed a feasible schedule consistent with the required milestone deadlines.
- Will submit progress reports and invoices documenting the use of both grant and matching funds to SANDAG no less frequently than quarterly.
- Will set-up a project account that will be in harmony with a quarterly reporting and invoicing schedule.
- Will, within 15 days of approval of funding by the SANDAG Board of Directors, provide a copy of approved indirect cost rate audit or proposed indirect cost rate methodology, if charging for overhead, to SANDAG for review and approval, which must occur prior to execution of the Grant Agreement.

I certify that I agree with the above statements and that the information submitted in this application is accurate and in accordance with these guidelines.

I have the authorization to submit this Grant Application on behalf of my organization.

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**Authorized Delegate Name (print or type)** **Title**

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**Authorized Delegate Signature (Signature Required)** **Date (mm/dd/yyyy)**

*Sign hard copy of Applicant Statement Form and scan for inclusion in application package.*