Department Approvals

Certification by City of Houston Department (s):

By signing this application, I/we certify that I am authorized to sign on behalf of the department listed in this signature. I/we understand and agree to the requirements of the Neighborhood Matching Grant Program. I/we certify that the applying organization has met the requirements for my department for this project and the project is approved. ***Please indicate if you are signing by permission of the authorized person.** *

Department name- _____

Name: _____ Position: _____

Signature: _____

Department name- _____

Name: _____ Position: _____

Signature: _____

Department name- _____

Name: _____ Position: _____

Signature: _____