



MGM RESORTS FOUNDATION

2019 Request for Proposal Certification Page

Name and contact information of the person who will be completing the required grant reports, should the program be funded:

First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

The undersigned certifies that the information included in this application is true and complete, contains no misstatements or misrepresentations, and represents a reasonable estimate of operation based on the data available at the time of application. The application has been provided for the purpose of obtaining financial assistance from The MGM Resorts Foundation for the program described. The requested funding will be used only as outlined in the submitted grant proposal. No budget changes/modifications will be made without prior approval by The MGM Resorts Foundation's staff. The applying agency will comply with all Federal Statutes relating to nondiscrimination. This includes but is not limited to exclusion on the basis of age, race, sex, color, religion, national origin, sexual orientation, or disability. The applying agency assumes all responsibility and liability for the proposed program.

Agency Executive Director Print Name Date

Agency Executive Director Signature Date

Agency Board Chair/President Print Name Date

Agency Board Chair/President Signature Date