

**FY19 Community Impact Grant
Anti-Terrorism Agreement**



United Way
of Washington County, MD

**FY19 Community Impact Grant
SIGNATURE PAGE**

I hereby certify that as a person(s) authorized to sign for:

(Name of Agency)

1. In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Washington County, MD requires that each agency certify the following:

I hereby certify on behalf of _____ that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.

2. I further certify that I have reviewed the application for a UWWC Community Impact Grant, as submitted; and to the best of my knowledge all statements and representations made are true and correct.
3. I also certify that the matching funds described herein will be available to implement this proposed program.

**Printed Name and Title,
Staff Representative**

**Printed Name and Title,
Board of Directors**

Signature and Date

Signature and Date