Certifications

The Applicant hereby certifies to Wisconsin Humanities that:

1. The submission of this proposal has been authorized by the governing body of the applicant organization or group, and the Project Director and Fiscal Agent listed are authorized to act as the representatives of the applicant in connection with this proposal.

2. The applicant organization or group is constituted for nonprofit reasons.

3. Any funds granted as a result of this proposal will be administered in accordance with all guidelines and provisions of Wisconsin Humanities and the National Endowment for the Humanities. For reference, please see WH’s Guidelines for Fiscal Agents.

4. The fiscal sponsor has not been debarred from receiving federal funds and is in compliance with non-discrimination statutes.

5. The applicant organization will ensure that any funds granted as a result of this proposal will not be expended on entities or persons who have been debarred or otherwise excluded from receiving federal funds. (Please see the electronic Code of Federal Regulations Title 2 Part 200.331 at 2 CFR 200.331 for more information. Also, please see the U.S. GSA website at https://www.sam.gov/SAM/pages/public/index.jsf and search on exclusion records as necessary.)

6. Any program related income derived from this WH-funded project (if awarded), will be used to cover other allowable costs of the project or will be used to support other projects in the humanities.

7. The applicant organization or group certifies the participation of project personnel identified and described in the attached project personnel forms.

__________________________________________________________

Project Director

Signature: ____________________________ Date: ________________
Project Director's Name (typed or printed): _______________________
PD Organization: _____________________________________________
PD Email address: ___________________________________________

__________________________________________________________

Fiscal Agent

Signature: ____________________________ Date: ________________
Fiscal Agent's Name (typed or printed): __________________________
FA Organization: _____________________________________________
FA Email address: ___________________________________________

This form, with signatures, may be uploaded to the application, emailed to meg.turvilleheitz@wisconsinhumanities.org or, if these options are unavailable, mailed to Wisconsin Humanities, 3801 Regent St. Suite 101, Madison, WI 53705.