

## Signature Page

By signing below you are indicating the following:

- I have reviewed this application
- The contents of this application are accurate and truthful
- Should we become aware of changes in the content, we agree to make Heart of Kentucky United Way known of such changes.

Executive Director Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board President Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please upload this signature page with your Program Narrative and Application.

Retain a copy for your records.