

IN WITNESS WHEREOF, the parties have caused this Grant Agreement to be executed by its duly authorized officials.

GRANTEE

SIGNATURE

SIGNATURE

PRINT OR TYPE NAME AND TITLE

PRINT OR TYPE NAME AND TITLE

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

Program Deputy Secretary

Secretary

SIGNATURE Date

SIGNATURE Date

COMPTROLLER OPERATIONS

I hereby certify that funds in the amount shown are available under the Appropriation Symbols shown.

AMOUNT	SOURCE	APPROPRIATION SYMBOL	PROGRAM

SIGNATURE COMPTROLLER

Approved as to Legality and Form:

OFFICE OF GENERAL COUNSEL
DEPARTMENT OF HUMAN
SERVICES

14-FA-1.0

DEPUTY ATTORNEY GENERAL
OFFICE OF ATTORNEY GENERAL
(when required)

14-FA-1.0

DEPUTY GENERAL COUNSEL
OFFICE OF GENERAL COUNSEL
(when required)