

APPENDIX C

Document No. _____

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

GRANTEE

SIGNATURE DATE
PRINT OR TYPE NAME AND TITLE

SIGNATURE DATE
PRINT OR TYPE NAME AND TITLE

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

DEPUTY SIGNATURE

SECRETARY OR DESIGNEE

SIGNATURE DATE

SIGNATURE DATE

COMPROLLER OPERATIONS

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

AMOUNT	SOURCE	APPROPRIATION SYMBOL	PROGRAM

SIGNATURE COMPROLLER OPERATIONS & DATE

Approved as to Legality and Form:

**OFFICE OF LEGAL COUNSEL
DEPARTMENT OF HUMAN
SERVICES**

Form: 14-FA-1.0

**DEPUTY ATTORNEY GENERAL
OFFICE OF ATTORNEY
GENERAL**

Form: 14-FA-1.0

**DEPUTY GENERAL COUNSEL
OFFICE OF GENERAL
COUNSEL**