

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

GRANTEE

SIGNATURE
PRINT OR TYPE NAME AND TITLE

SIGNATURE
PRINT OR TYPE NAME AND TITLE

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

Secretary or designee

SIGNATURE

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:

DEPARTMENT OF HUMAN
SERVICES

14-FA-1.0

OFFICE OF ATTORNEY
GENERAL
(when required)

14-FA-1.0

OFFICE OF GENERAL
COUNSEL
(when required)