

**Appendix C**

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:

AMOUNT	SOURCE	APPROPRIATION SYMBOL	PROGRAM

\_\_\_\_\_  
SIGNATURE

**Approved as to Legality and Form:**

\_\_\_\_\_  
**OFFICE OF GENERAL  
COUNSEL  
DEPARTMENT OF HUMAN  
SERVICES**

14-FA-3.0  
14-FA-1.0  
\_\_\_\_\_  
**DEPUTY ATTORNEY GENERAL  
OFFICE OF ATTORNEY  
GENERAL  
(when required)**

14-FA-3.0  
14-FA-1.0  
\_\_\_\_\_  
**DEPUTY GENERAL COUNSEL  
OFFICE OF GENERAL  
COUNSEL  
(when required)**