

Appendix D

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)**