

**Northern Tier Regional Planning and Development Commission
Grant Applicant Assurance**

The applicant provides this assurance in consideration of and for the purpose of obtaining NTRPDC funding, federal, state or otherwise. In the case of a business organization other than a sole proprietorship, the term applicant shall include all officers, partners, directors, majority shareholders and other individuals having an ownership interest in the said business organization. The applicant assures that:

- A. **ABSENCE OF DEFAULTS** - The applicant certifies that it is in compliance with the terms of any public grant or loan program and/or grant or loan agreement.
- B. **TAX COMPLIANCE** - The applicant certifies that it has filed all tax returns and reports required to be filed with the United States of America, the Commonwealth of Pennsylvania and all municipal, school and county tax agencies. The applicant is current in the payment of all monies due to such jurisdictions, whether as taxes or otherwise, unless the obligation to file such return or report or pay such tax is being contested by an appropriate administrative or judicial appeal or proceeding being conducted diligently in good faith and listed in attached addendum.
- C. **COMPLETENESS AND ACCURACY** - All information in the application has been reviewed by the applicant, and to the best knowledge of the applicant, this application contains no misrepresentations, falsification, omissions or concealment of material facts.

The applicant agrees that compliance with the assurance constitutes a condition of receipt of grant funds, and that it is binding upon the applicant, its successors, transferees and assignees for the period during which such assistance is provided.

I/we have read the foregoing statements and hereby certify agreement with and find them to be acceptable. The applicant has caused this ASSURANCE to be executed on its behalf by its duly authorized officer.

Date: _____

Type of Entity: (select one)

- Sole Proprietor Corporation Limited Liability Company
- Other (please list below)

Entity # Federal Employer Identification Number (FEIN)

Social Security # Corp. Entity # (list below)

Company Name: _____

Authorized Representative _____

Title: _____

Please list any other businesses you have an ownership interest in: _____
