CERTIFICATION OF PERSONS
INVOLVED IN
HANDLING, MANAGEMENT, OR EXPENDITURE OF MONIES

I hereby certify that I, ,
(Name)

as of
(Title)

will be handling, managing and
(Agency)

expending funds allocated by the City of Elizabeth under the CD52 Program for the agency's program.
(Activity Name)

_____ _____

Signature **Date**

Name(Print)

_____ _____

Notary **Date**