

RECEIPT
OF
LIST OF APPLICANT ASSURANCES

I, _____,
(Print your name & title)

of the _____
(Town, city, borough, private non-profit agency)

have received/reviewed the List of Assurances and will submit a copy to the Administrative Head and the Finance Office of my agency.

I am also aware that I have to keep complete records and cost documents for all approved work for three years from the date the last project was completed or on the date of receipt of final payment, whichever is later, as specified in 44 CFR §13.42 (b) and (c).

(Signature)

(Title)

(Date)

Hand in today OR
EMAIL to: demhs.pa@ct.gov OR
FAX to: 860-256-0821, ATT: *State Public Assistance Office*