# 2022 Muscogee/Russell Continuum of Care Supplemental Notice of Funding Opportunity

***Financial Statements Declaration Statement***

Falsification or omission of true and correct documentation will result in immediate denial of Project Application. I hereby declare under penalty of perjury that the foregoing is true and correct.

## Project Name

**Organization Seeking Funding**

**Authorized Representative (Print)**

**Authorized Representative (Signature)**

**Date**