

**Proof Alliance
Family-Centered Long-Term Recovery Supports Grant
Application Form**

Required Statements

Anti-Discrimination Agreement

I agree that I am committed to compliance with all applicable anti-discrimination laws and do not unlawfully discriminate on the basis of race, religion, color, national origin, sex, sexual orientation, age, marital status, disability, familial status, status with regard to public assistance, or other legally protected category or characteristic, in employment, programs or activities.

Contract Agreement

Access the contract terms by clicking [on this link](#).

Read the grant contract terms and select one of the boxes below.

- I have read and accept the contract terms.
- I do not accept the contract terms and have attached exceptions to the contract terms.

Signature

By signing here, I certify that the Executive Director (or equivalent position) has reviewed this grant proposal and is in agreement with the submission of the proposal. I certify that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. I understand that if I submit inaccurate or misleading information, I may be disqualified from receiving a grant award.

SIGNATURE	NAME	TITLE	DATE
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