

**ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS  
2011-2012 SIGNATURE PAGE**

<b>Agency Name:</b>				
<p>I certify that I have the authority to apply for this grant on behalf of the above named agency. If approved, this agency shall implement the ABC/ABCSS program in accordance with all established rules, regulations and procedures governing the Arkansas Better Chance program. I understand that refusal to do so shall be grounds for termination of funding. I understand that submission of any false or misleading information shall be grounds for termination of funding, as well as referral for criminal prosecution. Submission of this application by any means constitutes an agreement to abide by all program guidelines.</p>				
<b>Name of Person Submitting Application</b>		<b>Title</b>		<b>Date</b>