

Exhibit A - Financial Certification - ALL Applicants

This Form: The following certification should be signed by the official responsible for fiscal affairs.

I certify that _____ (“the applicant”) will have funds in the amount of _____ to match a requested Federal award of _____ for a project with a total project cost of _____.

(Enter Amount from line 14b of page 1)

(Enter Amount from line 14a)

(Enter Amount from line 14c of page 1)

I certify that the project will be completed within _____ months if an award is made.

(Enter # of months)

I certify that the local funds required for the project (check one) _____ are now in hand. _____ will be available no later than six months after an award is made.

I further certify that the applicant will have funds available to pay any construction costs for this project not covered by the grant and will have funds necessary to maintain and operate the facilities once constructed. (This paragraph is not applicable to applicants for planning grants.)

The applicant has taken into account all non-Federal sources of financial support for this project and certifies that the non-Federal share stated by the applicant as being available is the maximum amount available from such sources.

Check A or B:

A:___ This is an initial application for funding. **I have attached a discussion which explains in detail how the applicant will raise the funds necessary** (1) to match the requested Federal funds, (2) pay any ineligible costs identified in line B3 of the Budget Information page 3 required to complete the project, and (3) if an application for construction funding, how the applicant will have funds necessary to maintain and operate the facilities once the project is completed.

B:___ Check if this is a revised exhibit as the result of negotiations with PTFP. We agree to accept the Special Award Conditions discussed with PTFP and checked below:

- ___ FCC Authorizations
- ___ Site Rights
- ___ Other _____
- ___ No Special Award Conditions discussed with PTFP.

(Signature)

(Title)

(Date Signed)