



Authorized Organizational Representative Certification

I certify that our organization is aware Jason Faryniak of FireMed Grant Solutions, LLC is submitting a 2019 Assistance to Firefighters Grant application on its behalf. My signature below provides written authorization on behalf of below-named organization for Mr. Faryniak to submit this application.

Name of Organization: _____

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____