AUTHORIZED AGENT

NOTE: Unauthorized alterations will delay the approval of this request.

County of Siskiyou
093-00000
2025-5020

ALN:	HSGP 97.067

Supporting Information for Application, Modification, or Request for Federal Funds

This claim is for costs incurred within the grant performance period.

This request is for a/an: **Initial Application**

September 1, 2025 through **June 30, 2028**

Beginning Performance Period Date — Ending Performance Period Date

Request # — Amount This Request

Under Penalty of Perjury, I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations, and grant conditions and assurances.

Statement of Certification - Authorized Agent

By signing this report, I certify, to the best of my knowledge and belief, that the report is true, complete, and accurate, and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Sherry Lawson	**1312 Fairlane Rd Suite 8**
Printed Name of Authorized Agent	Payment Address
Deputy County Administrator	**Yreka, CA 96097-9698**
Title of Authorized Agent	City, ZIP
Signed by: Sherry Lawson B3B9CF3E1194460...	10/6/2026
Signature of Authorized Agent	Date