**Attachment B:** Authorized Applicants Signature and Acceptance Form

The undersigned is a duly authorized representative of the applicant listed below. The applicant has read and understands the Program Offering requirements. The undersigned acknowledges that all of the terms and conditions of the Program Offering are mandatory.

The applicant understands that all materials submitted as part of the application are subject to disclosure under the Massachusetts Public Records Law, as explained in the General Program Offering Conditions, and acknowledges and agrees that MassCEC has no obligation, and retains the sole discretion to fund or choose not to fund the application set forth herein, and that MassCEC’s receipt of the application does not imply any promise of funding at any time.

The applicant understands that, if selected by MassCEC, the applicant and MassCEC will detail and execute a contract that outlines the respective roles and responsibilities of the parties.

The applicant certifies that the statements made in this application, including all attachments and exhibits, are true and correct to the best of its knowledge.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Printed Name of Applicant)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant or Authorized Representative)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_