

**ArtsWave Sustaining Impact Grant Program**

 **Financial Review Signature Page**

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have read the ArtsWave Sustaining Impact Grant Financial Review and that the information contained therein is true and correct to the best of my knowledge.

Board President

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Printed Name Date

Board Treasurer

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Printed Name Date

Chief Professional Officer

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Printed Name Date