

TERMS OF ACCEPTANCE

To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with all requirements in the Nebraska Department of Veterans' Affairs (NDVA) Defense POW/MIA Accounting Agency Grant Assistance Program. By signing and submitting this form, I affirm that the governing body of the Applicant has duly authorized this application and I have been authorized to submit the application.

Check to confirm

I certify that by submitting this application, I, the Applicant, confirm that I will comply with all federal and state statutes, regulations, policies, guidance, and the terms and conditions of the NDVA Program agreement.

Check to confirm

I certify that, by submitting this application, I agree upon an award of funding to permit the state and federal regulators to have access to all records and financial statements of the entity relevant to compliance evaluation and monitoring of the funding.

Check to confirm

I consent to allow reasonable inquiries by the NDVA for the purpose of verifying the information in my application, including but not limited to, requests for further information and inquiries submitted to third parties. If awarded funds, I agree to provide additional reports and expenditure information upon request.

Check to confirm

I authorize NDVA to use this acknowledgment and the information obtained in the application to administer and enforce rules and policies related to this funding.

Check to confirm

Any individual or organization, including governmental agency, may be asked to release information, information may be requested from entities, including but not limited to courts, law enforcement, state or federal agencies, or social service agencies. I authorize the above persons, firms, or corporations to make available any documents or record relevant to this funding for inspection and copying.

Check to confirm

I authorize NDVA to publish aggregate information regarding the entity (individual or company) submitting the application (not including personally identifiable information) and any funding which I may receive on a searchable public website as part of its public transparency and accountability efforts.

Check to confirm

I certify that the funds requested in the application do not duplicate other covered assistance that has been previously received or is reasonably expected to be received by and federal or state government, county agencies, and private or nonprofit charity organizations.

Check to confirm

I agree to repay any assistance later received for the same purpose as the funds associated with this award.

Check to confirm

I understand that development of any project using these funds must include acknowledgement that the project or a portion thereof was funded through the Nebraska Department of Veterans' Affairs Defense POW/MIA Accounting Agency Grant Assistance Program.

Terms of Acceptance

I understand that checking this box constitutes a legal signature confirming that I acknowledge the above Terms of Acceptance.

Signature of Authorized Representative:

Date Signed: