



THE DEPARTMENT OF ARKANSAS
HERITAGE

Small Museum Grant Program

Certification for Use of Funds

I certify, to the best of my knowledge and belief, that all criteria and pre-conditions established in the application requesting funds for my organization have been met. I further certify that any funds received in accordance with the Small Museum Grant Program will be used specifically for the purposes listed in the grant award.

(Name of Organization)

(Date)

(Signature*)

(Title)

(Print Name)

*Individual with legal authority to bind organization to the proposed project