

**ArtsWave Sustaining Impact Grant Renewal**

 **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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Signature

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Printed Name

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Date