



Wisconsin Department of Public Instruction
**UNIFIED SERVICES (51.42) BOARD VERIFICATION for
ALCOHOL AND OTHER DRUG ABUSE GRANT APPLICATION**
PI-1816C (New 12-24)

XIII. UNIFIED SERVICES (51.42) BOARD VERIFICATION

This form must be submitted along with the grant application

Unified Services (51.42) Board Name

School District Name

Address

Contact Person Who Will Serve as Unified Services (51.42) Board Representative*

Phone Area/No.

Contact Person's Title

Recommendations or Comments Related to this Application

Signature of Unified Services (51.42) Board Representative



Date Signed *Mo./Day/Yr.*

***This is not Local School Board Member.**

XIV. CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed on page 2 have been satisfied and that all facts, figures, and representation in this application are correct to the best of my knowledge.

Name of Applicant Agency Authorizer *First and Last Name*

Title of Applicant Agency Authorizer

Signature of Applicant Agency Authorizer



Date Signed *Mo./Day/Yr.*