11. IN WITNESS WHEREOF, the Applicant has caused this subgrant application to be executed, attested, and ensealed by its proper officials, pursuant to legal action authorizing the same to be done.

	Erie County Technical School
DATE	NAME OF APPLICANT AGENCY
	By:
SIGNATURE OF ATTESTING OFFICER	
	Title:
TITLE OF ATTESTING OFFICER	
	By:
	Title:
(SEAL)	
	By:
	Title:

APPROVED AS TO FORM AND LEGALITY:

SOLICITOR

DISTRICT ATTORNEY
(VS applications only)

APPROVED:

CONTROLLER

FOR PCCD USE ONLY

We certify that this application is approved and that a grant award has been received to pay the herein stated _____ funds.

PCCD Executive Director or designee	DATE
COMPTROLLER OPERATIONS	DATE

Approved as to form and legality:

COUNSEL TO PCCD	DATE
35-FA-1.2 OFFICE OF GENERAL COUNSEL	DATE
35-FA-1.2 DEPUTY ATTORNEY GENERAL	DATE