Department of Commerce

Caller Box 10007, Saipan, MP 96950

Telephone: (670)664-3077/3044; Website: hppt://www.commerce.gov.mp

Email: ceds@commerce.gov.mp

**APPLICATION FOR CEDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant**  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
| **Telephone Number(s)**  |  | **Fax Number** |  |   |
|  |  |  |  |  |  |   |
| **Email Address** |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
| **Mailing Address** |  | **City, State, and Zip Code** |   |
|  |  |  |  |  |  |   |
| **Name of Lead Person** |  | **Email Address (if different)**  |   |
|  |  |  |  |  |  |   |
| **Name of Responsible Person** |  | **Email Address (if different)** |   |
|  |  |  |  |  |  |   |
| **Contact Number(s) for Lead Person** |  |  |  |   |
| **Contact Number(s) for Responsible Person** |   |   |   |   |

I, the undersigned, do hereby certify that I am authorized to submit this proposal for development of the Comprehensive Economic Development Strategy (CEDS) for the Commonwealth of the Northern Mariana Islands. I further understand that the submission of this application must be in compliance with the guidelines and provisions of the RFP as set forth for this project. I also understand that should this application is approved, I will comply with all federal and local regulations, particularly those affording equal opportunity for employment and services, environmental protection, and reporting of grant finances and progress. I realize that the grant is

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subject to audit, monitoring, and evaluation, and will cooperate and work with the members of the CNMI CEDS Commission within the timeline provided thereto. And to the best of my knowledge, I certify under oath that all the information contained herein and in the proposal are true and correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly first sworn on oath deposes and says that he/she is the applicant named in the foregoing statement, that he/she has read the statement and all documents is true to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_ day of April 2015.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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Expiration date of commission

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