MILITARY FAMILY SERVICES
SERVICES AUX FAMILLES DES MILITAIRES

MILITARY AND VETERAN FAMILY SERVICES PROGRAM – APPLICATION DECLARATION

The person(s) signing this form certify(ies) and agree(s) with the following:

a. I certify that the information provided in this MVFSP Annual Services Fund Application and any supporting documentation is true, accurate and complete to the best of my knowledge;
b. I certify that the Base/Wing Commander has been informed of the contents of this MVFSP Annual Services Fund Application; and
c. I certify that I have the capacity and that I am authorized to sign this MVFSP Annual Services Fund Application on behalf of the Applicant Organization.

APPLICANT ORGANIZATION LEGAL NAME

Executive Director Name

Executive Director Signature Date

Board Member Representative Name

Board Member Representative Signature Date

For Commanding Officer Base/Wing/ Station/ Detachment/Unit
For administrative purpose only: I acknowledge that I have reviewed the Application for the Base/Wing/ Station/Detachment/Unit

Signature _____ Date _____

Name: _____

Title: _____