ARRA 1512 Report Approval Record

State Agency _____

Award Name and SAI Number _____

By signing below, I have verified and ensured the accuracy and completeness of my agency's 1512 report submission for this award.

Questions regarding the 1512 submission should be directed to_____, and can be reached at 302-_____-_____.

Signature: _____

Printed name: _____

Title: _____

Date: _____

[Please scan in and email this signed document, along with a copy of your 1512 spreadsheet, to OMB_ARRA1512@state.de.us.]