

CERTIFICATION OF AUTHORITY

The _____ (Recipient) hereby certifies that the person(s) whose signature(s) appear below, are authorized to requisition funds from Rural Utilities Service for purposes authorized under the Distance Learning and Telemedicine financial assistance in accordance with the Grant and/or Loan Agreement(s).

Title	Name (print or type)	Signature
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Title	Name (print or type)	Signature
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Title	Name (print or type)	Signature
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Bonding:

1. As Recipient of the financial assistance, I certify that we are:

a Unit of Government _____ **Not** a Unit of Government _____

2. As a non-governmental unit, the Recipient further certifies that Fidelity bond coverage in the amount of at least 15 percent of the financial assistance is currently in effect for those person(s) authorized above. The Recipient covenants that the bond coverage will remain in effect until disbursement of the financial assistance is completed. *(Fidelity bond coverage is not required if the Recipient is a unit of government or the amount of financial assistance is less than \$100,000.00.)*

This certification will remain in force until such time as the financial assistance is fully disbursed or until rescinded by the Recipient and approved by the Rural Utilities Service.

(Name of Recipient)

By: _____
Signature

Name (Print or type)

Title (print or type)

Date