



## Grant Attestation Form

I confirm the attached 2025 Women's Fund of the Blue Ridge Grant Application is made on behalf of:

**Organization Name:** \_\_\_\_\_

I further certify that:

1. The tax-exempt status of this organization is still in effect.
2. The grant request is intended for a program or service impacting women and girls.
3. The execution of this grant would benefit women and girls in one or more of the following counties: Watauga, Ashe or Avery.
4. The grant request is at or below \$15,000 in total for this organization and does not include more than 25% in administrative expenses (including salaries and overhead).
5. If WFBR awards a grant to this organization, the proceeds will only be distributed to or used in accordance with the program/services outlined in the grant application. Any other use of grant money must receive prior approval by WFBR or grant funds returned.

\_\_\_\_\_  
Signature of Organizational Officer  
(Executive Director or Board Chair)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title