



# CERTIFICATION OF FEDERAL FUNDS

To: Associate Commissioner of Real Estate & Facilities

Institution Name:		IHL Staff Use Only
Project Number:		
Project Name:		

### List of Federal Funds and Amount

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### Certification of Use of Federal Funds (check appropriate box)

	I certify the above listed federal funds will be used in accordance with the guidelines/rules of said funds.
	I cannot certify the above listed federal funds will be used in accordance with the guidelines/rules of said funds.

### University Signatures

		Date Signed:	
		Date Signed:	