



GRANTSTATION ANNUAL SUBSCRIPTION

New Jersey State League of Municipalities
222 West State Street, Trenton NJ 08608

Table with 3 columns: Subscription Type, Rate, and Amount. Rows include GrantStation Subscription (\$699.00) and New Jersey League of Municipalities Member Subscription Benefit (\$95.00).

To Order: To take advantage of the discounted rate offered to our members and order a NJLM membership GrantStation subscription, please complete, print and mail this form to NJLM along with a check or purchase order to:

NJLM
222 West State Street
Trenton, NJ 08608
Attention: Tom Fratticcioli, Subscriptions

All advice, services, and other actions related to a GrantStation membership are provided by GrantStation, not the New Jersey League of Municipalities. Any comments or concerns about GrantStation services should be directed to GrantStation.

Member Municipal Address

Form fields for Member Municipal Address including Member Municipality, County, Address, Address Continue, City, State, Zip Code, Telephone, and Fax.

Member Key Contact Information

Form fields for Member Key Contact Information including First Name, Last Name, Title, Email Address, and Confirm Email.

Payment Information

(PLEASE NOTE ALL FIELDS BELOW ARE REQUIRED FIELDS AND MUST BE FILLED OUT COMPLETELY, INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED)

CLAIMANTS' CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials/articles will be furnished or services rendered as stated herein and that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: 2021

Federal Identification: 21-6000935

Michael Cerra, Executive Director: [Signature]

1. Ordering with Purchase order/Voucher

I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim.

Payment chargeable to Account(s): In House PO# Amount \$

Signature: Title Date

Please do not fax back we need original form with original signature CFO, Finance Director

2. Ordering with Enclosed Check # In The Amount of \$

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service. Since the Local Finance Board has approved this form your voucher for separate signature is not needed.