



**ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION  
Officer's Certification**

**Reporting Requirement Period:** \_\_\_\_\_  
*Please enter date covered*

OFFICER'S CERTIFICATION

On behalf of the Grantee, I, the undersigned, do hereby certify that the information contained in this grant report is complete and accurate to the best of my knowledge. I acknowledge and agree that the omission, misrepresentation or concealment of any significant fact in any statement may be considered sufficient reason for refusing to provide additional grant funding and/or demanding the return of any grant monies awarded. I also acknowledge that our organization is currently in compliance with all applicable regulations issued by the state of Illinois (or state in which your organization is registered) and there is no pending legal action against it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title (Must be the CEO, Executive Director or Officer)

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name of Grantee

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