

**ATTACHMENT A  
APPLICANT SIGNATURE FORM**

**INSTRUCTIONS:** Applicants must complete and submit this Applicant Information Form signed and dated by the Supermarket Manager, or other authorized personnel, and the Supermarket Owner.

<b>Applicant Organization</b>
<b>Supermarket Name:</b>  
<b>Certifications</b>
<p><b>As Supermarket Manager, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</b></p> <hr/> <p style="display: flex; justify-content: space-between;"><span>Signature of Supermarket Manager</span><span>Date</span></p> <hr/> <p>Printed Name and Title</p> <p><b>As the Owner of the supermarket submitting this application, I am supportive of this application and commit my store to fully engaging in the work proposed as part of this application.</b></p> <hr/> <p style="display: flex; justify-content: space-between;"><span>Signature of Authorizing Official</span><span>Date</span></p> <hr/> <p>Printed Name and Title</p>