Michigan Council For Arts and Cultural Affairs ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

1. Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;

2. Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and

3. Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant warrants and represents to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

   o This application was approved by the governing board on ________________

   o This application is scheduled to be approved by the governing board on June, 2016

   If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

   If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

Organization name: Uptown Reinvestment Corporation

Grant Program: Capital Improvement Program

Authorized Official: (Cannot be the Project Director)

Name (typed) Tim Herman Date 5/31/2016

Signature: _________________________________