

**Attachment M**

Verification

The undersigned hereby verifies that s/he is authorized to make this verification on behalf of the \_\_\_\_\_, the principal governing body of the center for independent living. The undersigned also verifies that a majority of the \_\_\_\_\_ is composed of individuals with disabilities, and this is true and correct to the best of her/his knowledge, information and belief and that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

**SIGNATURE**

**DATE**

Verification

The undersigned hereby verifies that s/he is authorized to make this verification on behalf of the \_\_\_\_\_, as the \_\_\_\_\_ of the center for independent living, \_\_\_\_\_. The undersigned also verifies that the \_\_\_\_\_ is designed and operated locally by individuals with disabilities, with the majority of its staff and individuals in decision making positions being individuals with disabilities, and this is true and correct to the best of her/his knowledge, information and belief and that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

**SIGNATURE**

**DATE**