

**Kansas Department of Commerce  
Community Service Program (CSP)  
Local Government Endorsement Form**

**THIS FORM MUST BE TYPEWRITTEN**

**SECTION I. APPLICANT INFORMATION**

**1. LEGAL NAME OF ORGANIZATION APPLYING FOR TAX CREDITS**

**2. ORGANIZATION'S ADDRESS**

**3. CONTACT PERSON/TITLE**

**4. DAYTIME TELEPHONE NUMBER**

( ) -

**5. EVENING TELEPHONE NUMBER**

( ) -

**STATEMENT OF INTENT TO SUBMIT APPLICATION TO DEPARTMENT OF COMMERCE:**

I have examined this request in its entirety and believe it to be an accurate description of the project to be submitted by this organization for the purpose of securing support through the Community Service Program administered by the Kansas Department of Commerce.

**MUST BE SIGNED IN  
PRESENCE OF  
NOTARY**

**6. SIGNATURE OF EXECUTIVE DIRECTOR**

**DATE**

**7. NOTARY PUBLIC EMBOSSER OR  
BLACK INK RUBBER STAMP SEAL**

**STATE OF**

**SUBSCRIBED AND SWORN BEFORE ME, THIS  
DAY OF 200**

**USE RUBBER STAMP IN  
CLEAR AREA BELOW**

**NOTARY PUBLIC SIGNATURE**

**MY COMMISSION  
EXPIRES**

**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

**SECTION II. LOCAL GOVERNMENT ENDORSEMENT**

The following unit of government (City Council or County Commission)

\_\_\_\_\_ determined, based upon the information presented herein, that the forenamed project: ☐ DOES ☐ DOES NOT endorse the project.

**8. NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**9. TELEPHONE** ( ) - \_\_\_\_\_

**10. SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_