**MONTANA BEAD PREQUALIFICATION**

On behalf of [INSERT COMPANY NAME], with TIN [INSERT TIN], the undersigned official certifies that the updated responses and information provided in its BEAD application are true and correct and guarantees that [INSERT COMPANY NAME] meets the minimum qualifications for the program’s financial capability.

I make this certification after reasonable inquiry of people, systems, and other information
available to my organization. I acknowledge that a materially false, fictitious, or fraudulent
statement (or concealment or omission of material fact) in this certification and the application
may be the subject of criminal prosecution and also may subject me and my organization to civil
penalties and/or administrative remedies for false claims or otherwise, including confinement for up to 5 years, fines, and civil penalties (18 U.S.C. §§ 287, 1001; 31 U.S.C. §3729, 3802).

I am the Authorized Official of the eligible jurisdiction or have been delegated authority on behalf of the Authorized Official, \_\_\_\_\_\_[INSERT COMPANY NAME]\_\_\_\_\_\_\_, with authority to make this certification.

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| --- | --- |
| Name of Official |  |
| Title of Official |  |
| Signature of Official |  |
| Date |  |