

Attestation Local Support Grant Request

THE ATTESTATION SHOULD BE COMPLETED AND SIGNED BY THE PRINCIPAL OFFICER OF THE ORGANIZATION OR ENTITY FOR WHICH A LOCAL SUPPORT GRANT REQUEST FORM WAS SUBMITTED. THE PRINCIPAL OFFICER IS THE INDIVIDUAL RESPONSIBLE FOR IMPLEMENTING THE DECISIONS OF THE GOVERNING BODY OF THE ORGANIZATION OR ENTITY OR FOR SUPERVISING THE MANAGEMENT, ADMINISTRATION, OR OPERATION OF THE ORGANIZATION OR ENTITY.

I am the	(title of principal officer) of
	(organization or entity) for which
a Local Support Grant Request Form was submitted. I ha	ve read such Request Form # as
published on the Florida House of Representatives websi	te, and I verify that I am fully informed as to

the information therein. I declare that all such information is true and accurate OR \Box (check if correction attached) is true and accurate as corrected in the attached statement.

I am authorized on behalf of the organization or entity listed above to and do consent to investigation of such information and any matter relevant thereto. I agree to provide all documents and other information requested by the Chair of the House Public Integrity & Elections Committee as part of such investigation, including information that may be requested on the organization, ownership, and any beneficiary of the organization or entity on whose behalf project funding has been requested.

If any inaccuracies in the information contained in the Local Support Grant Request Form come to my attention, I agree to promptly correct such information by letter to the House Appropriations Committee.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Signed:	Date:
Print name:	Entity name:

The completed and signed attestation, as well as any subsequent letters of correction, should be submitted to the Appropriations Committee by electronic mail to the following address: apc@laspbs.state.fl.us.

The deadline to submit an Attestation Form is August 10, 2022.