

PUBLIC SERVICE GRANT APPLICATION AFFIDAVIT

Pursuant to section 118.805, Jacksonville Ordinance Code

BEFORE ME, the undersigned authority, personally appeared _____, who was sworn and states as follows:

1. My name is _____ and I am the _____ of _____, a requesting agency for a Public Service Grant from the City of Jacksonville’s Public Service Grant Council, and I have personal knowledge of the matters stated herein.
2. The requesting agency’s program will be operated in Duval County and serve the people of the City.
3. The requesting agency’s program will serve a category of Most Vulnerable Persons and Needs designated by the City Council for the grant application cycle in which the requesting agency is applying for.
4. The requesting agency’s program is not eligible to receive funding from any of the City programs listed in Section 118.805(a)(1)—(7).
5. The requesting agency’s appropriation request for multiple or single programs does not exceed in the aggregate 24 percent of the requesting agency’s annual revenue (as shown on filed tax returns) averaged over the previous three tax years.
6. The requesting agency is in compliance with the terms of all existing City agreements in which the requesting agency is a party.
7. The requesting agency is in compliance with all applicable federal, State, local laws, rules, regulations and ordinances, as the same may exist and may be amended from time to time.
8. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

Executed to be effective as of _____, 202_.

Signature

Name

Title

Company

[NOTE: pursuant to section 118.805, Jacksonville Ordinance Code, this affidavit must be executed by the requesting agency’s executive director, chief executive or operating officer, president, vice president or board chairman.]

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was SWORN TO AND SUBSCRIBED before me by means of [] physical presence or [] online notarization, this ____ day of _____, 202_, by _____ as _____ of _____, a _____ corporation, on behalf of said corporation. Said individual [] is personally known to me or [] has produced _____ as identification.

Name: _____

NOTARY PUBLIC, State of Florida

(SEAL)

Serial Number (if any) _____

My Commission Expires: _____