Certifications

For the purposes of these Certifications, the Applicant is defined as the legal name of the organization submitting an application. By submitting an application, the Applicant hereby certifies the following:

☑ **The undersigned is the Applicant's authorized representative submitting the application and has the authority to legally bind the Applicant entity applying for this grant.**

☑ **The information contained in this application and all supporting documentation is true, complete, and correct.**

☑ **Undersigned understands that any willful misrepresentation on this Application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the County to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me and/or the Applicant entity at law or in equity.**

☑ **Undersigned understands that, pursuant to section 92.525, Florida Statutes, a person who knowingly makes a false declaration thereunder is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in sections 775.082, 775.083 or 775.084, Florida Statutes.**

☑ **Undersigned affirms that neither undersigned, the Applicant entity, nor any for-profit Business Owner, nor any 501(c)(3) Director or Executive Director of the Applicant entity are presently suspended or debarred from participation in transactions by any federal department or agency.**

☑ **Undersigned understands that by submitting this application electronically, my signature shall be as effective, enforceable, and valid as if a paper version were delivered containing my original written signature.**

☑ **Undersigned acknowledges and understands that submitting this application does not assure eligibility or guarantee the allocation of CDBG-DR funds.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Applicant's authorized representative's electronic signature, legally binding the Applicant entity applying for this grant: Michael J Davey

Michael J Davey (Oct 16, 2025 09:26:08 EDT)

Print Full Name: Michael John Davey

Position/Title of Applicant entity's authorized representative: Grants Coordinator

Date: 10/16/25

Declaration and Certification Form

Final Audit Report 2025-10-16

Created:	2025-10-16
By:	Anastasia Sarioglou (asarioglou@scgov.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqo9_ejWZZyToYQ8H2yU_n-tXk1lxasvz

"Declaration and Certification Form" History

Web Form created by Anastasia Sarioglou (asarioglou@scgov.net)
2024-03-20 - 1:29:52 PM GMT

Web Form filled in by Michael J Davey (mdavey@northportfl.gov)
2025-10-16 - 1:26:08 PM GMT

Email verification link emailed to Michael J Davey (mdavey@northportfl.gov)
2025-10-16 - 1:26:10 PM GMT

Email viewed by Michael J Davey (mdavey@northportfl.gov)
2025-10-16 - 1:26:34 PM GMT

E-signature verified by Michael J Davey (mdavey@northportfl.gov)
2025-10-16 - 1:26:34 PM GMT

Agreement completed.
2025-10-16 - 1:26:34 PM GMT