*[Date of Certification]*

**Address to: NCLWF Executive Director and DNCR Chief Financial Officer**

**Certification:**

We certify that the *[Name of Grant Recipient]* does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143-6.2(b2) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

**Sworn Statement:**

*[Name of Board Chair]* and *[Name of Second Authorizing Official]* being duly sworn, say that we are the Board Chair and *[Title of the Second Authorizing Official]*, respectively, of *[Name of Grant Recipient]* of *[City]* in the State of *[Name of State];* and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Chair Second Authorizing Official

Sworn to and subscribed before me this day by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have personal knowledge of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s identity/I have seen satisfactory evidence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s identity by a current state or federal identification with \_\_\_\_\_\_\_\_\_\_ photograph, in the form of a NC driver's license (or other). Witness my hand and official stamp or seal this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 200\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp/Seal