



Attestation

FY 2024-25 Appropriations Project Request

THE ATTESTATION SHOULD BE COMPLETED AND SIGNED BY THE PRINCIPAL OFFICER OF THE ORGANIZATION OR ENTITY FOR WHICH AN APPROPRIATIONS PROJECT 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.

On behalf of _____ (organization or entity) for which an Appropriations Project Request Form was submitted, I have read such Form # _____ published on the Florida House of Representatives website, and I verify that I am fully informed as to the information therein. I declare that all such information is (select one):

true and accurate as published

OR

true and accurate with the following corrections (attach additional pages if needed):

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 House of Representatives 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 Appropriations Project Request form come to my attention, I agree to promptly contact 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.

Print name: _____ Title: _____

Date: _____ Signed: _____

The completed and signed attestation should be e-mailed to the House Sponsor: