

Attachment D

State Grant Certification – No Overdue Tax Debts

Date: _____

Certification:

We certify that the _____ does not
(Name of Organization)
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. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1.

Sworn Statement:

_____ and _____ being duly sworn, say
(Name of Board Chair) (Name of Second Authorizing Official)
that we are the Board Chair and _____ respectively, of
(Title of Second Authorizing Official)
_____ of _____ in the State of
(Name of Organization) (City)
_____ and that the foregoing certification is true, accurate and complete to
(State)
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 Signature

Second Authorizing Official Signature

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____