

**Attachment D**  
**State Grant Certification – For Individual Sub Grantees**  
**No Overdue Taxes<sup>1</sup> or Conflict of Interest**

**Sponsored Center**

**1. Date of Certification:** \_\_\_\_\_

**To: Department of Health and Human Services**

**Certification:**

I certify that I, 2. \_\_\_\_\_

*[insert your name],*

do not have any overdue tax debts, as defined by North Carolina G.S. 105-243.1, at the federal, state, or local level. I further certify that I will not use funds awarded by this grant to satisfy any subsequent tax obligations. Additionally, I 3. \_\_\_\_\_

*[insert your name],*

do not have any personal or professional relationships with the Department of Health and Human Services, or any employees of the Department of Health and Human Services, or governing Board as defined by North Carolina G.S. 143C-6-23(b). I further understand that a false statement made is in violation of North Carolina G.S. 143C-6-23(c) and such false statement would be a criminal offense punishable as provided by North Carolina G.S. 143-34(b).

**Sworn Statement:**

I, 4. \_\_\_\_\_ certify that I am a resident of  
[Name of Individual Subgrantee]

5. \_\_\_\_\_ in the State of 6. \_\_\_\_\_  
[City] [Name of State]

I also acknowledge and understand that any misuse of state funds will be reported to the appropriate authorities for further action.

7. \_\_\_\_\_  
Individual Subgrantee Signature

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

8. \_\_\_\_\_ 9. My Commission Expires: \_\_\_\_\_  
(Notary Signature and Seal)

If there are any questions, please contact the North Carolina Office of the State Budget and Management:  
ncgrants@osbm.nc.gov

<sup>1</sup> G.S. 105-243.1 defines "Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

**Instructions for Completing Attachment D-State Grant Certification- For Individual Sub Grantees-No Overdue Taxes or Conflict of Interest**

This form must be completed if the facility is a sole proprietorship.

1. Provide the date in which the facility is completing the document.
2. Provide the name of the individual completing the form.
3. Provide the name of the individual completing the form.
4. Provide the name of the individual completing the form.
5. Provide the city in which the individual listed in number 4 resides.
6. Provide the state in which the individual listed in number 4 resides.
7. Provide the signature of the individual listed in number 4.
8. Provide the signature of the notary and the notary seal.
9. Provide the date that the notary's commission expires.