**FISCAL YEAR 2019-2020 PSG GRANT APPLICATION AFFIDAVIT**

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who was sworn and says:

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Affiant”)and I am the [*note: per the City ordinance code must be the executive director, chief executive or operating officer, president, vice president or board chairman*] \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Applicant”), an applicant for a Public Service Grant from the City of Jacksonville’s Public Service Grant Council, and I have personal knowledge of the matters stated herein.
2. The Applicant’s program will be operated in Duval County, Florida, and serve the people of the City of Jacksonville. If awarded, Applicant will only use the Public Service Grant Council funds to operate its program in Duval County, Florida, and serve the people of the City of Jacksonville.
3. The Applicant's program will serve a category of Most Vulnerable Persons and Needs designated by the City Council for Fiscal Year 2019-2020 pursuant to Ordinance 2019-210-E.
4. The Applicant’s program is not eligible to receive funding from another City program while providing services under a Public Service Grant award for Fiscal Year 2019-2020. Such City program shall include, without limitation, the Cultural Service Grant Program, the Arts in Public Places Program, Kids Hope Alliance programs, Downtown Investment Authority or Office of Economic Development programs, Housing and Community Development Division programs, Social Services Division programs; or, if the applicant’s program is eligible to receive funding from another City program, including but not limited to, the City programs listed above, the applicant has not received any funding from such programs and will not receive or accept any funding from such programs while providing services under a Public Service Grant award for Fiscal Year 2019-2020.
5. The Applicant’s funding request for multiple or single programs does not exceed in the aggregate 24% of the applicant’s annual revenue as shown on its filed tax returns and averaged over the previous three tax years.
6. The Applicant is in compliance with the terms of all existing City agreements to which it is a party.
7. The Applicant is in compliance with all applicable federal, state, local laws, rules, regulations and ordinances, as the same may exist from time to time.

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 Signature of Affiant

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

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me, this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by . Said person is person is personally known OR produced identification.

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

Notary Public (Seal)