

FISCAL YEAR 2024-2025 PSG GRANT APPLICATION AFFIDAVIT FORM

BEFORE ME, the undersigned authority, personally appeared _____,
who was sworn and says:

1. My name is _____ and I am the [note: *per the City ordinance code the individual executing this affidavit must be the executive director, chief executive or operating officer, president, vice president or board chairman*] _____ of _____, 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. If awarded, the applicant's program, to the extent funded by the City of Jacksonville, will be operated in Duval County, Florida, and service the people of the City of Jacksonville. No funds provided by the Public Service Grant Council to the applicant will be used by the applicant for programs provided other than in Duval County, Florida, or other than to the people of the City of Jacksonville.
3. 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 2024-2025. Such City program shall include, without limitation, the Cultural Service Grant Program, the Arts in Public Places Program, the Kids Hope Alliance program, 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 2024-2025.
4. 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.
5. The applicant is in compliance with the terms of all existing City agreements to which it is a party.
6. The applicant is in compliance with all federal, state, local laws, rules, regulations and ordinances, as the same may exist from time to time, applicable to it

Signature of Affiant

Print Name: _____

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)