



EO 20-44 Contract Agreement Attestation

Your organization has been identified to receiving Specific State and/or Federal Appropriation funds as “Direct Appropriation (Earmark)” or as “Non-competitively Bid” (statutory established entity, etc.) to manage state resources on behalf of the Florida Department of Health (FDOH) to local communities. This document requests your immediate attention and attestation to the following information and must be returned to the Department within the assigned due date to satisfy the requirements under the Governor’s Executive Order Number 20-44, published February 20, 2020.

Legal Name of Your Organization:

IRS Issued Tax Id/DUNS Number:

Type of Your Organization:

(Non-Profit, For-Profit, Educational Institution, Local Municipality, Other)

Service Location for Your Organization: (city) _____ (county) _____

Does your organization have a President/Director/Chief Executive (Yes/No)?

If Yes, please complete the following. If No, please explain: _____

First/M/Last Name/Suffix:

Title:

Contact:

Does your organization have a Chief Financial Officer or Equivalent (Yes/No)?

If Yes, please complete the following. If No, please explain: _____

First/M/Last Name/Suffix:

Title:

Contact:

If your organization is a “Not-For-Profit” under the Internal Revenue Codes, what is the highest Salary Compensation package of your highest paid employee? \$ _____

Did your organization prepare an **IRS Form 990** in the previous FY (Yes/No)?

What is the dollar amount of your organization's capital (assets & revenues) that is from grant funding? (use previous FY data): State \$ _____ Federal \$ _____ other \$ _____

What is the dollar amount of your total assets? (e.g. cash, fixed assets, accounts receivable, etc.): \$ _____

Attestation Statement: As an “Authorized Representative” of the Respondent, I duly attest to the best of my knowledge that all information provided in this questionnaire are accurate and true as presented. I also understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may be subject to civil penalties, attorney’s fees, and/or costs.

Authorized Signature

Date

Authorized name (Please Print)



[OFFICE ADDRESS]



[PHONE NUMBER]



[EMAIL]