

**State Grant Certification – For Individual Sub Grantees
No Overdue Taxes¹ or Conflict of Interest**

Date of Certification: _____

To: Department of Health and Human Services

Certification:

I certify that I, _____
[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 _____

[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, _____ certify that I am a resident of
[Name of Individual Subgrantee]

_____ in the State of _____
[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.

Individual Subgrantee Signature

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

_____ My Commission Expires: _____
(Notary Signature and Seal)

If there are any questions, please contact the North Carolina Office of the State Auditor:
Leigh Ann Kerr @ (919) 807-7535 or Harriet Abraham @ (919) 807-7673.

¹G.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."