

AUTHORIZED AGENT		
NOTE: Unauthorized alterations will delay the approval of this request.		
Lake County	ALN:	HSGP 97.067

2024-0088

Supporting Information for Application, Modification, or Request for Federal Funds
This claim is for costs incurred within the grant performance period.

This request is for a/an:	Initial Application	September 1, 2024	through	May 31, 2027
		Beginning Performance Period Date		Ending Performance Period Date
		Request #		Amount This Request

Under Penalty of Perjury, I certify that:
I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations, and grant conditions and assurances.

Statement of Certification - Authorized Agent
By signing this report, I certify, to the best of my knowledge and belief, that the report is true, complete, and accurate, and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Lucas Bingham
Printed Name of Authorized Agent
Sheriff/Coroner/OES Director
Title of Authorized Agent
Signature of Authorized Agent

P.O. Box 489
Payment Address
Lakeport, CA 95453-0489
City, ZIP
Date