

AUTHORIZED AGENT

NOTE: Unauthorized alterations will delay the approval of this request.

ALN: EMPG 97.042

County of Lake

033-00000

2025-5008

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

July 1, 2025

through

June 30, 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).

Luke Bingham

Post Office Box 489

Printed Name of Authorized Agent

Payment Address

Sheriff

Lakeport, CA 95453-0489

Title of Authorized Agent

City, ZIP


Signature of Authorized Agent



Date

