SWORN STATEMENT ON SCRUTINIZED COMPANIES CERTIFICATION

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the City of Avon Park,				
	(print in	ndividual's name of		
statement) whose business address is and (if applicable) the Federal Employer Identification Num (if the entity has no FEIN, include the Social Security number).	ber (FEIN) is			
I understand that no person or entity shall be awarded o procurement of goods or services (including professional s management agreement, or shall receive a grant of public with Section 287.135, Florida Statutes.	services), or a lea	ase, franch	ise, con	cession, o
Specifically, Section 287.135, Florida Statutes, states in perfunct, bid on, submit a proposal for, or enter into or renew a entity for goods or services of: (a) Any amount if, at the tire entering into or renewing such contract, the company is on List, created pursuant to s. 215.4725, or is engaged in a boy if, at the time of bidding on, submitting a proposal for, or company: 1. Is on the Scrutinized Companies with Activities with Activities in the Iran Petroleum Energy Sector List, creat business operations in Cuba or Syria."	contract with an me of bidding on the Scrutinized (cott of Israel; or entering into or es in Sudan List	agency or , submitting Companies (b) One mil renewing or the Scru	local go g a prop that Bo lion dolla such co ttinized (overnmenta posal for, o pycott Israe ars or more ontract, the Companies
By signing this sworn statement, a bidder/proposer: (i) cert 287.135, Florida Statutes, and shall not be in violation at the resulting contract; and (ii) agrees any such resulting contract allows the Town, at its option, to terminate such contract for a false certification, been placed on one or any of the foregor been engaged in business operations in Cuba or Syria.	e time the comp act shall be deem cause if the comp	any enters led to conta any is found	into or r ain a pro d to have	renews any ovision tha e submitted
_	Sign	ature		
STATE OF FLORIDA COUNTY OF				
Sworn and subscribed before me this day of	, 2021, b	y		
who appeared before me in person (check this line if appears this line if appropriate) and is personally known to me following type of identification to prove identity	propriate) or by o (check this line if	nline notari appropriat	zation _ e) OR pr	(check 'oduced the
[Print, type, or stamp commissioned name of Notary Public] My commission expires:				