

HB 1012 Disaster Recovery Grant Certification

This form is to be completed, signed, and notarized by the authority having jurisdiction over a fire department or rescue squad applying for a House Bill 1012 Disaster Recovery Grant. Examples of the appropriate signatory include a town manager, mayor, or the president of the board of directors for a private nonprofit fire department.

Fire Department or Rescue Squad Name: _____

County: _____

Grant Program Name: HB 1012 Disaster Recovery Grant (S.L. 2025-26)

Certification:

I, _____, hereby certify that I am the duly authorized official with jurisdiction over the above-named fire department or rescue squad and that I have been informed of the department's application for grant funding under the program identified above.

To the best of my knowledge, the information contained in the fire department's or rescue squad's grant application is true and accurate. I understand that knowingly providing false information may result in disqualification from the grant program and/or other penalties as permitted by law.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ____ day of _____, 2025.

Notary Public Signature: _____

My Commission Expires: _____