**State Grant Certification – No Overdue Tax Debts 1**

**Instructions:** Grantee should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of the State Budget and Management

(Notary Signature and Seal)

**[Date of Certification (mmddyyyy)]**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Board Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Title of Second Authorizing Official]

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

1 G.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.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_

We certify that the *[*insert organization’s name*]* does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

**Sworn Statement:**

[Name of Board Chair] and [Name of Second Authorizing Official] being duly sworn, say that we are

The Board Chair and [Title of Second Authorizing Official], respectively, and [name of organization]

Of [City], in the state of North Carolina; and that the foregoing certification is true, accurate and complete

To the best of our knowledge and was made and subscribed by us. We also acknowledge and understand

That any misuse of State Funds will be reported to the appropriate authorities for further action.

MS&NCD Form 0008

Eff. July 1, 2005

Revised July 18, 2006, 7/07, 9/08, 9/11

If there are any questions about this form, please contact the North Carolina Office of State Budget and Management at [NCGrants@osbm.nc.gov](mailto:NCGrants@osbm.nc.gov) or (919) 807-4795.