



Opioid Settlement Fund Grant Application

Attachment A

VERIFICATION

STATE OF WEST VIRGINIA,  
COUNTY OF \_\_\_\_\_, TO - WIT:

\_\_\_\_\_, \_\_\_\_\_, of \_\_\_\_\_,  
Name Title Entity

who on behalf of applicant, signed the foregoing, Application for Opioid Settlement Funds, being first duly sworn says that the facts and statements therein contained are true except so far as the facts and statements are therein stated to be on information, and that, so far as the facts and statements are therein stated to be upon information, the facts and statements are believed to be true.

\_\_\_\_\_  
AFFIANT

Taken subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_



# Affidavit of Ownership

Before me, the undersigned authority, personally appeared and after being duly sworn, deposes and says:

I, \_\_\_\_\_ hereby attest to ownership of the business entity  
(Owner or Legal Representative - Print Name)

below:

Legal Name of Business Entity: \_\_\_\_\_

Legal Type  Sole Proprietorship  Partnership  Limited Liability Company  Corporation  
 Nonprofit Corporation  Other \_\_\_\_\_

If the entity is a corporation, partnership, or LLC, list each individual owner and percent of ownership.

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business applying is owned by a corporation or another legal entity, please specify its name as well:

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

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct. *(All owners must sign below)*

_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date
_____ Print Name	_____ Signature	_____ Date

## Notary Public

State of \_\_\_\_\_, in the country of \_\_\_\_\_ on \_\_\_\_\_ day, of the \_\_\_\_\_ month, in the year of \_\_\_\_\_, before me appeared (name) \_\_\_\_\_ and stated that he/she is the (title) \_\_\_\_\_ of (name of organization) \_\_\_\_\_ and that the information provided on this form is true and correct. My commission expires on (date): \_\_\_\_\_ Notary Public: \_\_\_\_\_



**Attachment C**  
Opioid Settlement Fund Grant Application

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters  
Primary Covered Transactions**

A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from

covered transactions by any Federal department or agency;

2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against

them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing

a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records,

making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or

local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and

4. Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal,

State or local) terminated for cause or default.

B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such

prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME /PROJECT NAME:

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NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S):

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Prefix: First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Title: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_



**Attachment D  
Opioid Settlement Fund Grant Application**

**NON-DISCRIMINATION IN WORKPLACE CONFORMANCE AFFIDAVIT**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, To Wit:

I, \_\_\_\_\_, after being duly sworn, depose and state as follows:

I am an employee, principal or duly authorized agent of \_\_\_\_\_;  
(Company/Organizaiotn Name)  
and, I do hereby attest that \_\_\_\_\_ does not  
(Company Name)

discriminate against any employee or applicant for employment because of race, color, creed, sex, or national origin, or any other form of discrimination in hiring, placement, upgrading, transfer or demotion, recruitment, advertising, or solicitation for employment, training, rates of pay or other forms of compensation, selection for apprenticeship layoff or termination.

The above statements are sworn to under penalty of false swearing.

By: \_\_\_\_\_  
Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, \_\_\_\_\_ of  
Name Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_



Attachment E

Opioid Settlement Funds Grant Application

**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT  
WEST VIRGINIA CODE §21-1D-5**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_, To Wit:

I, \_\_\_\_\_, after being duly sworn, depose and state as follows:

I am an employee, principal or duly authorized agent of \_\_\_\_\_;  
(Company/ Name)  
and, I do hereby attest that \_\_\_\_\_ maintains  
(Company Name)  
a valid written drug free workplace policy and that such policy is in compliance with the provisions of West Virginia Code §21-1D-5.

The above statements are sworn to under penalty of false swearing.

By: \_\_\_\_\_  
Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_  
Name Title of  
\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Notary Public  
My commission expires:

\_\_\_\_\_



**Attachment F  
Opioid Settlement Funds**

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I \_\_\_\_\_ on behalf of \_\_\_\_\_, hereinafter Company, certify that I have reviewed the City of Fairmont's solicitation for the Opioid Settlement Grant Funds in its entirety; that the requirements, terms and conditions, and other information contained therein are clearly understood; that the Company is submitting the application to the City of Fairmont and if awarded understands the time period stated in the solicitation; and that I am authorized by the Company to execute this certification and any documents relating thereto on the Company's behalf.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Representative Name & Title (Print)

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Fax

\_\_\_\_\_  
Email Address



Attachment F  
Opioid Settlement Fund Grant Application

## NON-LITIGATION CERTIFICATE

By signing below, I \_\_\_\_\_ on behalf of \_\_\_\_\_,  
hereinafter Company, do hereby certify that Company has not within the past three (3) years been a party and is currently not a party to any actual or threatened litigation, mediation or arbitration arising out of performance of any contract with any local, state or federal government entity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Company Name

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Printed Name of Authorized Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_