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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Recovery RX

Project Name: Transitional Housing

Location of the Project: Marion County FL

Name of the Federal Program to which the applicant is applying:

FY26 CoC NOFO

Name of Certifying Jurisdiction: Marion County BoCC

Certifying Official of the Jurisdiction

Name: Mounir Bouyounes

Title: County Administrator

Signature:

Date: