

Affidavit for Level 2 Background Screenings

Affidavit Affirming Compliance with Background Screening for Provider Personnel, Volunteers, and Subcontracted Personnel, as applicable.

In accordance with Sections 943.0542, 984.01, Chapter 430, 435, 402, 39.001, and 1012.465 Florida Statutes, and pursuant to the requirements of Paragraph R. Background Screening of this Contract, the undersigned affiant makes the following statement under oath, under penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment not to exceed one year and/or a fine not to exceed \$1,000, pursuant to Sections 837.012 and 775.082, Florida Statutes.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared _____
Authorized Provider
[CEO/Executive Director]

Representative of _____, who being by me first duly sworn, deposes and says:
(Name of Contracted Provider)

(Print Name of CEO/Executive Director/HR Director)

(Signature of CEO/Executive Director/HR Director)

Date

I swear and affirm that the above-named contracted Provider is compliant with the requirements for personnel background screening detailed in Sections 943.0542, 984.01, Chapter 435, 402, 39.001, and 1012.465 Florida Statutes, as applicable, for all personnel having direct contact with children.

Sworn to and subscribed before me at Miami-Dade County, Florida this ___ day of _____, 2013/2014 by

_____.

- ___ Who is personally known to me
- ___ Who produced identification: _____
Type of identification

Signature of Notary Public
State of Florida at Large

Print, type or stamp name of notary public

My Commission Expires: