

**Appendix C**  
**Certification of Non-Contingency**

I, \_\_\_\_\_ (name and title), an authorized representative of \_\_\_\_\_ (Opioid Remediation Municipal Grant Applicant), subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities, hereby certify that neither the Opioid Remediation Grant Applicant, nor its affiliated entity or political subdivision, have engaged any person to lobby on its behalf in regard to its Opioid Remediation Grant Application in exchange for compensation contingent in whole or in part upon the approval, award, receipt, or denial of funds.

I understand that such violation or false certification hereunder shall be cause for the immediate termination and repayment of any Opioid Remediation Grant awarded to the Applicant.

This certification is given in support of the Susquehanna County Opioid Remediation Grant Application submitted by the Applicant.

Date

Authorized Representative

\_\_\_\_\_

\_\_\_\_\_

Susquehanna County