**Certification Regarding**

**Debarment, Suspension, Ineligibility**

**And Voluntary Exclusion**

**Consultant Covered Transactions**

1. The prospective consultant of the Recipient,

certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

1. Where the Sub-Recipient’s consultant is unable to certify to the above statement, the prospective consultant shall attach an explanation to this form.

**CONSULTANT**

By: Memorial Hospital Flagler, Inc.

**Signature** **Recipient’s Name**

H0453

**Name and Title** **DEM Contract umber**

4337-345-R

**Street Address** **FEMA Project Number**

**City, State, Zip**

**Date**