

State of Florida

Annual Local Government Financial Report Certification Page for FY 2007-2008

Unit ID _____

Entity Name _____

Financial Officer Name _____

Financial Officer Title _____

Mailing Address _____

Address Line 2 _____

City _____

State, Zip Code _____

Email Address _____

Phone Number _____

Contact Name _____

Contact Phone No. _____

Fax Number _____

Certification

We the undersigned certify, to the best of our knowledge, that the information reported herein or submitted electronically is accurate and complete.

Name of Chief Financial Officer

Title

Signature of Chief Financial Officer (required)

Name of Chairman of Government Board

Title

Signature of Chairman of Government Board (required)

Was Annual Financial Report filed electronically via LOGER? Yes No

AFR is "Zero Report" (no revenue or expenditure for FY) Yes No

NOTE: If yes, Data Element Worksheet still required

Date Completed Audit Was Received: ____/____/____

Financial Condition Information

Have you experienced a financial emergency in fiscal year ended 2008? Yes No

If yes, have you complied with Section 218.503(2), Florida Statutes? Yes No

Auditor General Rule: Section 10.554(1)(h)6.b: If applicable, does the Annual Financial Report agree with the Audited Financial Statement? Yes No

(Do total revenues and expenditures per fund group on the AFR balance to the audited Statement of Revenues and Expenditures?) If no audit was required and the Data Element Worksheet has been completed, please choose Yes.

Long-Term Debt

Amount of outstanding long-term debt: \$ _____

The term "long-term debt" includes agreements or series of agreements to pay money that are not due for actual payment within the current fiscal year. The balance refers to formal debt issues such as notes, bonds, claims, judgments, landfill closure post-closure costs that are not due for payment in the current period. Do not include the current year's portion of long-term debt. This does not include informal liability such as compensated leave liability.

Mail Completed Forms and Required Attachments/Enclosures to:

Department of Financial Services
Bureau of Local Government
200 E. Gaines Street
Tallahassee, FL 32399-0354

State Use Only

	Initials	Date		Initials	Date
AFR Tracked	_____	_____	Rev/Exp	_____	_____
Audit Tracked	_____	_____	Complete	_____	_____