ulas Departm	Florida Department of Environmental Protection
4 martinonmental pro	CERTIFICATION OF INSURANCE FORM
Required Signatures:	Adobe Signature
PROOF OF INSU	JRANCE PROVIDED
Grantee:	
Project Title:	
Project Number:	
HEREBY CERTINIS CURRENT, IN	REPRESENTITIVE FOR (city/county district) FY THAT I HAVE ATTACHED PROOF OF GENERAL LIABILITY INSURANCE THAT GOOD STANDING AND SHALL REMAIN IN EFFECT THROUGH THE DURATION A RECREATION DEVELOPMENT ASSISTANCE (FRDAP) GRANT PERIOD.
Signature:	Date:
	- OR -
SELF-CERTIFII	CD ACKNOWLEDGEMENT
Grantee:	
Project Title:	
Project Number:	
HEREBY CERTININSURED AND	REPRESENTITIVE FOR (city/county district) IS SELF FY THAT THE (city/county district) IS SELF THIS COVERAGE SHALL LAST THROUGH THE DURATION OF THIS FLORIDA EVELOPMENT ASSISTANCE (FRDAP) GRANT PERIOD.
Signature:	Date: