LUCAS COUNTY REGIONAL HEALTH DISTRICT

# FISCAL OFFICER’S CERTIFICATE

I hereby certify that there is in the Treasury or in process of collection to the credit of the (Division), Lucas County Regional Health District, Account Number (Acct Number) the sum of (Sum), and that the same has been lawfully appropriated for such purpose and is free from any previous encumbrances as prescribed by Sections 5705.41 and 5705.44 of the Ohio Revised Code, for the purpose of entering into this agreement/contract with (Agency/Entity) for the purpose covered by it as authorized by Board of Health on (Date).

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| *Fiscal Assurance Officer* |
|  |
| *Date* |

Ohio Auditor of State Findings for Recovery List was searched per Ohio law ORC Section 9.24.

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| *Signature* |

(Date/Time)

Attach Certified Search (mm/dd/yyyy hh:mm)