**South Florida Water Management District**

**Cooperative Funding Program**

**ACKNOWLEDGMENT**

1) The statements contained in the application are true, correct, and complete to the best of my knowledge, and the undersigned has the authority from the project owner to make the representations contained herein.

2) The undersigned represents that the described deliverables for this phase of the project will be completed and invoiced within the anticipated funding period.

3) The undersigned represents that the project owner understands the alternative water supply project agreement anticipated expiration term is anticipated to end on or before October 31, 2027 (*see Guidelines regarding dates*), and further understands that if construction is not completed by the agreement expiration date, the South Florida Water Management District and/or Florida Department of Environmental Protection reserves the right to rescind the cooperative funding program award for FY26.

4) If applicable, the undersigned represents they have an adopted irrigation ordinance which comports with the District’s Year-round Irrigation Rule, as well as an adopted Water Supply Facilities Work Plan per Sections 163.3177 and 163.3184, Florida Statutes.

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**Authorized Representative\* Signature** **Print Name**

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**Representative E-mail**  **Representative Phone Number**