



OPIOID ABATEMENT ADVISORY COMMISSION

KYOAAC CERTIFICATION FORM

Pursuant to KRS 15.291 and 15.293 and accompanying regulations, this form shall be completed by the entities, governmental agencies, and covered governmental bodies that receive certain opioid-related funds. The entities, governmental agencies, and covered governmental bodies shall submit this form to the Kentucky Opioid Abatement Advisory Commission at kyoaac@ky.gov.

Recipient of Funds	
Name of Individual Authorized to Complete Form	
Address 1:	
Address 2 (if applicable):	
City, State, Zip:	
Phone:	
Email:	

The above recipient attests and affirms, under penalty of perjury, that its use of pertinent opioid funds is in compliance with KRS 15.291 and 15.293 and accompanying regulations. The recipient agrees to maintain for five years all necessary records—including, where relevant, itemized receipts, financial statements, accounting data, etc.—to authenticate the recipient’s use of its opioid funds. The Kentucky Opioid Abatement Advisory Commission reserves the right to inspect such records.



OPIOID ABATEMENT ADVISORY COMMISSION

Affiant

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public

My Commission Expires: No.

_____ _____