Attachment 10 – Anti-Kickback Form

STATE OF FLORIDA }
} SS:
COUNTY OF }

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum that my organization may receive as a result of this Solicitation will be paid to any employees of the TPA, its elected officials, and/or its consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By:_____

Title:_____

STATE OF FLORIDA)
)
_____ COUNTY)

The foregoing document was sworn to and subscribed before me by _____ by means of [ ] physical presence or [ ] online notarization, and are personally know to me or have produced _____ as identification and who did take an oath.

WITNESS MY HAND AND OFFICIAL SEAL THIS ___ DAY OF _____, 2025.

_____
Notary Public Signature

_____
Notary Public Printed Signature

_____
Notary Stamp Seal

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL NON-RESPONSIVE