

**MUNICIPAL FINANCE EQUIPMENT LEASE-PURCHASE
 APPLICATION
 Schedule # 9618100**

1. Legal Name of Municipality ("Lessee")	City of Fort Pierce
2. 9 Digit Federal ID Number	59-6000322
3. Physical Address	Street Address: 100 North U. S. 1 City, State, Zip Code, County: Fort Pierce FL, 34950
4. Billing Address if different from above	Street Address: same as above City, State, Zip Code, County:
5. What is the name of the department using the vehicle(s)/equipment and for what purpose?	Police Department
6. Does this equipment replace previous equipment?	<input checked="" type="checkbox"/> Yes → When was the previous equipment purchased? Various Dates <input type="checkbox"/> No → What is the reason for the new equipment?
7. Will payments come from the General Fund?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Please indicate the name of the Fund
8. Accounts Payable Contact Information	Name: Dana Neville Telephone: 772-467-3074 Email: dneville@cityoffortpierce.com
9. How would you like your invoice to be provided?	<input type="checkbox"/> Sent electronically via email to the Accounts Payable Contact email <input type="checkbox"/> Sent via USPS mail to the Billing Address provided above
10. Alternate Accounts Payable Contact Information	Name: Deborah Faniel Telephone: 772-467-3079 Email: dfaniel@cityoffortpierce.com
11. Attorney Contact Information	Name: Sara Hedges Telephone: 772-467-3046 Email: cityattorney_dl@cityoffortpierce.com

DOCUMENTATION

Please submit the following documents with this application:

- Signed proof of appropriation (in the form of ONE of the following):
 - Signed board meeting minutes showing approval for purchase
 - Signed budget approval, with applicable budget line item highlighted
 - Signed letter on municipal letterhead stating the applicable assets are approved for purchase
- Most recent audited financial statement (additional years may be requested)
- A copy of municipality's tax-exempt certificate (if applicable)
- A copy of municipality's insurance binder if requested financing is over \$250,000

CERTIFICATION

I, the undersigned, certify that:

- Lessee has appropriated funds for the first payment.
- Lessee has followed all required purchasing procedures regarding the award of the proposed contract.
- Lessee has the requisite authority to execute, deliver and perform its obligations under the proposed contract.
- The execution, delivery and performance by Lessee of the proposed contract have been duly authorized by all necessary actions on its behalf.

THE SIGNATURE LINE BELOW IS TO BE SIGNED BY A PERSON DULY AUTHORIZED BY THE GOVERNING BODY TO EXECUTE THE PROPOSED CONTACT ON BEHALF OF THE LESSEE

Print Name AND Title of authorized Official to sign contract

Wet-Ink Signature of Authorized Official

Authorized Official email address: