

Exhibit D

CITY OF FORT PIERCE

Affidavit Regarding the Use of Coercion for Labor or Services

Vendor Name: Main Street Fort Pierce, Inc.
Authorized Representative's Name and Title: Michelle Chaffee Cavalcanti, Interim Director
Address: 122 AE BOCKUS AVE
City: Fort Pierce State: FL Zip Code: 34950
Phone Number: 772-466-3880 Email Address: Michelle@MainStreetFortPierce.org

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

- 1. Use or threaten to use physical force against any person;
- 2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- 3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- 4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- 5. Cause or threaten to cause financial harm to any person;
- 6. Entice or lure any person by fraud or deceit; or
- 7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: Michelle Chaffee Cavalcanti Michelle Chaffee Cavalcanti 11/13/2025
Authorized Signature Printed Name and Title Date
Interim Director

STATE OF FLORIDA
COUNTY OF St Lucie

Sworn (or affirmed) and subscribed before me by means of physical presence or online, notarization this 13 day of November, 2025 by Michelle Cavalcanti who is personally known or produced identification (ID produced: _____).

Notary Public Signature: K Beebe (Seal)
Print Name: Kellie Beebe My Commission Expires: 01-21-28

