

## **AFFIRMATION OF NON-DISCRIMINATION POLICY**

The undersigned is the \_\_\_\_\_ of  
\_\_\_\_\_ *Title*

\_\_\_\_\_ (“Municipality”)

The undersigned acknowledges that it is the express policy of the Palm Beach County Board of County Commissioners that Palm Beach County (“County”) shall not conduct business with nor appropriate funds for any organization that practices discrimination on the basis of race, color, national origin, religion, ancestry, sex, age, familial status, marital status, sexual orientation, gender identity and expression, disability, or genetic information, and that County Resolution 2014-1421, as may be amended, requires all entities doing business with the County to submit a copy of their written non-discrimination policies to ensure consistency with County Resolution 2014-1421, as may be amended, or to provide a written statement affirming their non-discrimination policies are in conformance with County Resolution 2014-1421, as may be amended.

Accordingly, the undersigned hereby affirms the following on behalf of the Municipality:  
(*Check application blank*)

\_\_\_\_\_ Municipality has a written non-discrimination policy, which is consistent with the requirements of County Resolution 2014-1421 and has provided a complete copy to County for its records.

\_\_\_\_\_ Municipality does not have a written non-discrimination policy; however, Municipality’s policy conforms to the requirements of County Resolution 2014-1421, as may be amended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date