

CERTIFICATION AND ASSURANCE

I, _____ am the _____ of
(Name of Signatory) *(Title)*

(State Agency, Local Government, or Non-Governmental Entity)

and I certify under penalty of perjury that:

1. I have the authority on behalf of _____ (hereinafter "Entity") to request payment from the State of Alabama ('State') of funding from the Coronavirus Relief Fund pursuant to section 601(b) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).
2. I understand that the State will rely on this certification as a material representation in making an award to the Entity.
3. Entity's proposed uses of the funds provided will be used only to cover those costs that—
 - a. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
 - b. were not accounted for in the budget most recently approved as of March 27, 2020, for Entity; and
 - c. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.
4. The necessary expenditures charged to or made against this award will be only those expenditures to prevent, prepare for, and respond to coronavirus and no other purpose.
5. Funds received from this award will not be used to replace or supplant any other funding nor to fill or prevent revenue shortages.
6. The recipient agrees to maintain records concerning the funds provided in this award. Such records must be available for review or audit by appropriate officials of a federal and pass-through agency.
7. If federal or State authorities determine that funds received from this award were expended by the Entity for a purpose other than those authorized by law (hereinafter "unauthorized expenditures"), then Entity agrees to pay any financial penalties and costs associated therewith resulting from such unauthorized expenditures. If the State is required to pay any penalties or costs associated therewith resulting from an unauthorized expenditure by Entity, the Entity agrees to reimburse the State in whole. Entity acknowledges that the State, through the Department of Finance, may be required to file a claim with the State Board of Adjustment against the Entity to recoup penalty payments made by the State on behalf of Entity. In the event that a Board of Adjustment claim is necessary as described in this paragraph, Entity agrees to consent to payment of the claim.

Printed Name: _____ Title: _____

Signature: _____ Date: _____