

CERTIFICATION AND ASSURANCE

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

of _____
(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 this subaward (funding) is provided to the subrecipient through a Grant to the State of Alabama in the amount of \$1,901,262,000 from the U.S Treasury via Section 601(a)(1) of the Social Security Act (42 U.S.C. 301 et seq.), known as the Coronavirus Relief Fund, as created by Section 5001 of the CARES Act, Pub. L. No. 116-136 (March 27, 2020) under Federal Award Identification Number SLT0002 and SLT0223, CFDA # 21.019 Coronavirus Relief Fund for the period March 1, 2020 – December 30, 2020. This subaward is provided in accordance with the requirements set forth on the grant website and application, and the subrecipient acknowledges by applying for the subaward that the information provide is true and accurate.
3. I understand that the State will rely on this certification as a material representation in making an award to the Entity.
4. Entity's proposed uses of the funds provided (if a grant program) or reimbursement of expenditures (if a reimbursement program) will comply with federal and state law, policy or written guidance, instruction, interpretation, or direction at the time such reimbursement is sought.
5. 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.
6. Funds received from this award will not be used to replace or supplant any other funding nor to fill or prevent revenue shortages.
7. 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.
8. 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: _____