

ATTACHMENT A
CORONAVIRUS RELIEF FUND ACCEPTANCE CERTIFICATION

I, _____, certify that I am the Chief Executive Officer (Chief Executive) of _____, Arkansas (Participant) and, on behalf of the Participant, I hereby certify, represent, warrant and agree that:

1. I have the authority to bind the Participant by this certification and to make each Coronavirus Relief Fund (CRF) Request seeking direct payment and/or reimbursement whether now or hereafter requested from the CRF Program created by the State of Arkansas and managed by the Arkansas Department of Finance and Administration (DFA); and

2. All CRF Program funds (and each CRF Request) are subject to section 601(a) of the Social Security Act, as added by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act); and

3. The State of Arkansas and the DFA are authorized to rely upon this certification as a material representation made by the Participant (and by me, as the Chief Executive Officer of the Participant) in connection with each CRF Request; and

4. Each CRF Request meets the CARES Act qualifications and requirements including but not limited to the following:

a. All expense payment and reimbursement requests only qualify if: (i) necessary expenditures directly incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (ii) such are not being accounted for in the budget most recently approved as of March 27, 2020, for the Participant; and (iii) having been incurred during the period that begins March 1, 2020 and ends on December 15, 2020; and

b. Each CRF Request adheres to federal guidance issued or to be issued on what constitutes a necessary expenditure; and

c. Each CRF Request is submitted with appropriate documentation, including payroll records, invoices, sales receipts, etc.; and

d. CRF Program funds as made available by any CRF Request are not used as a revenue replacement for lower than expected tax or other revenue collections; and

e. CRF Program funds as made available by any CRF Request are not used to reimburse or pay expenditures for which any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) was received for the same expense.

5. Failure of any CRF Request to meet any CARES Act qualifications and requirements, or if there is any misrepresentation made by the Participant related to this certification, shall require, upon any request of the DFA, that the Participant repay to the State of Arkansas the related CRF Program funds.

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6. To the extent that any CRF Request submitted by the Participant seeks to pay or reimburse any COVID-19 related expenses incurred by another political subdivision located within the same jurisdiction as the Participant, by this certification, the Participant is making the same certifications, representations, warranties and agreements as set forth above in regards to such a CRF Request and for which the Participant shall be fully and legally responsible.

I certify under the penalties of perjury that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

[Print Participant Name here]

By: _____

Signature: _____

Title: _____

Date: _____

STATE OF ARKANSAS)
)
COUNTY OF _____)

SS:

Before me, a Notary Public in and for said County and State, personally appeared _____, known to me to be the [Title = Chief Executive Officer] of [Participant's Name], and I acknowledge the execution of the foregoing.

Witness my hand and Notarial Seal this ____ day of ____, 2020.

My Commission Expires:

Notary Public Residing in _____ County,
Arkansas

(Printed Signature)

IN ORDER TO HAVE ANY COVID-19 RELATED EXPENSES REIMBURSED, THIS FULLY EXECUTED AND NOTARIZED CORONAVIRUS RELIEF FUND ACCEPTANCE CERTIFICATION MUST BE E-MAILED AND SENT VIA U.S. MAIL TO THE FOLLOWING ADDRESS: E-mail Address: CaresActIssues-PaulLouthian@dfa.arkansas.gov

U.S. Mail: Arkansas Department of Finance and Administration
 1509 West 7th Street, Suite 403
 Little Rock, AR 72201