

## American Rescue Plan Act (ARPA) Certification for Cities

Complete Section 1 **OR** Section 2 below. When completing either Section 1 or 2, you must sign, date, and return the form to [arpafunding@nd.gov](mailto:arpafunding@nd.gov). If completing Section 1, you must submit the other required documentation listed below with this Certification form.

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City Name	Address	Zip+4
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Authorized Representative ( <b>Mayor or Chief Elected Official</b> )	Title	Email Address
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Contact Person ( <b>Auditor or Finance Director</b> )	Title	Phone Number	Email Address
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**SECTION 1: YES—MY CITY ACCEPTS THE FUNDING ALLOCATION.** As the authorized representative for my city, I agree to the award terms and conditions and will submit the required information listed below.

Employer Identification # (EIN) \_\_\_\_\_ DUNS # \_\_\_\_\_

Total Budget Amount \$ \_\_\_\_\_ (Defined as the total annual budget, including both operating and capital expenditures, in effect as of January 27, 2020, or top-line expenditure total.)

Included with the submission of this Certification form, you **MUST ATTACH:**

1. the city's financial institution information on the [state form for direct deposit](#) (e.g., routing and account number, financial institution name and contact information);
2. the agreed to [award terms and conditions agreement](#), as provided by the U. S. Department of the Treasury; AND
3. the [Assurances of Compliance with Title VI of the Civil Rights Act of 1964](#), as provided by the U. S. Department of the Treasury.

I have registered my city with [SAM.gov](#).

I understand that because my city is a prime recipient of a Federal award, **I am required to report to the U.S. Department of the Treasury on the use of funds**, [U.S. Department of the Treasury's Compliance and Reporting Guidance](#). The first report is due April 30, 2022 and will be required annually. I will provide a signed copy of the award terms and conditions agreement, assurances of compliance with Title VI of the Civil Rights Act of 1964, and the actual budget documents validating the total budget amount to the U.S. Department of the Treasury. The Non-Entitlement Unit (NEU) Recipient Number must also be submitted. (The funding award and NEU Recipient Number will be issued by OMB upon acceptance of this Certification form.)

**SECTION 2: NO—MY CITY DECLINES THE FUNDING ALLOCATION.** (Check **ONE** of the boxes below.)

I request the funding allocation for my city be transferred to the state under Section 603(c)(4) of the Act.

I request the funding allocation for my city be reallocated as part of a subsequent distribution to other cities that have requested funding.

I certify that I am the authorized representative and contact for my city:

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Authorized Representative Signature	Contact Person Signature	Date
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