

**CARES ACT CORONAVIRUS RELIEF FUND
ELIGIBILITY CERTIFICATION**

Return completed and signed form to omb@nd.gov.

I _____, am the elected or appointed official representing the political
subdivision of _____.

1. I have the authority on behalf of the political subdivision to request financial assistance payments from the State of North Dakota (State) for federal funds appropriated pursuant to section 601 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 financial assistance payments to the political subdivision.
3. I acknowledge that the political subdivision should keep records sufficient to demonstrate that the expenditure of funds it has received is in accordance with section 601(d) of the Social Security Act.
4. I acknowledge that all records and expenditures are subject to audit by the United States Department of Treasury's Inspector General and the North Dakota State Auditor's Office.
5. I acknowledge that the political subdivision has an affirmative obligation to identify and report any duplication of benefits. I understand that if any expenditures are reimbursed by both FEMA and CRF, then the CRF funds are to be returned to OMB to prevent duplication of federal funding. I understand that the State has an obligation and the authority to deobligate or offset any duplicated benefits.
6. I acknowledge and agree that the political subdivision shall be liable for any costs disallowed pursuant to financial or compliance audits of funds received.
7. I acknowledge that the political subdivision's proposed uses of the funds provided as financial assistance payments from the State by federal appropriation under section 601 of the Social Security Act will be used only to cover those costs that:
 - a. are necessary expenditures incurred due to the public health emergency and governor's disaster declaration on March 13, 2020 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 county, city, or park district; and
 - c. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

In addition to each of the statements above, I acknowledge on submission that my political subdivision has incurred eligible expenses between March 1, 2020 and the date noted below.

Name: _____

Signature: _____

Title: _____

Date: _____