

This form should be completed for city and county reimbursement of licensed law enforcement payroll costs through the Coronavirus Relief Fund. Federal guidance provides that "as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency." Consequently, North Dakota is using licensed law enforcement payroll costs as the basis for allocating funding to cities and counties.

By signing and submitting this form you are certifying the following statements:

1. I have the authority on behalf of the county/city to request financial assistance payments from the State of North Dakota 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. The state will rely on this certification as a material representation in making financial assistance payments to the county/city.
3. I have verified the number of licensed law enforcement personnel and payroll costs, including benefits, stated below are accurate and correct.
4. Federally supported payroll costs have been excluded.
5. I acknowledge the county/city should keep records sufficient to demonstrate that the expenditure is in accordance with section 601(d) of the Social Security Act.
6. I acknowledge that all records are subject to audit by the United States Department of Treasury's Inspector General and the North Dakota State Auditor's Office. In the event of an audit records supporting the expenditure will be produced timely.
7. I have registered my county/city with [SAM.gov](https://www.sam.gov) as required by the Office of Inspector General's reporting requirements.

County/City Name: _____

December	
# of Licensed Law Enforcement Personnel	
Payroll Costs, Including Benefits	

Signature: _____

Name and Title : _____ Date: _____