**CERTIFICATION FOR USE OF STATE AND LOCAL FISCAL RECOVERY FUNDS**

 **FOR**

**ENTER AGENCY TITLE AND CLICK TAB KEY**

As the head of **ENTER AGENCY NAME**, I certify that:

1. On behalf of **ENTER AGENCY NAME**, I am requesting the allotment of funding from the Commonwealth of Virginia’s share of the State and Local Fiscal Recovery Funds pursuant to section 602 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act, Pub. L. No. 117-2 (Mar. 11, 2021) and appropriated in Item 479.20, Chapter 1, 2021 Acts of Assembly, Special Session II.
2. I understand that the Commonwealth of Virginia will rely on this certification as a material representation for distributing State and Local Fiscal Recovery funds to **ENTER AGENCY NAME.**
3. I understand that it is my responsibility to ensure that **ENTER AGENCY NAME**'s uses of the State and Local Fiscal Recovery funds provided under section 602 of the Social Security Act will be used only to cover those costs that:
	1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); or otherwise adhere to official federal guidance issued or that will be issued regarding what constitutes an eligible expenditure; and
	2. fulfill the purposes as appropriated by the General Assembly in Paragraphs B.1 and B.2 of Item 479.20, Chapter 1, 2021 Acts of Assembly, Special Session II.
4. I understand that State and Local Fiscal Recovery funds provided pursuant to this certification are for necessary obligations incurred within the statutory period between March 3, 2021, and December 31, 2024, and must be expended to cover such obligations no later than December 31, 2026, and that any funds that are not obligated on or before December 31, 2024, by **ENTER AGENCY NAME** or its grantee(s), must be returned to Commonwealth of Virginia no later than December 31, 2024, and any obligated amounts not expended by December 31, 2026, shall be transferred out of the agency and returned to the U.S. Department of Treasury.
5. I understand that **ENTER AGENCY NAME** will not receive continued funding beyond December 31, 2024, from State and Local Recovery Funds and **ENTER AGENCY NAME** may not commit to any such expenditures, pay any related expenses, or provide any such services from within existing resources not otherwise designated for such expenditures unless authorized by the General Assembly and the Governor in a future appropriation act. I further understand that after the State and Local Recovery funds are expended, the program and related services will end at that time unless other fund sources have been appropriated for those purposes.
6. I understand that expenditure of the State and Local Fiscal Recovery funds provided pursuant to this certification must adhere to official federal guidance issued or that will be issued regarding what constitutes a necessary and qualifying expenditure. Any State and Local Fiscal Recovery funds that cannot be expended by **ENTER AGENCY NAME** or its grantee(s) in a manner that adheres to official federal guidance shall be returned to the Commonwealth of Virginia so that it may be reprogrammed or returned to the federal government. I understand that any funds spent in violation of federal guidance may be subject to repayment by **ENTER AGENCY NAME.**
7. I understand that **ENTER AGENCY NAME** is responsible for retaining documentation of all uses of the State and Local Fiscal Recovery funds, including but not limited to contracts, invoices and/or sales receipts, and/or grant award documents. Such documentation shall be produced upon request.
8. I understand that **ENTER AGENCY NAME** is responsible for maintaining proper accounting records to segregate these State and Local Fiscal Recovery expenditures from those supported by other fund sources and that all such records will be subject to audit.
9. I agree to follow and fully participate in reporting requirements issued by the Department of Accounts for the purposes of ensuring the Commonwealths’ compliance with federal reporting guidance for State and Local Fiscal Recovery funds.
10. I understand that State and Local Fiscal Recovery funds provided pursuant to this certification must be used for a qualifying purpose as stated in federal law and guidance and **ENTER AGENCY NAME** may not identify this qualifying category as revenue replacement unless prior permission has been granted by the Governor pursuant to Paragraph B.3.a of Chapter 1, 2021 Acts of Assembly, Special Session II.
11. I understand that any State and Local Fiscal Recovery funds received pursuant to this certification cannot be used for expenditures for which ○**ENTER AGENCY NAME** has received from any other emergency COVID-19 supplemental funding (whether state, federal, or private in nature) for that same expense nor may State and Local Fiscal Recovery funds be used for purposes of matching other federal funds unless specifically authorized by federal statute, regulation, or guideline.

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

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| Agency Head Name: | Enter Agency Head Name |
| Agency Head Title: | Enter Agency Head Title |

Signature:



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| --- | --- |
| Date:  |       |