**Certification for Use of Coronavirus Relief Funds**

As the head of **[Insert Name of Agency]**, I certify that:

1. on behalf of **[Insert Name of Agency]**, I am requesting funding from the Commonwealth of Virginia’s share of the Coronavirus Relief Fund (CRF) pursuant to section 601(b) 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 Commonwealth of Virginia will rely on this certification as a material representation for distributing CRF funds to **[Insert Name of Agency]**.
3. I understand that it is my responsibility to ensure that **[Insert Name of Agency]**'s proposed uses of the CRF funds provided under section 601(b) 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);
	2. were not accounted for in the budget most recently approved as of March 27, 2020, for **[Insert Name of Agency]**; and
	3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
4. I understand that CRF funds provided pursuant to this certification are for necessary expenditures that were incurred during the period that begins on March 1, 2020, and ending on December 30, 2020, and that any CRF funds that are not expended or will not be expended on necessary expenditures on or before December 30, 2020, by **[Insert Name of Agency]** or its grantee(s), must be returned to Commonwealth of Virginia no later than December 30, 2020.
5. I understand that **[Insert Name of Agency]** will not receive continued funding beyond December 30, 2020, from any source and **[Insert Name of Agency]** may not continue to pay expenses or provide services from within existing resources. I further understand that after the CRF funds are expended, the program and related services will end no later than December 30, 2020.
6. I understand that expenditure of the CRF funds provided pursuant to this certification must adhere to official federal guidance issued or that will be issued regarding what constitutes a necessary expenditure. Any CRF funds expended by **[Insert Name of Agency]** or its grantee(s) in any manner that does not adhere to official federal guidance shall be returned to the Commonwealth of Virginia so that it may be reprogrammed or returned to the federal government.
7. I understand that **[Insert Name of Agency]** is responsible for retaining documentation of all uses of the CRF funds, including but not limited to invoices and/or sales receipts. Such documentation shall be produced upon request.
8. I understand that **[Insert Name of Agency]** is responsible for maintaining proper accounting records to segregate these CRF expenditures from those supported by other fund sources and that all such records will be subject to audit.
9. I understand that CRF funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected nongeneral fund revenue collections or to replace any activities currently funded from the general fund or nongeneral fund revenues.
10. I understand that CRF funds provided pursuant to this certification cannot be used to offset future budget reductions.
11. I understand that any CRF funds received pursuant to this certification cannot be used for expenditures for which **[Insert Name of Agency]** has received from any other emergency COVID-19 supplemental funding (whether state, federal, or private in nature) for that same expense nor may CRF 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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|  By: | [Insert Agency Head Name] | Signature: |  |
| Title: | [Insert Agency Head Title] | Date: |  |