

New Castle County Municipal CARES Act Funding Certificate

I, _____(name), the _____(title)
of _____("Municipality"), certify that:

1. I have the authority on behalf of Municipality to execute this Certification seeking the distribution of funds from New Castle County (the "County") pursuant to Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Public Law No. 116-136 (the "CARES Act") and New Castle County Emergency Ordinance No 20-008 (the "Ordinance").
2. I understand that New Castle County will rely upon this Certification as a material representation in making a direct payment to Municipality.
3. Municipality's proposed use of funds provided under the CARES Act and the Ordinance, including any interest accruing from those funds, will be used to cover only those costs ("Eligible Costs") that:
 - a. are necessary expenditures incurred due to the public health emergency 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 Municipality; and
 - c. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.
4. In addition to satisfying the criteria set forth in Paragraph 3 of this Certification, funds distributed to Municipality from the County pursuant to Section 5001 of the CARES Act and the Ordinance must be used in compliance with any guidance issued by the United States Department of the Treasury (available at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>) and any guidance or directives issued by the County. This may include Municipality's required participation in training programs or technical assistance on program-related matters, consenting to on-site review(s) of Municipality's program operations, and undertaking actions in compliance with directives issued by the County and other forms of guidance or assistance.
5. The use of these funds is subject to audit by the Inspector General of the Department of the Treasury (the "IG") and the County. Municipality will comply with all audits performed by the IG, the County or any committee or entity established under any ordinance of the County. Municipality agrees to produce to the IG and/or the County all relevant documentation for audit purposes. If the IG or the County determines that the funds have been used for an ineligible expense, Municipality shall return such funds to the County within sixty (60) days following notice to Municipality of such ineligible use of funds. The determination of the IG or the County that Municipality's use of funds was ineligible shall be final, binding and non-appealable. The Municipality shall be liable to the County for all costs, including attorneys' fees, incurred by the County in recovering funds used for

purposes deemed ineligible. The Municipality may be subject to offset or recoupment for failure to return any funds deemed to have been used for an ineligible expense.

6. I hereby certify that I have reviewed all available guidance issued by the United States Department of the Treasury and the County and will review any subsequent revisions and additions to such guidance.
7. Funds distributed to Municipality by the County pursuant to Section 5001 of the CARES Act and the Ordinance that are not expended on Eligible Costs during the period between March 1, 2020 and December 30, 2020 must be returned to the County by Municipality on or before February 28, 2021.
8. Municipality shall retain documentation of all uses of funds received pursuant to Section 5001 of the CARES Act and the Ordinance including, but not limited to, financial records, invoices, sales receipts, employee time records, contracts and purchase orders until December 31, 2027. Such documentation shall be produced to the County or the IG upon request. Municipality must complete timely reporting as may be required by either the federal government or County.
9. Municipality acknowledges that funds provided pursuant to Section 5001 of the CARES Act and the Ordinance **cannot and will not** be used for revenue replacement for tax or municipal utility revenue shortfalls.
10. Municipality acknowledges that funds received pursuant to Section 5001 of the CARES Act and the Ordinance **cannot and will not** be used for expenditures for which Municipality has received any other emergency COVID-19 funding (whether state, federal or private) for the same expenditure or for losses against which the Municipality is insured.
11. Municipality acknowledges that funds received pursuant to Section 5001 of the CARES Act and the Ordinance **cannot and will not** be used to reimburse expenditures in which the Municipality has sub-granted funds to another unit of local government, non-profit or other entity or organization.
12. As defined under 2 C.F.R. Part 200.501, Municipality acknowledges that if Municipality expends federal award funds in the amount of \$750,000 or greater during Municipality's fiscal year, including but not limited to any funds received pursuant to section 5001 of the CARES Act and the Ordinance, Municipality will be subject to a single audit or a program specific audit for that year consistent with Subpart F—Audit Requirements of 2 C.F.R. Part 200. To the extent that 2 C.F.R. Part 200.501(h) of Subpart F applies, Municipality acknowledges that it will be subject to the compliance and audit requirements imposed by the County.
13. I authorize _____(name)
_____(title) of Municipality at
_____(e-mail) to submit requests for
reimbursement of expenditures on Municipality's behalf, and to remain the primary point

of contact with the County for the reimbursement process. I understand that this individual is solely authorized to submit requests for reimbursement, and will remain so unless I submit a written and verbal request for modification. Alternatively I choose to submit reimbursement requests myself, and my e-mail address is: _____
_____.

I declare under penalty of perjury that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: _____ (sign, in the presence of a notary)
Name: _____
Title: _____
Date: _____

Subscribed and sworn to before me this ____ day of _____, 2020.

Notary Public

My commission expires: _____

Return this signed and notarized original certificate to the following address:

**County Attorney
New Castle County Office of Law
87 Reads Way, New Castle, DE 19720**