

Michigan Department of Treasury

Coronavirus Relief Local Government Grants (CRLGG) Program

Grant Opening Certification

PART 1: LOCAL UNIT INFORMATION

Local Unit Name		Local Unit County Name	
Local Unit Code	Contact Name	SAM DUNS Number	
Contact E-Mail Address	Contact Title	Contact Telephone Number	Extension

PART 2: OUTCOME METRICS (Enter at least one program outcome metric relating to what the local unit hopes to achieve utilizing the CRLGG funding. Attach additional pages if necessary.)

PART 3: CERTIFICATION

I, _____, am the chief administrative officer of _____ (subrecipient's legal name), and I certify that:

1. I have the authority on behalf of _____ (subrecipient's legal name) to accept the Coronavirus Relief Local Government Grants (CRLGG) Program payment received from the State of Michigan. The grantee understands that the CRLGG Program is funded by the allocation of funds to the State of Michigan from the Coronavirus Relief Fund as created in the CARES Act.
2. I understand the State of Michigan will rely on this certification as a material representation that _____ (subrecipient's legal name) has accepted the CRLGG Program payment and will expend the funds in accordance with the CARES Act.
3. _____ (subrecipient's legal name), is receiving CRLGG Program funds to be used for eligible expenditures under the CARES Act and will be used only to cover those eligible costs under the CARES Act.
4. All subrecipients receiving funds under the CRLGG Program shall retain documentation of all uses of the funds, including but not limited to invoices and/or receipts, supporting the reports submitted in accordance with this document. Such documentation shall be provided to the State of Michigan upon request and maintained by the grantee for five (5) years.
5. CRLGG Program funds accepted pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.

Local Unit Name	Local Unit Code
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PART 3: CERTIFICATION (continued)

6. CRLGG Program funds accepted pursuant to this certification cannot be used for expenditures for which the subrecipient has received any other federal funds or emergency COVID-19 supplemental funding (whether state, federal, or private in nature) for the same expense. If an expenditure is reimbursed by any other federal funds or emergency COVID-19 funding, the subrecipient will return said funds to the State of Michigan.
7. CRLGG Program funds accepted pursuant to this certification cannot be used to reimburse or subaward another subrecipient or local unit of government.
8. Any CRLGG Program funds not incurred on or before December 30, 2020 must be returned to the Michigan Department of Treasury by January 30, 2021. Repayments must be submitted using the "CRLGG Return of Funds Received Form" (Form 5733).
9. I have read and agree on behalf of _____ (subrecipient's legal name) to comply with all applicable provisions and requirements corresponding to the receipt of funds required in the Coronavirus Aid, Relief, and Economic Securities (CARES) Act, Public Law 116-136 and Uniform Guidance 2 CFR 200.
10. Further, I understand and agree on behalf of _____ (subrecipient's legal name) that any funds received under the CRLGG Program and incurred in any manner that does not comply with the Coronavirus Aid, Relief, and Economic Securities Act, Public Law 116-136 and Uniform Guidance 2 CFR 200, as applicable shall be returned to the State of Michigan. Any funds that are provided by the State of Michigan under the CRLGG Program that are found to be based on inaccurate, nonqualifying, or fraudulent information will be returned to the State of Michigan. Funds provided under the CRLGG Program must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure as described in the guidance for the U.S. Treasury Coronavirus Relief Fund at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>. I reviewed the guidance prior to completing this acceptance certification.
11. The governing body has been notified of the submission of this certification, and are aware of the Federal statutes, regulations and terms and conditions of the grant award.

I certify under the penalties of perjury set forth in Michigan Penal Code, MCL 750.423, that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: _____

Signature: _____

Title: _____

Date: _____

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

Notary Public

My commission expires _____