

**Michigan Department of Treasury
 Coronavirus Relief Local Government Grants (CRLGG) Program
 Grant Closing 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 a brief description of how the local unit achieved the program outcome metric(s) indicated in the Grant Opening Certification. Attach additional pages if necessary.)

PART 3: CERTIFICATION

<ol style="list-style-type: none"> 1. I certify that all required Coronavirus Relief Local Government Grants Program reports have been submitted, are accurate, and adheres to all the constraints outlined in this guidance. 2. I understand and agree that any expenditures incurred in any manner that does not adhere to official federal guidance shall be returned to the State of Michigan. 3. I understand that any subrecipient receiving funds under the Coronavirus Relief Local Government Grants Program shall retain documentation supporting the reporting and eligibility of expenditures and obligations contained in the expenditure reports. Such documentation shall be maintained for five (5) years and provided to the state upon request.
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Local Unit Name	Local Unit Code
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PART 3: CERTIFICATION (continued)

- 4. All funds that have not been incurred by December 30, 2020 will be or have been returned to that State of Michigan by January 30, 2021.
- 5. I certify under the penalties of perjury set forth in the 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 _____.

Notary Public

My commission expires _____