

**Clinton County Public Entity
CARES FUNDING CERTIFICATION**
(Only 1 required per entity)

I, _____ (NAME), am the chief executive of
_____ (ORGANIZATION), and I certify that:

1. I have the authority on behalf of _____ (ORGANIZATION) to request reimbursement payment from **Clinton County** from its allocation of funds from the State of Missouri from the Coronavirus Relief Fund as created in the CARES Act.
2. I understand that **Clinton County** will rely on this certification as a material representation in making a direct payment to _____ (ORGANIZATION).
3. _____'s (ORGANIZATION) proposed uses of the funds 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 1, 2020 (the date of enactment of the CARES Act) for the State or government; andWere incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.
4. I further understand that included but not limited to:

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

- a. Expenses for the State share of Medicaid.
- b. Damages covered by insurance.
- c. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- d. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
- e. Reimbursement to donors for donated items or services.
- f. Workforce bonuses other than hazard pay or overtime.
- g. Severance pay.
- h. Legal settlements.

5. Funds provided as a payment pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by a political subdivision or its grantee(s) in any manner that does not adhere to official federal guidance shall be returned to **Clinton County**. In the event that an audit finds expenditures were not allowable under the CARES Act, entity agrees to return grant funds to **Clinton County**.

6. Any entity receiving funds pursuant to this certification shall provide documentation including but not limited to invoices and/or sales receipts. Such documentation shall be produced to **Clinton County** as required for the Cares Act Reimbursement.

7. Any funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.

8. Funds received pursuant to this certification cannot be used for expenditures for which an entity has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.

9. This will be determined by the Clinton County Commissioners for the purpose for this Certification and Cares Act Reimbursement.

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

By: _____ Title: _____

Signature: _____ Date: _____

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

Notary Public

My commission expires _____

Presiding Commissioner/Acting Commissioner

Date:

County Clerk/Deputy Attest

Date:

County Treasurer/Deputy

Date: