**Attachment B - CERTIFICATION**

I, [Insert name of signatory], am the chief executive of [Insert name of municipality], and I certify that:

1. I have the authority on behalf of [Insert name of municipality] to request payment from the Commonwealth of Massachusetts. At this time, I am requesting payment in the amount of [Insert Round 2 Total CvRF Request] for costs from March 1, 2020 to December 30, 2020 in connection with section 601 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) (“section 601”).
2. I understand that the Commonwealth will rely on this certification as a material representation in making a payment to [Insert name of municipality].
3. As required by federal law, [Insert name of municipality]'s proposed uses of the funds provided as payment in response to this request 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 municipality]; and
   3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
4. I will report quarterly on incurred expenses in a form prescribed by the Secretary of Administration and Finance, and will cooperate with the Executive Office for Administration and Finance in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of section 601.
5. I will coordinate with the Executive Office for Administration and Finance in optimizing federal funds from section 601 and other potentially available federal sources. In particular, I will prioritize and coordinate application for FEMA reimbursement where available.
6. To the extent actual expenditures are less than the amount requested per item 1 above, I agree to return the balance of unspent funds to the Commonwealth. If the United States Department of the Treasury recoups funds from the Commonwealth based on a determination they were used by [Insert name of municipality] in a manner not in compliance with section 601, I agree that the Commonwealth may recover funds from the city or town through an assessment or deduction from the city or town’s periodic unrestricted local aid distribution.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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