**Attachment B: CvRF – MP 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 Reconciliation Period Total CvRF Request. This request covers costs from costs from March 1, 2020 to December 31, 2021 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 - were necessary expenditures incurred due to the public health emergency, were not accounted for in the budget most recently approved as of March 27, 2020, and were incurred during the period that begins on March 1, 2020 and ends on December 31, 2021.
4. I will collect and retain sufficient documentation to demonstrate that the expenses delineated in this application were incurred within the eligibility limits outlined in item 3 above and established for the Coronavirus Relief Fund. Documentation includes, but is not limited to, receipts, invoices, purchase orders, contracts, contemporaneous memoranda, or other relevant materials. These materials must be stored in an easily accessible and searchable format, in municipal control, and in compliance with municipal document retention policies. This documentation will be maintained in compliance with applicable federal, state, and municipal law to support internal and external audits of these obligations and expenditures. As a subrecipient of this grant, the Executive Office for Administration and Finance, on behalf of the Commonwealth, reserves the right to request audit evidence at a future date.
5. I will report quarterly on incurred expenses in a form prescribed by the Secretary of Administration and Finance.
6. 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.
7. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_