**PROVIDER ATTESTATION**

**TO THE DCS CARES ACT RFF-10000186**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify under penalty of perjury that the foregoing are true and correct:

* I am a representative, agent, member or officer of the applicant duly authorized to certify the truthfulness and accuracy of the information and documentation included in the application.
* I have only submitted expenses that were necessary expenditures incurred due to the public health emergency caused by COVID-19 AND such expenses:
  + either represent increased costs that would not have been incurred but for COVID-19 (private entity) or were not accounted for in the budget most recently approved as of March 27, 2020 for the government (public entity);
  + were not covered by any other federal government, state government, local government, or non-governmental program; and
  + were incurred during the period that began on March 6, 2020 and ended on June 30, 2020.
* I acknowledge that the State reserves the right to verify and/or audit all submitted expenses and that the State shall retain the authority to recoup any and all funds that violate the guidelines of this RFF, the CARES Act, or State and Federal laws and regulations.
* I acknowledge that the State reserves the right to recoup funding for expenses covered by other federal, state, local governmental, or non-governmental programs.
* I acknowledge that these funds are considered Federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.
* I acknowledge that subrecipients are subject to a single audit or program-specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend $750,000 or more in Federal awards during their fiscal year.
* I shall adhere to all requirements detailed in the State’s Sample DCS CARES ACT Grant Agreement Boilerplate included in this RFF as Attachment E.

I understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

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Signature of Declarant Date