St. Francois County CARES Act Funds Award Agreement

I,	, am the authorized representative of, and I certify			
that:	•			
1.	. I have the authority on behalf of to request direct paym from the County of St. Francois through the State of Missouri allocation of funds to County from the Coronavirus Relief Fund as created in the CARES Act.			
2.	2. I understand that the County of St. Francois will rely on this certification as a mater representation in making a direct payment to			
3.	''s proposed uses of the funds provided as direct payment will be used only to cover those costs that-			
	 a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) ("necessary expenditures"); b. Were not accounted for in the budget most recently approved as of March 27, 2020, for; and c. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. 			
4.	Funds provided as direct payment from the County of St. Francois pursuant to this certification for necessary expenditures that were incurred during the period that begins on March 1, 2020, and ending on December 30, 2020, that are not expended on those necessary expenditures on or before March 15, 2021, by			
5.	Funds provided as a direct payment from the County of St. Francois pursuant to thi certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by in any manner that does not adhere to official federal guidance shall be returned to the County of St. Francois.			
6.	Any entity receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts. Such documentation shall be produced to the County of St. Francois upon request.			
7.	Any funds provided pursuant to this certification <u>cannot</u> be used as a revenue replacement			

8. Funds received pursuant to this certification cannot be used for expenditures for which a entity has received any other emergency COVID-19 supplemental funding (whether state,

for lower than expected tax or other revenue collections.

federal or private in nature) for that same expense.

Ву:	-		
Signature:	-		
Title:	-		
Date:	-		
Subscribed and sworn to before me this	_day of	, 2020.	
	Notary 1	Public	

I certify under the penalties of perjury set forth in Section 575.040, RSMo, that I have read the above certification and my statements contained herein are true and correct to the best

of my knowledge.

My commission expires_____