Effective June 2, 2021, State Fiscal Recovery Fund (SFR) recipients are required to include the below list of assurances in their SFR program applications and/or awards. Agencies and departments can add to these assurances, but please do not alter or remove any of the listed assurances without prior approval from the COVID-19 Financial Office, by emailing ADM.COVID@vermont.gov.

Unless noted otherwise, these assurances apply to all SFR grant/beneficiary programs.

An authorized signatory of [PLACEHOLDER] must attest to the following by checking the box next to the statement and signing this document.

* 1. I have the authority to request payment from the State of Vermont. I am requesting payment for costs incurred in connection with section 602 of the Social Security Act, as amended by section 9901 of the American Rescue Plan Act, Public Law No. 117-2 (March 11, 2021) (“section 602”).
* 2. As required by federal law, the SFR will only be used for approved economic support or costs incurred during the period that begins on March 3, 2021 and December 31, 2024, in response to the COVID-19 public health emergency and its negative economic impacts.
* 3. [PLACEHOLDER] will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of section 602.
* 4. To the extent that actual expenditures or demonstrated need is less than the total award amount, [PLACEHOLDER] agrees to return the balance of unspent funds to the State of Vermont. If the United States Department of the Treasury recoups funds from the State of Vermont based on a determination that these award funds were used in a manner not in compliance with section 602, [PLACEHOLDER] agrees that the State of Vermont may recover funds from [PLACEHOLDER] by reducing future funding in State budgets.
* 5. [PLACEHOLDER] must repay the award or portion of the award to the [AWARDING ENTITY] if: any funds received were issued in error; are based on incorrect representations made to the [AWARDING ENTITY]; or any costs forming the basis of an award under this program are covered by other federal funds or federally forgiven loans received by [PLACEHOLDER]. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the [AWARDING ENTITY].
* 6. ***[Applies only to grants to subrecipients[[1]](#footnote-1)]*** [PLACEHOLDER] has applied for FEMA-Public Assistance funding first for all FEMA-eligible expenses before applying to this grant. [PLACEHOLDER] will only use this grant to cover expenses that are not eligible for FEMA-Public Assistance reimbursement.
* 7. [PLACEHOLDER] shall maintain and make available to the State of Vermont and/or United States Department of the Treasury, upon request, all documents and financial records sufficient to establish compliance with section 602. Records and supporting documentation must be maintained for a period of five years after all funds have been expended or returned to Treasury, whichever is later. Records to support compliance with subsection 602 may include, but are not limited to, copies of the following:
	1. General ledger and subsidiary ledgers used to account for (a) the receipt of SFR payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
	2. Budget records;
	3. Payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
	4. Receipts of purchases made related to addressing the public health emergency due to COVID-19;
	5. Contracts and subcontracts entered into using SFR payments and all documents related to such contracts;
	6. Grant agreements and grant subaward agreements entered into using SFR payments and all documents related to such awards;
	7. All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
	8. All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
	9. All internal and external email/electronic communications related to use of SFR payments; and
	10. All investigative files and inquiry reports involving SFR payments.
* 8. To the best of my knowledge, neither [PLACEHOLDER] nor [PLACEHOLDER]'s principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.
* 9. ***[Applies only to subrecipient relationships1]*** [PLACEHOLDER] will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether a Single Audit is required for the prior fiscal year. If a Single Audit is required, [PLACEHOLDER] will submit a copy of the audit report to the State of Vermont within 9 months. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends $750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F.
* 10. [PLACEHOLDER] will submit reports as required by the State of Vermont, Agency of Administration, and/or [AWARDING ENTITY].
* 11. The [AWARDING ENTITY] may share the information on this federal award with other Vermont state agencies, and other Vermont agencies can share information with [AWARDING ENTITY] for the purpose of verifying [PLACEHOLDER]’s eligibility for this or another award or stimulus payment related to the COVID-19 pandemic.
* 12. All of [PLACEHOLDER]’s tax returns are completed and filed through the date of application filing.
* 13. [PLACEHOLDER] complies with local, state and federal labor laws.
* 14. [PLACEHOLDER] is in good standing with the Vermont Secretary of State.
* 15. ***[Applies only to hazard grants]***Please certify the following:
1. [PLACEHOLDER] has established a process to permit eligible employees to elect not to receive hazard pay funded by a grant provided pursuant to the Program and record keeping procedures to track which employees have elected not to receive a grant.
2. [PLACEHOLDER] acknowledges and agrees that grant funds received for hazard pay will only be used to cover hazard pay for eligible employees in accordance with section 602.
* 16. ***[Applies to economic support programs]*** [PLACEHOLDER] has faced economic harm resulting from or exacerbated by the COVID-19 public health emergency. This award will support [PLACEHOLDER] in addressing the economic harm brought on by the COVID-19 public health emergency.
* 17. I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this federal award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.
* 18. [PLACEHOLDER] understands that, if Federal guidance on the regulations of the State Fiscal Recovery Fund change, it may change the terms of this award.

Printed Name:

Authorized Signature:

Title:

Organization Name:

Date:

1. For assistance in determining whether the relationship between the State, and the entity receiving the funds from the State, is a subrecipient relationship, please complete the Federal Award Classification Checklist. CFO written approval is required to classify any entities as “beneficiaries” of COVID-19 relief funding. [↑](#footnote-ref-1)