

**ATTESTATION OF QUALIFYING CORONAVIRUS RELIEF FUND  
EXPENDITURES**

I understand and certify the following:

I understand the Coronavirus Relief Fund (CRF) may only be used to cover expenditures that:

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19).
2. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
3. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act), for the State.

This request qualifies as an eligible use of the CRF because the funds will be used for:

- Medical expenses.
- Public health expenses.
- Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are sustainably dedicated to mitigating or responding to the COVID-19 public health emergency.
- Actions to facilitate compliance with COVID-19-related public health measures.
- Expenses associated with the provision of economic support in connection with COVID-19.
- Other COVID-19 related expenses reasonably necessary to the function of government.

Request Details:

(Indicate purpose and intended outcome and provide a cost breakdown. If applicable, indicate if a special project and list any exempt temporary special project positions that may need to be established.)

I further certify that the expenditures are reasonably necessary for its intended use in my judgement as the official representative for the expenditure of CRF funds.

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NAME

TITLE \_\_\_\_\_

DEPARTMENT OR AGENCY NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_