

**County of Monmouth
American Rescue Plan Act (ARPA)
COVID-19 Community Recovery Grant Program
Not-for-Profit Organizations
Information Sheet and Certification**

1. Name of Organization			
2. Street Address	City	State	Zip Code
3. Name and Title of Fiscal Contact	E-mail Address	Telephone No.	
4. Name and Title of Principal Contact	E-mail Address	Telephone No.	
5. Employer ID No.	6. Total Grant Funds Requested:		

7. **CERTIFICATION** – The authorized representative of the Organization certifies to the following:

- a) This application has been duly authorized by organization leadership.
- b) I understand and agree that if my organization is selected to receive relief funds under this Program, that I will be required to execute an Agreement with the County specifying the terms and conditions of the grant award.
- c) I understand and agree that, regardless of my organization’s eligibility, that grants provided under this Program are discretionary and the County will exercise its sole and best judgement to determine which organizations shall be selected for grant awards. I further understand and agree that grant awards and amounts will be determined based on need, priorities of the County, assessment of the organization’s response, and availability of funds.
- d) I understand and agree that the County makes no guarantee that it will fund any organization under this Program or the amount of grant funds that will be awarded.
- e) I understand and agree that my organization may be asked to provide documentation to verify information contained in this application. I understand and agree that if I fail to timely or completely respond to information requests from the County that my application may be denied.
- f) I understand and agree that the County and its third-party administrators, processors and auditors may have to verify the information contained in my application using Federal, State, County and/or Online resources and databases and I permit such access to the County and its third-party administrators, processors and auditors.
- g) I understand and agree that funds provided by the County in connection with this application are supported by Federal funds and that information contained in my application may be reported by the County to the Federal government for required reporting and statistical research purposes.
- h) I understand and agree that the County and/or the Federal government may be required by law, rule or regulation to publish certain award information on a publicly accessible website that may include the name of my organization, address and award amount.
- i) I certify that no member of my organization’s leadership or governing body is barred from participating in any Federal, State or County public assistance, benefit, healthcare or entitlement program.
- j) I certify that all expenditures that are ineligible or unallowable have been adjusted for and excluded;
- k) I certify that any and all applicable credits, refunds, rebates, insurance proceeds or other forms of expenditure related income have been appropriately accounted for as a reduction to eligible expenditures;
- l) I certify that any and all funds received from other Federal, State and local sources have been appropriately accounted for and identified;

By signing below, I attest that I am at least 18 years of age, that I am an authorized representative for the organization identified above and I certify that the information provided in this application is true and correct to the best of my knowledge and belief under the penalty of perjury and that I have not withheld relevant information.

NAME AND TITLE (Print)	SIGNATURE	DATE
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