

**COMMUNITY CHARITABLE RELIEF PROGRAM  
GRANTEE CERTIFICATION FORM**

I, \_\_\_\_\_, having authority to apply for the Community Charitable Relief Program and to bind and act on behalf of \_\_\_\_\_

(“Charitable Organization”), certify this and all of the following to be true:

- (i) That all information provided to the Government Subdivision and any supporting documents and forms is true and accurate;
- (ii) That the Charitable Organization is eligible for awards under this Program and meets the definition of Section 3(a)(i) of the Program’s rules;
- (iii) That the Charitable Organization is only seeking amounts allowed by the Program, according to Sections 7, 8, and 9 of the Program’s rules;
- (iv) That any submitted information is subject to Wyoming Public Records Act and may be disclosed;
- (v) That the Charitable Organization has not discriminated against any person on the basis of age, color, disability, marital status, national origin, race religion, or sex in the program or services for which the Charitable Organization is receiving CARES Act funds;
- (vi) That the Charitable Organization is not engaged in any activity that is illegal under federal, state, or local law;
- (vii) That the Charitable Organization understands that it may be subject to additional federal requirements, including single audit requirements, other audits, or other federal requirements and agrees to comply and assist in providing any requested documentation for an audit;
- (viii) That the Charitable Organization has fully complied with all applicable State and local public health orders during the time period for which they are seeking reimbursement;
- (ix) That Funds will only be used for the allowed purposes under the Program, and any use of funds for unauthorized purposes may require a total or partial repayment of the funds;
- (x) That Funds received under the Program must be claimed on the Charitable Organization’s Federal Income Tax filings;

(xi) That the Charitable Organization understands that knowingly making a false statement may result in the Government Subdivision requiring total or partial repayment of the funds and may result in other penalties and fines;

(xii) That the information provided to support its award under the Program is true and accurate in all material respects. That the Charitable Organization understands that knowingly making a false statement to obtain funds is punishable under the law, including under 18 USC 1343 by imprisonment of not more than thirty years and/or a fine of up to \$1,000,000 and Wyo. Stat. Ann. § 6-3-402 by imprisonment for not more than ten years and/or a fine up to \$10,000; and

(xiii) That the distribution of Funds under this Program by a Government Subdivision to the Charitable Organization is contingent upon the Government Subdivision's actual receipt of those Funds from the Governor's Office.

Having full authority to act on behalf of the Charitable Organization, I hereby certify that all of the above is true and correct:

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this form according to the instructions provided to you by the County Commissioners or Tribal Business Council from whom you are seeking an award.