

STATE OF TEXAS §

COUNTY OF HIDALGO §

**MEMORANDUM OF UNDERSTANDING  
TO DIRECT AMERICAN RESCUE PLAN ACT FUNDS TO AMERICAN LEGION  
VERMUND G. HANSEN POST 101**

This Memorandum of Understanding (“MOU”) is made on this 1<sup>st</sup> day of October 2024 by and between the COUNTY OF HIDALGO, TEXAS (“COUNTY”), and the AMERICAN LEGION VERMUND G. HANSEN POST 101, (“POST 101”) “Grantee”, with its principal office located at 417 S. Cage Blvd., Pharr, Texas 78577.

**WHEREAS**, pursuant to Texas Government Code Section 418.108, Hidalgo County Judge Richard Cortez issued a Declaration of Local Disaster for Public Health Emergency on March 17, 2020, due to the imminent threat arising from the Coronavirus (COVID-19); and

**WHEREAS**, on March 22, 2020, the Commissioners Court of Hidalgo County issued an Order of Continuance of Declaration of Local Disaster for Public Health Emergency; and

**WHEREAS**, the safety, health and general welfare of the citizens of Hidalgo County is a common objective of both parties. Further, it is the objective of both parties to collaborate with each other to ensure the citizens of Hidalgo County have access to quality affordable housing for low and very low-income residents and families, and other vulnerable populations in response to the negative economic impacts of COVID-19, and respond to disproportionately impacted communities; and

**WHEREAS**, on or about March 11, 2021, the Federal Government passed the American Rescue Plan Act (“ARPA”), including the Coronavirus State and Local Fiscal Recovery Fund (the “SLFRF”) which provides for direct payments of SLFRF funds to respond to the COVID-19 public health emergency and its economic impacts through eligible uses; and

**WHEREAS**, the County received a direct distribution of the SLFRF to be used for expenditures that were directly related to and incurred as a result of the ongoing COVID-19 public health emergency and the negative economic impacts of the ongoing emergency; and

**WHEREAS**, pursuant to guidance provided by the United States Department of Treasury: (Coronavirus Relief Fund Guidance for State, Territorial, Local and Tribal Governments) (the “Guidance”), version 6.0 issued March 28, 2024, The Interim Final Rule dated May 17, 2021, The Final Rule dated January 6, 2022, and The Coronavirus Local Fiscal Recovery Fund Award Terms and Conditions, (which are attached hereto and incorporated by reference herein as **Exhibit “A”**), the SLFRF allows a recipient to transfer funds to a non-profit organization, **provided that the funds transferred are used for an eligible use as outlined in section 603 (c)(1) of the Social Security Act, and the Guidance**; and

**WHEREAS**, as allowed under the Guidance, the County desires to grant a portion of the funds received to be designated for the continued operations for expanding need-based services to

veterans, as part of the Hidalgo County American Rescue Plan Act Nonprofit Negative Economic Impacts Program and hereby designates a portion of the funds received to be transferred to POST 101 for expenses related to the COVID-19 public health emergency to address continued operations for vital services to veterans and the community residents, in a qualified census tract low income area, including education programs, health and mental support, and assistance with disability benefits in compliance with the terms and criteria of the SLFRF and as more fully described below; and

**WHEREAS**, amounts paid from the SLFRF are subject to restrictions outlined in the Guidance and as set forth in section 603(c) of the Social Security Act, as added by section 9901 of the American Rescue Plan Act; and

**WHEREAS**, the SLFRF further requires that all recipients and beneficiaries comply with certain terms and conditions more particularly described below and in the Guidance attached as **Exhibit “A”** as well as any future guidance provided by the U.S. Department of Treasury; and

**WHEREAS**, the purposes of this agreement is to memorialize the understanding between the parties that the COUNTY will transfer to POST 101 a specified amount of the SLFRF in order to directly address continued operations for vital services to veterans and the community residents, in a qualified census tract low income area, including education programs, health and mental support, and assistance with disability benefits and provide for necessary expenses for actions taken to respond to the ongoing COVID-19 public health emergency and the negative economic impacts of the ongoing emergency in the community. In exchange, POST 101 shall construct a new veteran facility in order to provide a quality atmosphere and environment that is safe and nurturing for veterans and community residents in low-income areas of Hidalgo County when they receive needs-based services and support in addressing the negative impacts of pandemic related stress, poor family relationships, lack of social support, financial problems and preexisting mental health challenges as authorized in the Guidance and as more fully described below; and

**WHEREAS**, the COUNTY finds that this agreement, as it relates to the provision of services and the negative economic impacts of the ongoing emergency in the community to nonprofit organizations, individuals, and families that have been directly impacted by the COVID-19 public health emergency, serves a public purpose as it is for the health, safety, and wellbeing of the residents of the County of Hidalgo.

**NOW, THEREFORE**, in consideration of the mutual promises, conditions and covenants expressed between the parties hereto, it is understood and agreed by and between COUNTY and POST 101, as follows:

**RESPONSIBILITIES OF THE PARTIES:**

1. POST 101 agrees to abide by the Guidance provided under the ARPA, Coronavirus State and Local Fiscal Recovery Fund, and as more particularly described in section 603(c) of the Social Security Act and any further guidance issued by the United States Department of Treasury. **See Exhibit “A”**.
2. POST 101 represents that it has read and understood the terms and conditions of the SLFRF attached hereto as **Exhibit “A”** and as a condition of being a beneficiary of

SLFRF, POST 101 agrees to comply with all terms and conditions required of entities accepting funds through this agreement and POST 101 further warrants and represents to the County that the funds it will expend meet the criteria allowed under the SLFRF as outlined below.

3. ARPA provides that payments from the SLFRF may only be used to fund eligible uses, and specifically in this instance funds are being transferred---for operations and facility construction in order to expand vital services for veterans and community residents in a low-income area, and other vulnerable populations in response to the negative economic impacts of COVID-19 public health emergency.
4. As related to the eligible use identified above, costs should be incurred and/or obligated on or after March 3, 2021, and should be expended upon completion of the project, and or by December 31, 2025, whichever occurs first.
5. POST 101 will provide expanded vital services for veterans and community residents in a low-income area, and other vulnerable populations in response to the negative economic impacts of COVID-19 public health emergency to residents of the COUNTY.
6. POST 101 will continue operations to facilitate applicable compliance with COVID-19 related public health measures by constructing a new veteran facility in order to provide a quality atmosphere and environment to provide needs-based services for veterans and the community residents in a low-income area of Hidalgo County, and other vulnerable populations in response to the negative economic impacts of COVID-19 public health emergency. POST 101 will provide services and related actions as authorized under the ARPA, Coronavirus State and Local Fiscal Recovery Fund, and agrees to establish and maintain all necessary records and reports that may be required and provide all necessary documentation to ensure expenditures are in compliance with the SLFRF for five (5) years after funds have been expended.
7. COUNTY has designated funds from the SLFRF in the amount of **\$350,000.00** to be allocated to POST 101 to afford necessary expenses of actions to assist with the ongoing COVID-19 related public health measures, negative economic impacts, and to construct a new veteran facility in order to provide a quality atmosphere and environment to provided needs-based services for veterans and the community residents in a low-income areas of Hidalgo County. Upon execution of the Agreement by all parties, the COUNTY will disburse funds in one lump sum payment from the SLFRF upon presentation of an appropriate Cost Reimbursement/Payment Request Form attached as **Exhibit "C"**, and related documentation pursuant to the requirements of paragraph (10.) of this Agreement.
8. This Agreement is effective upon execution and ends on **December 31, 2025**. The term of this Agreement may be extended by mutual agreement of the parties. The Agreement may be terminated by either party without cause, upon thirty (30) days prior written notice to the other party.
9. POST 101 shall deliver a copy of all related supporting expense documentation, along with the Cost Reimbursement/Payment Request form (attached hereto and incorporated by reference as **Exhibit "C"**), and the final report of COVID-19 related expenditures which includes inventory of all property acquired or improved by SLFRF funds, and final financial report to COUNTY no later than December 31, 2025, and shall keep the supporting documentation for a minimum of five (5) years. POST 101

shall give The United States Treasury Department, the Special Inspector General of the U.S. Department of Treasury, the Comptroller General of the United States, County, County Auditor, and any of their duly authorized representative, unobstructed and full access to and the right to examine all books, accounts, records, reports, files, and other papers, things or property belonging to or in use by POST 101 pertaining to this Agreement as it pertains to the use of federal funds.

10. **PROCUREMENT.** POST 101 agrees to conform to its own applicable purchasing laws, regulations, employment policies and procedures with respect to any purchases or employment in relation to the SLFRF and/or this Agreement. POST 101, as a non-federal entity, is advised that procurements made with federal funds are subject to the provisions of 2 CFR §§ 200.317 – 200.327, and resulting contracts must contain applicable provisions described in Appendix II to Part 200- Contract Provisions for Non-Federal Entity Contracts Under Federal Awards. Applicable federal law, including but not limited to the procurement provisions of 2 CFR 200 applicable to entities receiving federal funds must be followed and are incorporated by reference herein funds provided to directly address expanded food distribution and related expenses incurred directly relating to COVID-19.
11. **CONFLICT OF INTEREST.** POST 101 covenants that none of its officers, employees, consultants, or agents who exercise influence on the decision-making process presently has or will have any interest, direct or indirect, with any person, corporation, company or association that is hired to carry out any of the activities covered by the SLFRF. POST 101 agrees that all officers, employees, consultants or agents shall comply fully with the requirements of The SLFRF.
12. POST 101 agrees that no person who is an officer, employee, consultant, or agent of the POST 101 organization or the County’s organization shall gain any interest in any corporation, company, or association that is hired to carry out any of the activities for which POST 101 is now seeking funds from the SLFRF.
13. POST 101 is responsible for repayment of funds associated with any conflict of interest that may occur either knowingly or unknowingly.
14. POST 101 warrants and represents that they are a religious non-profit with 501(c)(3) status and eligible to receive funds under the SLFRF.
15. **CONFIDENTIALITY.** In the event this collaborative effort requires the mutual sharing of information made confidential by the laws of the State of Texas and of the United States, information will only be exchanged as allowed by law.
16. **LIABILITY.** This Agreement is not intended to extend the liability of the Parties beyond that provided by law. Neither party waives, nor shall be deemed to have hereby waived, any immunity or defenses that would otherwise be available to it against claims arising from third parties.
17. **INDEMNIFICATION. THE PARTIES AGREE TO BE RESPONSIBLE EACH FOR THEIR OWN NEGLIGENT ACTS OR OMISSIONS, OR OTHER TORTIOUS CONDUCT IN THE COURSE OF THE PERFORMANCE OF THIS AGREEMENT WITHOUT WAIVING ANY SOVEREIGN IMMUNITY, GOVERNMENTAL IMMUNITY, OR OTHER DEFENSES AVAILABLE TO THE PARTIES UNDER FEDERAL OR STATE LAW. NOTHING IN THIS PARAGRAPH SHALL BE CONSTRUED TO CREATE OR GRANT ANY**

**RIGHTS, CONTRACTUAL OR OTHERWISE, IN OR TO ANY THIRD PERSONS OR ENTITIES.**

18. **DISPUTE RESOLUTION.** The Parties agree to mandatory participation in mediation as an Alternative Dispute Resolution process, before any action, suit, litigation or other proceeding arising out of or in any way relating to this Agreement may be commenced.
19. **NO WAIVER.** No waiver by County of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.
20. This Agreement may be amended or modified by the consent of both parties at any time during its term. Amendments to this Agreement must be in writing and signed by COUNTY and POST 101. No change in, addition to, or waiver of any term or condition of this Agreement shall be binding either party unless approved in writing by an authorized representative of each party.
21. **ENTIRE AGREEMENT.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by County and POST 101, and not otherwise.
22. **TEXAS LAW TO APPLY.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.
23. **NOTICE.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by electronic mail, or (iii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or (iv) sent by facsimile to the parties at the addresses set forth below, as may have been theretofore specified by written notice delivered in accordance herewith:

If to County:

County of Hidalgo  
Attention: County Judge  
100 E. Cano, 2<sup>nd</sup> Floor  
Edinburg, TX 78539  
(956)318-2600

With copy to:

Mr. Dagoberto Soto Jr.  
Hidalgo County Budget Officer  
505 S. McColl Rd., Suite G  
Edinburg, Texas 78539  
(956)292-7025

-And-

Ms. Letty Chavez  
Hidalgo County Auditor  
2808 S. Bus. Hwy 281  
Edinburg, Texas 78539  
(956)318-2511

If to POST 101

Lucio Gaitan  
American Legion  
Vermund G. Hanson Post 101  
P.O. Box 101  
Pharr, Texas 78577  
(956) 787-7451

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

24. Neither party shall assign any right, benefit or duty under this Agreement without the other party's prior written consent.
25. This Agreement may be executed in any number of counterparts, including facsimile or scanned/mailed PDF documents. Each such counterpart, facsimile, or scanned/mailed PDF document shall be deemed an original instrument, all of which, together, shall constitute one and the same executed Agreement.
26. **ADDITIONAL DOCUMENTS.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.
27. **SUCCESSORS.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.
28. The Parties to the Agreement agree that all related activities shall be conducted in a manner that does not discriminate against any person on a basis prohibited by applicable law or COUNTY and POST 101 policy, including without limitation race, gender, color, national origin, religion, sex, age, veteran status, disability or any other protected status. POST 101 shall comply with applicable law, including but not limited to the provisions of Title VI of the Civil Rights Act of 1964.
29. The Parties agree to comply with all applicable state or federal statute, rule, regulation, grant, contract provision, subsequent federal guidance or other similar restriction that imposes additional or greater requirements than stated in this MOU that is directly applicable to the performance under this Agreement. A non-exclusive list of regulations commonly applicable to Federal and State grants and equipment can be found in the new 2 CFR 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements.
30. **LIABILITY FOR DISALLOWED COSTS.** POST 101 understands and agrees that the funds received under this Agreement are federal funds and as such, it shall be liable to County for any costs disallowed pursuant to financial and compliance audit(s) of the SLFRF. POST 101 further understands and agrees that reimbursement to County of such disallowed costs shall be paid by POST 101 from funds that were not provided

or otherwise made available to POST 101 pursuant to this Agreement or any other federal award.

- 31. HEADINGS. The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.
- 32. IMMUNITY. This Agreement is expressly made subject to the County’s Sovereign Immunity, Title 5 of the Texas Civil Practice and Remedies Code and any applicable governmental immunity, and all applicable federal and state law. The Parties expressly agree that no provision of this Agreement is in any way intended to constitute a waiver of immunities from suit or from liability that either County or POST 101 has by operation of law.
- 33. In case any one or more of the provisions contained in this Agreement will for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability will not affect any other provision thereof, and this Agreement will be construed as if such invalid, illegal or unenforceable provision had never been contained herein.
- 34. AUTHORITY TO EXECUTE. The execution and performance of this Agreement by County and POST 101 have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of County and POST 101 in accordance with its terms.

**WITNESS THE HANDS OF THE PARTIES** effective as of the day and year first written above.

**AMERICAN LEGION POST 101**

**HIDALGO COUNTY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Approved as to form for Hidalgo County:  
Office of Criminal District Attorney, Toribio “Terry” Palacios.

By: \_\_\_\_\_  
Victor M. Garza, Assistant District Attorney

## **TABLE OF EXHIBITS**

- EXHIBIT – A**            **Coronavirus Relief Fund Guidance for State, Territorial, Local and Tribal Governments) (the “Guidance”), version 5.4 issued December 14, 2023; The Interim Final Rule dated May 17, 2021; The Final Rule dated January 6, 2022; and The Coronavirus Local Fiscal Recovery Fund Award Terms and Conditions– to include any future updated guidance**
- EXHIBIT – B**            **Coronavirus State and Local Fiscal Recovery Funds FAQ’s issued on May 27, 2021, June 8, 2021, June 17, 2021, June 23, 2021, June 24, 2021, July 14, 2021, July 19, 2021, November 15, 2021, January 2022, April 27, 2022, and July 27, 2022, and April 10, 2023– to include any future updated guidance**
- EXHIBIT – C**            **Cost Reimbursement/Payment Request Form**



## **EXHIBITS**

### **Exhibit - A**

1. [State and Local Fiscal Recovery Funds Compliance and Reporting Guidance](#)
2. [Interim Final Rule](#)
3. [Final Rule](#)
4. [Award Terms and Conditions](#)
5. Any future updated guidance is to be included.

### **Exhibit - B**

1. [Coronavirus State and Local Fiscal Recovery Funds FAQ, January 2022](#) Interim Final Rule
2. [Coronavirus State and Local Fiscal Recovery Funds FAQ, July 27, 2022](#) Final Rule
3. Any future updated guidance is to be included.

[US Department of the Treasury - Coronavirus State and Local Fiscal Recovery Funds](#)



## HIDALGO COUNTY AUDITOR'S OFFICE American Rescue Plan Act (ARPA) Reimbursement/Payment Request Form

All parts of this form must be completed. *Incomplete forms will be returned.* The information must be legible. Please refer to the instructions page for proper completion of this form.

<b>SECTION 1</b>	<b>ENTITY CONTACT INFORMATION</b>					
	1. Entity Name:		2. Contact Name:		3. Contact Title:	
	4. Mailing Address: (Street, city, state and ZIP code)			5. Contact Phone: _____ ext. _____		
<b>SECTION 2</b>	<b>TYPE OF REQUEST</b>					
	6. Payment Type: If this is a one time payment request, check box and enter request amount then proceed to Section 5. <span style="float: right;">\$ _____</span> If this is a periodic reimbursement request, check box then proceed to Section 3. <span style="float: right;">\$ _____</span>					
<b>SECTION 3</b>	<b>ARPA EXPENDITURE INFORMATION</b>					
	7. Report Period:		Begin Date	End Date	8. Payment Request No.: -	
	<b>To Be Completed By Entity</b>			<b>Budget Office Use Only</b>		
	9. Invoice No.	10. Check Date	11. Check No.	12. Check Amt.	14. Project Name	15. Approved Amt.
	13. TOTAL			\$ -	17. TOTAL	
<b>SECTION 4</b>	<b>DOCUMENTATION CHECK LIST</b>					
	Purchasing Policy (should only be provided once)		Quotes	Copies of cancelled checks		
	Sam.gov verification for each vendor		Bids	Invoices		
	Purchase Order for each invoice		Contracts	Detail Check History Report		
<b>SECTION 5</b>	<b>ASSURANCES</b>					
	18. This request is for necessary expenditures incurred due to the public health emergency with respect to COVID-19?				Yes	No
	19. Were the expenditures reported above incurred (paid) on or after March 3, 2021?				Yes	No
<b>SECTION 6</b>	<b>CERTIFICATION</b>					
	The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Local Fiscal Recovery Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act ("ARPA"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.					
<b>SECTION 7</b>	21. Name:			22. Title:		
	23. Signature:			24. Date:		
<b>SECTION 7</b>	<b>SUBMISSION INFORMATION</b>			<b>FOR COUNTY USE ONLY</b>		
	Submit completed form and supporting documentation via: email: <a href="mailto:ARPA@auditor.co.hidalgo.tx.us">ARPA@auditor.co.hidalgo.tx.us</a> mail: Hidalgo County Auditor's Office Hidalgo County Administration Building 2808 South Business Highway 281 Edinburg, Texas 78539-6243			<b>Budget Office</b>		<b>Auditor's Office</b>
				25. Reviewed by: (signature)		28. Reviewed by: (signature)
				26. Name:		29. Name:
				27. Date:		30. Date:

# HIDALGO COUNTY AUDITOR'S OFFICE

## Instructions For American Rescue Plan Act (ARPA) Reimbursement Request Form

### GENERAL INSTRUCTIONS

Please complete all sections of the Reimbursement Request Form and forward the completed form along with supporting documentation via:

email: APRA@auditor.co.hidalgo.tx.us  
mail: HIDALGO COUNTY AUDITOR  
ATTN: GRANTS DIVISION  
Hidalgo County Administration Building  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243

Please note that the review process takes anywhere from 10 to 30 days to complete. All payments will be paid via check.

### Section 1: Entity Contact Information

1. **Entity Name:** Enter the name of the entity.
2. **Contact Name:** Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation.
3. **Contact Title:** Enter the title of the contact person.
4. **Mailing Address:** Enter the mailing address where reimbursement checks should be mailed.
5. **Contact Phone:** Enter the Contact's phone number (and ext., if applicable.)

### Section 2: Type of Request

6. Payment Type:
- If this is one time payment request, check box and enter request amount then proceed to Section 5.
- If this is a periodic reimbursement request, check box then proceed to Section 3.

### Section 3: ARPA Expenditure Information

7. **Report Period:** Enter the beginning and ending dates of the period covered by reimbursement request.  
The Begin Date should not predate March 3, 2021.
8. **Payment Request No.:** Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered using 3 letters of the entity and the number of the request. For example, the Entity would number its first payment request form as ENT-1, the second payment request form as ENT-2, and so on.

### No. 9 - 13: To Be Completed by Entity

9. **Invoice No.:** Enter the invoice no. for which the entity is requesting reimbursement.
10. **Check Date:** Enter the date of the check used to pay for the invoice for which reimbursement is being requested.
11. **Check No.:** Enter the check number used to pay for the invoice for which reimbursement is being requested.
12. **Check Amt.:** Enter the amount of the check used to pay for the invoice for which reimbursement is being requested.
13. **Total:** Enter the total for all invoices for which reimbursement is being requested.

### No. 14 - 16: To Be Completed by the Hidalgo County Budget Office

14. **Project Name:** Enter the project name assigned to the entity/contract.
15. **Approved Amount:** Enter the amount approved by the Budget Office for payment, after the documents have been reviewed.
16. **Expense Category:** Indicate the type of expenditure for which reimbursement is being requested. The category should agree to the ARPA allowed categories.
17. **Total:** Enter the total amount for all invoices approved by the Budget Office for payment.

### Section 4: Documentation Check List

The documentation on the checklist is the minimum documentation required to support the reimbursement amount.  
Additional information may be requested, as needed.

### Section 5: Assurances

18. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred due to the public health emergency with respect to COVID-19.
19. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred (paid) on or after March 3, 2021.
20. Indicate by checking either the **Yes** or **No** box whether any part of the expenditures reported in Section 2 has been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature).

### Section 6: Certification

21. **Name:** Enter the name of the authorized representative signing this form.
22. **Title:** Enter the title of the authorized representative signing the form.
23. **Signature:** Original signature of the authorized representative is required.
24. **Date:** Enter or print the date the form was signed.

### Section 7: For County Use Only

#### Budget Office

25. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
26. **Name:** Print the name of the reviewer.
27. **Date:** Print the date the review was completed.

#### Auditor's Office

28. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
29. **Name:** Print the name of the reviewer.
30. **Date:** Print the date the review was completed.