

Orange County CARES Act Funding - Constitutional Officers Cost Reimbursement Request Transmittal

Transmittal Date: mm/dd 2020

From:

Brief Cost Description:
(Add supplemental sheets as Needed)

Date Cost Paid: mm/dd 2020 (If multiple payment dates, include in description above)

Necessary COVID Cost?: Yes/No

Not included in budget as of
March 27, 2020: Yes/No

Are you approved for other
CRF Funding? Yes/No

Municipal Accounting Line
for Cost Funding Source:

Section 1. Reimbursement Request Terms and Conditions

- A. On April 22, 2020, Orange County, Florida (the "County"), received a funding allocation from the U.S. Department of the Treasury (the "Treasury") to be used pursuant to 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (the "Coronavirus Relief Fund" or "CRF"). That same day, the Treasury issued guidance on how to appropriately spend such allocation (the "April Guidance").
- B. On May 4, 2020, the Treasury released additional guidance on the use of the County's CRF allocation (the "May Guidance"). The May Guidance provided that the County could use such allocation to make payment to another unit of local government, so long as such payment qualified as ". . . a necessary expenditure incurred due to the public health emergency . . ." and met the other criteria of section 601(d) of the Social Security Act and any guidance provided by the Federal Government.
- C. On May 19, 2020, the Board of County Commissioners approved a COVID-19 Municipality and Constitutional Officer Expenditures Program (the "Program") under which the local units of government could request reimbursement for funding-eligible expenses, finding so-doing a necessary expenditure of the County's CRF allocation.
- D. The Program's criteria for reimbursement includes, but is not limited to, the following:
 - (1) The expenditure or cost must have been necessary due to the public health emergency with respect to COVID-19.
 - (2) The expenditure or cost must not be for replacing revenue losses, or to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure. This includes, by way of example, a prohibition for reimbursement of lost or waived fees, fines, and taxes.
 - (3) The expenditure or cost must not have been in the requesting local unit of government's budget as of March 27, 2020
- E. **No expenditure or cost that would be deemed ineligible based on the criteria of section 601(d) of the Social Security Act, the April Guidance or the May Guidance, or any other directive issued by the Federal Government, shall be eligible for reimbursement.**
- F. Any reimbursement to a local unit of government made with the County's CRF allocation is subject to recoupment by the Federal Government if the expenditure or cost of such reimbursement is found to be inconsistent with section 601(d) of the Social Security Act or any CRF-related guidance issued by the Federal Government. **Consequently, by accepting reimbursement from the County's CRF allocation, a local unit of government is certifying that it will, upon request, return to the Federal Government the full amount of any reimbursements found to be inconsistent with section 601(d) of the Social Security Act or any CRF-related guidance issued by the Federal Government.**
- G. The County has no obligation to reimburse local units of government pursuant to this Program regardless of whether such expenditure or cost meets the eligibility requirements. The provision of reimbursement to any particular local unit of government pursuant to this Program is at the sole discretion of the County.
- H. **Pursuant to guidance provided by the Treasury, all payments from the County's CRF allocation must be completed by December 30, 2020. In order to allow the County time for review, approval, and processing of reimbursement requests prior to such date, the final date on which reimbursement request transmittals can be submitted is: October 30, 2020.**
- I. Reimbursement requests must be made using the form provided to the local unit of government by the County.
- J. Any reimbursement request that does not have the Attestation of Authorized Representative in Section 2 below fully executed shall not be considered for reimbursement. Each reimbursement request must have its own Reimbursement Request Terms and Conditions and Attestation of Authorized Representative attached.

Section 2. Attestation of Authorized Representative

The undersigned Authorized Representative hereby attests to the following on behalf of the aboved-named local unit of government:

- A. I have the authority to legally bind the local unit of government and I am authorized to submit the attached request for reimbursement on its behalf.
- B. The local unit of government hereby agrees to the Reimbursement Request Terms and Conditions as provided in **Section 1** above.
- C. I am knowledgeable of the expenditures and costs outlined in the local unit of government’s reimbursement request and have reviewed the April Guidance and the May Guidance, as well as such reimbursement request, including any supporting documentation attached, and hereby certify that the reimbursement request: (1) is true and correct to the best of my knowledge; (2) is in compliance with the criteria of section 601(d) of the Social Security Act; and (3) that it contains no false or misleading statements.
- D. **Federal Attestation:** By signing this request for reimbursement report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Local Unit of Government

Signature: _____

Printed Name: _____

Official Title: _____

This section for County use only:

Approval Signature: _____

Printed Name: _____

Date: _____

County COVID account code:

5895-019-8022-8120 (Aid to Other Governmental Agencies)