

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) FUND CLAIM SUMMARY AND CERTIFICATION FORM

Claim Schedule # _____ Agency Code _____

Summary of ARRA Funds Requested		
Catalog of Federal Domestic Assistance (CFDA) #	CFDA Program Name	Amount
Total		

ARRA FUND COMPLIANCE CERTIFICATION

- I hereby certify under penalty of perjury that the above claimed costs are in compliance with all applicable federal and state requirements governing the use of ARRA funds, and certify that ARRA funds requested on claim schedule # _____ are for ARRA expenditures consistent with all compliance requirements as noted in Title 2 Code of Federal Regulations (CFR) Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87), and all federal and state requirements of the American Recovery and Reinvestment Act of 2009.

- The SCO will return all claims that lack the required certification to departments and agencies.

Printed Name _____ Title _____

Signature _____ Date _____

Accounting Officer / Representative