

**CARES ACT CORONAVIRUS RELIEF FUND  
CERTIFICATION**

I, Carol G. Houwaart-Diez, am the Authorized Agent of the United Way of Martin County (“United Way”) and I certify that:

1. I have the authority on behalf of United Way to submit requests from Martin County (“County”) for federal funds appropriated pursuant to section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).

2. I understand that the County will rely on this certification as a material representation in evaluating the request and making payment to the United Way.

3. I acknowledge that United Way should keep records sufficient to demonstrate that the expenditure of funds it has received is in accordance with section 601(d) of the Social Security Act.

4. I acknowledge that all records and expenditures are subject to audit by the United States Department of Treasury’s Inspector General, the Florida Division of Emergency Management, the Florida State Auditor General and the County.

5. I acknowledge that United Way has an affirmative obligation to identify and report any duplication of benefits. I understand that the County has an obligation and the authority to de-obligate or offset any duplicated benefits.

6. I acknowledge that if United Way has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the County and/or United States Department of the Treasury.

7. I acknowledge that the United Way’s request only includes expenses that:

- a. were necessary expenditures incurred due to the public health emergency and governor’s disaster declaration on March 13, 2020 with respect to the Coronavirus Disease 2019 (COVID-19);
- b. were not accounted for in the budget most recently approved as of March 27, 2020, for United Way; and
- c. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

8. In addition to each of the statements above, I acknowledge on submission of this certification that United Way is seeking payment for eligible expenses incurred between March

1, 2020 and the date noted below.

9. I have reviewed all requested expenses submitted on Martin County's CARES Act Request Form dated \_\_\_\_\_ and further certify they are true and accurate.

By signing this Certification, I certify to the best of my knowledge and belief that the contents of the Request Form dated \_\_\_\_\_ are true, complete, and accurate, and the funding will be used 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, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

United Way of Martin County

By: \_\_\_\_\_  
Carol G. Houwaart-Diez, President/CEO

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