



Coronavirus Relief Funds Request Form

**Please email this form and your W-9 form to ncpro@osbm.nc.gov.
Attach the files as "CountyName_CRFAApplication" and "CountyName_W-9"**

1. Please list the name of the local government entity for which you are requesting Coronavirus Relief Funds.

2. Please list the name, email, and phone number for the person who will be responsible for reporting the uses of these funds.

Name

Title

Email

Phone

3. Please list the physical street address, city, and zip code+4 for the local government entity. You must enter the full 9 digit ZIP code for Federal government reporting purposes.

Address

City

ZIP+4

4. Please list your DUNS number (or DUNS+4, if applicable).

5. In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes

No

6. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes

No



North Carolina Pandemic Recovery Office (NCPRO)
NC Office of State Budget and Management (OSBM)
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By signing this document, I hereby understand and acknowledge:

- a. These funds may only be used to cover cost that:
 - a. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease;
 - b. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
 - c. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
- b. I, or my designee, will submit a plan that outlines the use of funds to the NC Pandemic Recovery Office (NC PRO) on or before June 1, 2020. The plan will be provided in a format as prescribed by the NC PRO.
- c. Counties and municipalities are liable to the State for any misuse or mishandling of these funds, and subject to clawback and other appropriate measures, including the reduction or elimination of other State funds. Any local government officer, official, or employee who violates this section shall be subject to a civil action by the State and held personally liable to reimburse the State.
- d. I, or my designee, will submitted to the NC PRO on or before October 1, 2020 and January 1, 2021, detailing the use of funds including funds used by subrecipient. The information will be provided in a format as prescribed by the NC PRO.
- e. I understand any funds that remain unspent by December 30, 2020 by the County or their subrecipients must be returned to the State by January 10, 2021.

I certify, to the best of my knowledge and belief, that the information provided is complete and accurate, and that I am authorized to sign contracts and other legally binding documents on behalf of the entity.

Please provide your full legal name, official title, signing date, and digital signature.

Name

Title

Date

Signature