

**CORONAVIRUS RELIEF FUND**  
**PROVIDER CERTIFICATION**

I, \_\_\_\_\_ (print name), am the authorized representative of \_\_\_\_\_ (“Applicant Organization”), and I certify that:

1. I have the authority to request reimbursement or an allocation of funds from the **Delaware Department of Health and Social Services’ Health Care Provider Relief Fund** allocation of funds from the Coronavirus Relief Fund as created in the CARES Act on behalf of Applicant Organization.
2. I understand that the **Delaware Department of Health and Social Services Health Care Provider Relief Fund** rely on this certification as a material representation in reimbursing or allocating funds for necessary expenditures to Applicant Organization.
3. Applicant Organization's uses of the funds provided will be used only to cover those costs that-
  - a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) (“necessary expenditures”);
  - b. Were not accounted for in the budget most recently approved as of March 27, 2020, for Applicant Organization; and
  - c. Were incurred during the period that begins on March 1, 2020 and ends on October 31, 2021.
4. An entity seeking reimbursement or an allocation of funds from the **Delaware Department of Health and Social Services Health Care Provider Relief Fund** pursuant to this certification must adhere to official federal guidance and any State of Delaware guidance issued or to be issued on what constitutes a necessary expenditure. I understand that Applicant Organization shall be solely responsible for the full amount of any recoupment, judgment, or award (including any applicable penalties, interest, and attorney fees) arising out of any enforcement action filed instituted by the Office of the Inspector General of the United States Treasury, the United States, or the State of Delaware. Unless expressly prohibited by law, Applicant Organization and any agents, or assignees shall defend, hold harmless, and indemnify the State of Delaware, its agencies, officials, and employees from any liability arising out of the ineligibility, misuse, or misappropriation of funds proximately caused by the malfeasance, misrepresentation, fraud, deceit, or negligence of Applicant Organization, its officials, employees, and agents.
5. I hereby certify that Applicant Organization has reviewed all available guidance memoranda issued by the State of Delaware Department of Justice, and hereby agree to review any subsequent revisions and additions, as may be located on the Delaware Department of Justice website.

6. Any entity receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts for a period of 6 years. Copies of such documentation shall be provided to the **Delaware Department of Health and Social Services Health Care Provider Relief Fund** upon submission of a reimbursement request consistent with State guidance.
7. Any funds provided pursuant to this certification **shall not and may not** be used as a revenue replacement for lower than expected tax or other revenue collections.
8. Funds received pursuant to this certification shall not be used for expenditures for which an entity has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.
9. Funds received pursuant to this certification shall not be used for expenditures for which an entity has received or may in the future receive any insurance proceeds to cover losses experienced by the entity for that same expense.
10. The **Delaware Department of Health and Social Services Health Care Provider Relief Fund** State of Delaware will not reimburse expenditures in which an entity has subgranted funds to another entity, non-profit or other organization without expressed written approval.
11. An entity receiving funds must complete timely reporting as may be required by either the federal government or State of Delaware.
12. An entity may be subject to clawback and other appropriate measures, including the possible reduction or elimination of other State funds due to any misrepresentation, misuse, or mishandling of these funds.
13. This certification shall be considered to remain valid pursuant to any subsequent relevant future federal or state law or guidance.
14. This certification is offered to the State of Delaware as part a claim for funds held by the State of Delaware and I understand that any false statement contained within this certification shall be evidence of a violation of the State of Delaware False Claims and Reporting Act as set forth at 6 *Del. C.* § 1201, *et seq.*.
15. Any transaction involving or expending funds obtained pursuant to or as a result of this certification shall comply with the public guidance regarding mandatory terms and conditions for Coronavirus Relief Fund expenditures as made available on the Delaware Department of Justice website.
16. The Applicant Organization must serve clients or patients in the State of Delaware.

I certify that I have read the above certification and am authorized by \_\_\_\_\_ to execute.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

<b>Notary Seal/Stamp</b>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

*Completed certification forms are to be, scanned and emailed to [DHSS\\_CaresAct@delaware.gov](mailto:DHSS_CaresAct@delaware.gov).*