

CORONAVIRUS RELIEF FUND (CRF) TRANSFER APPLICATION
Assistance Program to Municipalities

APPLICANT INFORMATION

Municipality Name:

Municipality Mayor:

Street Address:

City:

Municipality:

Zip Code:

Contact Person Name:

Contact Person Title:

Telephone Number:

Email Address:

FUNDING INFORMATION

Has the Applicant **Received**, or does it **Anticipating Receiving**, any Funding Related to COVID-19?

Yes No

If YES, list the source, amount, and (intended) use:

Amount (\$)	Source	Use	Received (R) Anticipated (A)	
			R	A
			R	A
			R	A
			R	A
			R	A
			R	A
			R	A
			R	A
			R	A

*If more funding sources exist please use the table in Appendix A. The Applicant is required provide notice to the Transferor if this source of funds list changes during the Transfer Period.

CORONAVIRUS RELIEF FUND (CRF) TRANSFER APPLICATION
Assistance Program to Municipalities

Intended Use of Transfer Funds:

Provide a list and brief description of how Applicant intends to use Transfer Funds on eligible and necessary expenditures related to the COVID-19 emergency. This information is for Application evaluation purposes and may be modified by the Applicant to meet needs not identified at the time of Application, as long as the changes are consistent with the terms of the Transfer. If the expense has not yet been incurred, please note it as "Anticipated" in the "Expense Date" column. If you have more expense line items than there is space below, please use the extended expense table in Appendix B **instead** of the table below. For further guidance please refer to the Guidance published by the U.S. Treasury at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments> and the Frequently Asked Questions published by the U.S. Treasury at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>

Expense Date	Expense Description	Amount
Total		

AUTHORIZED SIGNERS INFORMATION

Name:

Title:
 Mayor

Telephone Number:

Email Address:

Name:

Title:
 Finance Director

Telephone Number:

Email Address:

CERTIFICATIONS

Applicant hereby acknowledges and agrees that (please initial next to each statement):

- _____ I have the authority on behalf of the Transferee municipality to request a direct Transfer from the Government of Puerto Rico from the allocation of funds to Puerto Rico from the Coronavirus Relief Fund as created in the CARES Act.
- _____ The Transfer Funds are necessary due to the COVID-19 public health emergency.
- _____ If Transfer Funds cannot be used for qualifying expenses by December 30, 2020, they will be returned.
- _____ Applicant shall submit any and all required documentation, and agree to any and all audits of the Transfer Funds, as requested by Transferor.

CORONAVIRUS RELIEF FUND (CRF) TRANSFER APPLICATION
Assistance Program to Municipalities

_____ Any information provided in this application and other correspondence can become public information, and Applicant waives any right to confidentiality, unless expressly requested and approved.

_____ A materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution and also may subject me and the Applicant to civil penalties and/or administrative remedies for false claims or otherwise.

_____ Applicant acknowledges a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution and also may subject me and the Applicant to civil penalties and/or administrative remedies for false claims or otherwise.

_____ I certify under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURES AND DATE

Signature:

Date:

Mayor

Signature:

Date:

Finance Director

