## APPENDIX F: CERTIFICATION FORM TO BE SUBMITTED FOR PAYMENT OF CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS, ASSISTANCE LISTING NUMBER 21.027

We certify that we have received, read and understand the Memorandum dated June 9, 2021 from Secretary Aubrey L. Layne, Jr. re: Allocations of Coronavirus State and Local Fiscal Recovery Funds to Non-Entitlement Units of Government Pursuant to the Federal American Rescue Plan Act.

Further, we certify that we have received, read, and agree to:

- Appendix C: AWARD TERMS AND CONDITIONS
- Appendix D: ASSURANCES OF COMPLIANCE WITH CIVIL RIGHTS REQUIREMENTS
- Appendix E: CERTIFICATION FOR USE OF CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUND

The below certification is complete, and our statements contained herein are true and correct to the best of our knowledge.

Town of Vienna	127	Center St. S
Local Government Name	Local Government Street Address	
	Vienna.	VA 2218
	Local Government City, State, Zip	
140053674	54-6	00/654
DUNS Number (NEU Recipient Number)	Taxpayer Identification Number	
\$		
Mcccory T, Pay pn Town Authorized Representative Name and Title	Wanger	/ /
Authorized Representative Signature		<u> </u>
Marion Sechess Director of Finance Fiscal Contact Name and Title Treas	Sover	MSerfass Co Vienna Va. gor Fiscal Contact Email
Fiscal Contact Signature		

<sup>\*</sup>Electronic signatures will be accepted in digital, electronic, or scanned format. Your typed name in the Signature field represents your electronic signature. By typing your name in the Signature field, you agree your electronic signature is the equivalent of your manual/handwritten signature on this form.\*