

City of Orland Library Agreement

This funding agreement between the Glenn County School Libraries ("the Program") and the County of Glenn is funded through an allocation of American Rescue Plan Act (ARPA) funds by the Glenn County Board of Supervisors to the City of Orland for the Library Program impacted by COVID-19. This Agreement is between the County of Glenn ("Administrator") and the City of Orland ("the Recipient"), representative of _____ located at _____. The Administrator has determined that Recipient is eligible for funding based upon the eligibility criteria set forth by the U.S. Treasury, for the administration of the City of Orland Library Program.

Terms

Subject to the terms and conditions of the Program, County of Glenn agrees to pay to Recipients the sum of \$25,000, subject to the following:

Certifications

Recipient certifies that

- Initials _____ They understand there is only one allocation allowable per organization, and funds must be used for the sole purpose of the purchase of library books and programmatic content.
- Initials _____ They understand that any funds received may be considered taxable income, and as a result, a 1099-MISC will be issued for tax filing purposes, and they understand that it is their responsibility to determine any final tax applicability.
- Initials _____ They are an eligible organization located within the County of Glenn and serving the residents of Glenn County under the provision of addressing educational disparities, and promoting healthy childhood environments.
- Initials _____ They are authorized to sign on behalf of the organization.
- Initials _____ They meet all of the Program requirements.

Acknowledgements

- Initials _____ Recipient acknowledges that once funds are allocated and recipients notified, all funding decisions are final.
- Initials _____ Recipient acknowledges that a review of all publicly available information will be made to determine if this award would constitute a duplication of benefits under federal guidelines. A duplication of benefits occurs when financial assistance from multiple federal sources intended for the same purpose is received, and the amount of assistance provided exceeds the total identified financial need for intended purpose. Any funds received under this program that are later determined to be a duplication of benefits may require repayment of the funds to the County of Glenn.

Initials _____

Recipient acknowledges that the County of Glenn understand and support the public's right to access public records. Certain information submitted through this application is a public record and may be subject to disclosure under the California Public Records Act (PRA).

Attestations

Initials _____

Recipient hereby attests that they will not use these funds for the same purpose as other federal, state, or local funding received, such as the Payment Protection Program (PPP), Economic Injury Disaster Loan (EIDL) program, or other state and local grants, as this would constitute a duplication of benefits under federal guidelines.

Initials _____

Recipient hereby attests that they are not subject to backup withholding.

Initials _____

Recipient hereby attests that they will adhere to the federal and state guidance and requirements related to COVID-19, including all California Department of Public Health orders, dictates, and guidance in response to the COVID-19 emergency.

Initials _____

Recipient hereby attests that their organization has been impacted by: state mandated closures, declines in revenue or increased costs as a result of COVID-19.

Initials _____

Recipient hereby attests that the use of funds are in accordance with eligible activities as outlined in the Final Rule, which excludes districts from using funds to contribute to pension funds, use of funds for a debt service, replenish financial reserves, satisfy a judicial settlement, and other general restrictions as outlined in the Restrictions on Use.

Initials _____

Recipient hereby attests that their organization is in good standing and operates within the County of Glenn, CA.

Initials _____

Recipient declares under penalty of perjury that all information provided with this application is true and correct.

Recipient: _____

Signature: _____ Date: _____

Program Administrator: _____

Signature: _____ Date: _____