



## Attachment 1

### CERTIFICATION FOR RECEIPT OF REALIGNMENT BACKFILL FUNDS PURSUANT TO PROVISION 3 OF ITEM 9210-110-0001 OF THE BUDGET ACT OF 2020

I, [Insert name of signatory], am the chief executive or authorized designee of [insert name of local government entity], and I certify that:

1. I have the authority on behalf of [insert name of local government entity] to request payment from the State of California ('State') pursuant to Provision 3 of Item 9210-110-0001 of the Budget Act of 2020.
2. I understand the State will rely on this certification as a material representation in making a direct payment to [name of local government entity], but may redirect funds as specified in Provision 3 of Item 9210-110-0001 if it determines, in consultation with the California Department of Public Health and the Governor's Office of Emergency Services, that the county has for the preceding month erroneously certified compliance with, or failed to maintain compliance with, that provision.
3. [Insert name of local government entity]'s proposed uses of the funds provided under Provision 3 of Item 9210-110-0001 of the Budget Act of 2020 will be used only for costs that:
  - a. Would have otherwise been funded via state-local Realignment revenues.
  - b. Prioritize support for health and human services, entitlement programs, and programs that serve vulnerable populations.
4. [Insert name of local government entity] agrees to do all of the following as a condition of receipt of funds:
  - a. Adhere to federal guidance and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, any subsequent Executive Orders or statutes, and all California Department of Public Health orders, directives, and guidance in response to COVID-19 emergency.
  - b. Adhere to following conditions:
    - i. The county has at least 15 staff per 100,000 people in the county who are trained and available for contact tracing, the ability to isolate positive cases (and quarantine the contacts of positive cases) and to shelter residents who are experiencing homelessness in the case of an outbreak, the ability to test at least 1.5 per 1,000 residents daily, have testing sites close to where most residents live, and have evidence of a county plan to contain the virus.
    - ii. The county is committed to actively participating in the state's Blueprint for A Safer Economy and re-institution of non-pharmaceutical interventions (NPIs) as advised by the state. Each county has been tiered based on its case and positive test rates. Consistent with the county's responsibilities under its designated tier, the county should demonstrate that it has undertaken efforts to investigate the sources of disease transmission, developed an action

- d. Use the funds in accordance with Provision 3 of Item 9210-110-0001 of the Budget Act of 2020.

By: Todd M. Leopold

Signature: 

Title: County Executive Officer

Date: September 28, 2020

The completed certification must be submitted by email to:

[CountyGFAllocations@dof.ca.gov](mailto:CountyGFAllocations@dof.ca.gov)

Certifications must be received by no later than 11:59 p.m. Pacific Daylight Time on the 1<sup>st</sup> of the month from October 2020 through June 2021. Certifications received after that time will be disallowed. The subject line of the email shall only contain the name of the county (e.g. County of xxx).

