

GEER/RISE Final Financial and Certification Document

This form is to be completed by applicant awarded fund(s) through the Governor's Office.

In consideration of the receipt of goods and services from the CARES (Coronavirus Aid, Relief, and Economic Security) GEER Fund (Governor's Emergency Education Relief Fund) - GEER I, CRRSA (Coronavirus Response and Relief Supplemental Appropriations) EANS (Emergency Assistance to Non-public Schools funds) reverted to GEER II program and GEER II, the recipient agrees to comply with all assurances and provisions included in the grant application and Grant Award Letter (GAL). The recipient also certifies that the recipient will meet all program and pertinent administrative requirements.

The appropriate Authorized Representatives must read and check the boxes to indicate that the awardee understood and complied with the corresponding program requirements to the best of the grantee knowledge. The recipient must certify all aspects of this assurances form understanding that all applicable if certain requirements do not apply to the recipient's current context, that the recipient would meet the requirements if the situation were to become applicable.

Part I: Assurances

- The grantee certifies that the program(s) funded by this grant were administered in accordance with all applicable statutes, regulations, program plans, and requirements delineated in the recipient's grant application and any subsequent changes as approved by the Office of the Governor GEER Team.
- The grantee certifies that all goods were received and services were completed by September 30, 2023 (without liquidation extension) and/or by December 31, 2023 (if liquidation extension were taken).
- The grantee certifies that the goods and services purchased for this/these program(s) was only used to meet the goals of the CARES/CRRSA GEER (RISE) and/or CRRSA EANS (Emergency Assistance to Nonpublic Schools) reverted to GEER II program, namely, address the disruptions caused and aid in recovery from the pandemic.
- The grantee certifies that goods and services paid for through the CARES/CRRSA GEER funds and CRRSA EANS reverted to GEER II funds were only used for activities allowable under section [18002\(c\)](#) of the CARES Act and **312(d)(4)** of the Coronavirus Response and Relief Act of 2021.
- The grantee certifies that items purchased with CARES/CRRSA GEER funds or CRRSA EANS funds reverted to GEER II were used for purposes that are reasonable, necessary, and allocable under the CARES or CRRSA Act.
- The grantee certifies that it will work with and provide requested data to the Office of Governor for the program(s) funded by these funds after the grant closeout period and thereafter as the Secretary may require.
- The grantee certifies that it will participate in and comply with the Office of Governor monitoring, evaluations, and reporting process and protocols beyond the life of the grant (until the US Department of Education has completely close grant portfolios).
- The grantee certifies that they have read and comply with the federal grant close out guidance procedures outlined under 2 CFR 200.344, Post-closeout adjustment: 2 CFR 200.345 and, Refund/Collections of any Balances: 2 CFR 200.346.

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Part 2: Final Financial Information

Total Awarded (Advanced) Amount	
Total Spent (Utilized) Amount	
Total Reimbursement Amount	
Total remaining amount to be DE-OBLIGATED or RETURNED (advanced award) to the Office of Governor	

By selecting this box, the grantee certifies that the Colorado office of Governor has paid all invoices submitted for expenses and/or claims against this award and the grantee hereby releases and discharges the Governor's Office from any obligations or claims arising from this award. ***Invoices (outstanding request) submitted after this confirmation will not be honored. Please work with your accounting department or fiscal agent to ensure that your award account is reconciled prior to submitting this report.***

Signatures (required):

_____ Name of <u>Awardee</u> Organization Authorized Representative (Superintendent, Charter School Institute, Fiscal Agent, Executive Director, CEO)	_____ Signature	_____ Date
_____ Name of <u>Awardee</u> Program Contact (Principal, Coordinator, Manager)	_____ Signature	_____ Date