SOUTH CAROLINA DEPARTMENT OF EDUCATION	**SC CARES ESSER 2020** Office of the State Superintendent **Certification Signature Page**

Certification Signature Page

(This form must be signed by the superintendent of the applying LEA.)

Certification

To the best of my knowledge and belief, all the information and data in this application are true and correct. I acknowledge and agree that the applying school district's governing body has duly authorized this application and documentation, and the applying school district will comply with the SC CARES ESSER Program Specific Assurances and the SCDE Assurances and Terms and Conditions once the grant is awarded. The applicant is registered and current (active) on the federal System for Award Management (SAM).

I acknowledge and agree that the failure to comply with all Assurances and Certifications in the application guidance, this agreement, all relevant provisions and requirements of the CARES Act, Pub. L. No. 116-136 (March 27, 2020), or any other applicable law or regulation may result in liability under the False Claims Act, 31 U.S.C. § 3729, *et seq.*; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 CFR Part 180, as adopted and amended as regulations of the US Department of Education in 2 CFR Part 3485; and 18 USC § 1001, as appropriate.

Authorized Official (should be superintendent of school district/LEA)

Name:	
LEA:	
Position:	Email:
Telephone:	Fax:

Signature of Authorized Official:
Date Signed:

Please complete, save, and include the electronically signed form as an attachment for upload into the application form.