



Authorized Representative General Certifications and Assurances

State of Rhode Island Pandemic Recovery Office

1. I hereby certify that I, _____, am an authorized representative of this Entity, _____, with the legal authority to sign documents on behalf of this Entity. I understand that, if funds are awarded, a subaward agreement package will be sent via GMS that will require the signature of an authorized representative with the legal authority to sign documents.
2. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
3. I hereby certify that my Entity shall disclose in writing to the State Agency any and all potential conflicts of interest between the Entity and a State employee or a State official which the Entity is aware of or should be aware of (2 CFR 200.112). I acknowledge that, if funds are awarded, the Entity will be required to maintain written standards of conduct covering conflicts of interest. See Code of Federal Regulations 2 Part 200.318(c), R.I. Gen. Laws § 36-14-1 et. seq. and 220-RICR-30-00-3 for actions that amount to a real or apparent conflict of interest under Federal and/or State law.
4. I understand that if my Entity is selected for an award, my entity will need to register in Ocean State Procures (OSP) and obtain a Unique Entity Identifier (UEI) at SAM.gov, if not done previously. There is no cost to register in OSP or obtain a UEI.

Signature

Date