Print Form

MISSISSIPPI ENTITY CERTIFICATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT

I, F.E. Thompson, Jr., MD *(head of institution or governing body or political subdivision)*, hereby certify to the Mississippi Department of Finance and Administration (DFA) that American Reinvestment and Recovery Act (ARRA) funds accepted and disbursed by Mississippi State Department of Health *(institution or governing body or political subdivision name)* will be spent as responsibly and effectively as possible while maintaining the appropriate controls and reporting mechanisms to ensure accountability and transparency in compliance with ARRA. I understand that we may not accept nor escalate ARRA funds unless this certification is made to DFA and that a copy of this certification will be placed on file with the Office of the Governor and posted on stimulus.ms.gov.

In addition, I certify compliance with the following:

1) pursuant to Title VI, Subtitle _____, Section(s) _____ of the American Recovery and Reinvestment Act (Public Law 111-5 (February 17, 2009)) ("ARRA"), capitalization grant *(type of)* investments funded with amounts appropriated by ARRA under the heading: Drinking Water State Revolving Loan Fund Program *(Program Name)* to the Environmental Protection Agency *(Federal Agency)* will receive the full review and vetting required by law and that I accept responsibility that such investments of ARRA funds will be appropriate uses of taxpayer dollars;
2) the specific information required by Section(s) _____ and Section 1512 concerning each such investment is in strict accordance with federal ARRA requirements and in accordance with the guidelines issued by DFA to meet reporting requirements;
3) accept responsibility for communicating with respective federal agency(ies) to ensure we remain in compliance with all requirements of ARRA and will communicate those requirements to DFA in a timely manner;
4) risks are or will be identified and internal controls which are sufficient to mitigate the risk of waste, fraud, and abuse are or will be implemented;
5) prior audit findings, if applicable, have been addressed and corrective action plans implemented;
6) the certification currently made on payments is inclusive of the following for ARRA funds:
    a. the claims are just, due, correct and unpaid;
    b. the goods sold or services rendered have been delivered or performed in good order;
    c. all statutory requirements covering the payment of this claim have been complied with,
        i. all state statutory and regulatory requirements have been complied with;
        ii. all federal statutory and regulatory requirements have been complied with;
        iii. all grant-specific requirement have been complied with; and
        iv. all ARRA-specific requirements have been complied with.

F.E. Thompson Jr. MD

Signature - Head of Institution or Governing Body or Political Subdivision

Mississippi State Department of Health

Name of institution or governing body or political subdivision

9/25/09

Date

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HEALTH PROTECTION