

Aquatic Nuisance Control Environmental Stewardship Program
Participant Support Costs
Attestations Issued on January 21, 2024

Applicant must attest to the following by checking the box next to the statement, signing, and returning this document with the application.

- 1. I have the authority to request payment from the State of Vermont on behalf of the municipality/partner submitting this application. Awarded funds will be used to cover costs related to the Aquatic Nuisance Control Environmental Stewardship Program.
- 2. I have authority to submit this application for the municipality/partner named below.
- 3. I understand that the State of Vermont will rely on this certification as a material representation in issuing this award.
- 4. I agree that the municipality/partner submitting this application must repay the funding or portion of the funding to Agency of Natural Resources if: any funds were issued in error; are based on incorrect representations made on this application or to the Agency of Natural Resources or the Vermont Department of Environmental Conservation related to this application; or if any costs forming the basis of an award under this program are covered by other federal funds received by the municipality/partner. I agree that the final determination of whether there has been a duplication of benefits will be made by Agency of Natural Resources.
- 5. To the best of my knowledge, as of the date that this Application is signed, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds. Entities that are suspended and/or debarred will have received a notification letter from the Federal Government. Information on suspension and debarment can be found [here](#).
- 6. I agree to have my information shared within state government and the state's contracted entities to process this application.
- 7. Applicant agrees to spend these funds by November 30, 2024.
- 8. I certify that the Applicant is in good standing with the Vermont Department of Taxes.
- 9. I certify that the Applicant complies with local, state, and federal labor laws.
- 10. I certify that Applicant is in good standing with the Vermont Secretary of State.

- 11. Under the penalty of perjury, I certify that:
 - 1. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding;

IRS has notified the payee that backup withholding applies.
 - 2. I am U.S. citizen or other U.S. person.
- 12. I attest, under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrepresentation of information is fraud and may subject me to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.
- 13. I shall maintain all records pertaining to performance under this agreement. “Records” means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine-readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for five years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

Municipality/Partner Name: _____

Printed Name: _____

Authorized Signature: _____

Title: _____

Date: _____