

Example

U.S. DEPARTMENT OF THE TREASURY  
CORONAVIRUS LOCAL FISCAL RECOVERY FUNDS

Recipient name and address: [Recipient to provide] City or Town of _____ Street or P.O. Box _____ City, Zip _____	DUNS Number: [Recipient to provide] _____ Taxpayer Identification Number: [Recipient to provide] _____ Assistance Listing Number: 21.027
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Sections 602(b) and 603(b) of the Social Security Act (the Act) as added by section 9901 of the American Rescue Plan Act, Pub. L. No. 117-2 (March 11, 2021) authorize the Department of the Treasury (Treasury) to make payments to certain recipients from the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund.

Recipient hereby agrees, as a condition to receiving such payment from Treasury, to the terms attached hereto.

Recipient: City or Town of \_\_\_\_\_.

Signature of Chief Executive \_\_\_\_\_

Authorized Representative: Printed name of chief executive.

Title: Title of chief executive

Date signed: Month spelled out, day, year

U.S. Department of the Treasury:

\_\_\_\_\_  
Authorized Representative:

Title:

Date:

PAPERWORK REDUCTION ACT NOTICE

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