EXHIBIT A

CERTIFICATION OF CORONAVIRUS LOCAL FISCAL RECOVERY FUND ALLOCATION ACCEPATANCE (42 U.S.C. section 603)

The second secon	<u>Conners</u> , am the chief executive or authorized designee ort Hueneme, and I certify that:	of
ily OI F	ort Hueneme and I certify that:	
1.	Check one:	
	 ☑In my role as an authorized representative, I am accepting the City of Port Hueneme allocation from the Coronavirus Local Fiscal Recovery Fund. ☑In my role as an authorized representative, I am declining the [Insert city or town name here] allocation from the Coronavirus Local Fiscal Recovery Fund, and authorize this allocation to be transferred to the State of California. An additional U.S. Treasury form will likely be required and subsequent information may be requested. 	
	If you are accepting funds, proceed to questions 2 through 5. If you are declining funds, skip to question 6 and sign and submit the form.	
2.	I have the authority on behalf of City of Port Hueneme to report the following information: ☐ Entity's Taxpayer Identification Number ☐ DUNS number ☐ Address ☐ Total budget or top-line expenditure total as of January 27, 2020	
3.	I certify that my city or town is in compliance with 2 CFR Part 180 and that I have the authority on behalf of City of Port Hueneme to submit the following U.S. Treasury documents: Award Terms and Conditions agreement Assurances of Compliance with Title VI of the Civil Rights Act of 1964	
4.	I certify that the total budget amount provided is supported by an approve budget document, as of January 27, 2020. If my city or town does not have approved budget, I certify that the total annual expenditure amount provided is supported by accounting documents. I agree to retain copies of financial records and supporting documentation for five years after all fund have been expended and the documents in item 3 of this certification and submit them to U.S. Treasury as required, no later than October 31, 2021	an of Is
5.	I agree to submit a project and expenditures report annually to U.S. Treasury	/ .
6.	I understand the State will rely on this certification as a material representat distributing Coronavirus Local Fiscal Recovery Relief Funds to City of Port Hueneme .	ion ir
Authorized Representative Signature:		