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**1 GENERAL INFORMATION**

OMB Approved No. 1505-0264

Expiration Date: 10/31/2020

**2 RECIPIENT INFORMATION**

## Submission Required for Receipt of Coronavirus Relief Fund Payments

**April 13, 2020**

**3 RECIPIENT TYPE**

Eligible governments should provide payment information and required supporting documentation not later than 11:59 p.m. EDT on April 17, 2020.

**4 FINANCIAL  
INSTITUTION  
INFORMATION**

Eligible local governments and Tribal governments should click on the applicable link below to download text necessary to complete this submission. The text should be copied and pasted onto official government letterhead and signed. You will be prompted to attach a copy of the scanned document on the submission page.

**5 CERTIFICATION**

[Download certification for units of local government](#)

OR

[Download certification for Tribal governments](#)

To continue an in progress submission, click:

[Resume In-Progress](#)

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**1 GENERAL INFORMATION**

**RECIPIENT INFORMATION**

**2 RECIPIENT INFORMATION**

**Recipient Name**

**3 RECIPIENT TYPE**

**Recipient's Taxpayer ID Number**

**FINANCIAL  
4 INSTITUTION  
INFORMATION**

**Recipient's DUNS Number**

**5 CERTIFICATION**

**Recipient's Address**

Street

City

State

Postal Code

**Name of Authorized Representative for the Government Entity**

**Title of Authorized Representative for the Government Entity**

**Contact Person Name**

**Contact Person Title**

**Contact Person Phone**

**Contact Person E-mail**

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**1 GENERAL INFORMATION**

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**RECIPIENT TYPE**

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**2 RECIPIENT INFORMATION**

Type of recipient (choose one):

**3 RECIPIENT TYPE**

- State/Territory/DC
- Local Government
- Tribal Government

**4 FINANCIAL  
INSTITUTION  
INFORMATION**

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**REQUESTED TRIBAL DATA**

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**5 CERTIFICATION**

**Population**

**Land Base**

**Employees**

**Expenditures**

Entries on this form MUST be the same as entered on the certification for requested tribal data.

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**1 GENERAL INFORMATION**

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## FINANCIAL INSTITUTION INFORMATION

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**2 RECIPIENT INFORMATION**

**Routing Transit Number (Wire)**

**3 RECIPIENT TYPE**

**Routing Transit Number (ACH)**

**4 FINANCIAL  
INSTITUTION  
INFORMATION**

**Recipient's Account Number**

**5 CERTIFICATION**

**Financial Institution Name**

**Financial Institution Address**

**Financial Institution Telephone Number**

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**1 GENERAL INFORMATION**

## CERTIFICATION

Eligible local governments and Tribal governments **MUST** also complete and submit the applicable certification form to receive payment from Treasury.

**2 RECIPIENT INFORMATION**

If you have not already done so, click on the link below to download the appropriate text. The text should be copied and pasted into official government letterhead and signed. Attach a copy of the scanned document below.

**3 RECIPIENT TYPE**

[Download certification for units of local government](#)

**FINANCIAL  
4 INSTITUTION  
INFORMATION**

OR

[Download certification for Tribal governments](#)

**5 CERTIFICATION**

**Files Provided**



Click or Drag and Drop to Upload Document Here

By checking this box, I affirm that all information provided is complete and accurate, and understand that this request will be  submitted for processing pursuant to section 5001 of the CARES Act.

PAPERWORK REDUCTION ACT NOTICE

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**Thank you. Your application has been submitted and is being processed.**

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