

04/04/2023

ADA COUNTY

EAN CERTIFICATION SHEET

I certify that: (please initial)

_____ Grant funds will be used to supplement existing funds, and will **NOT** replace (supplant) funds that have been appropriated for the same purpose.

_____ I verified through the System for Award Management (SAM) website: <https://sam.gov/content/home> that the vendor has not been debarred by the federal government and is eligible to receive grant dollars.

_____ My agency is NIMS compliant. (Agencies must be NIMS compliant in order to receive grant funding or equipment purchased with grant funds).

_____ The project or equipment does not fall under the EHP requirements; or that it does and I have attached a FEMA-approved EHP Screening Form (OMB Number 1660-0115/FEMA Form 024-0-01).

_____ I will affix a Homeland Security Sticker, inventory, and maintain the equipment per grant requirements; and certify that the equipment will be used only for the intent and purpose it was purchased.

Signed _____

Date _____