

EXHIBIT F - INVOICE

Sent to: Snohomish County -3000 Rockefeller, M/S 404 Everett, WA 98201

Purchase Order: _____

Amount of Payment: _____

Contractor Name and Address:	Contract #:	_____
	Project Title:	Security Guard Services-Everett New Start
	Contract Manager:	Lance Meinhold
	Period: Execution	To: 12/31/24

AUTHORIZING SIGNATURE: _____ **DATE:** _____
(sign in ink)

SUB OBJ	Account Title	Current Expenditures	Contract To Date Expenditures	Contract Budget	Budget Balance
10	Salaries/Wages			\$90,000	
	Personnel Benefits				
	Supplies				
	Prof. Services				
	Postage				
	Telephone				
	Mileage				
	Meals				
	Lodging				
	Advertising				
	Op. Rentals/Leasing				
	Insurance				
	Utilities				
	Repair/Maintenance				
	Printing/Copying				
	Dues/Subscriptions				
	Registration/Tuition				
	Machinery/Equipment				
	Indirect				
TOTALS				\$90,000	

REVIEWED FOR PAYMENT:	
AUTHORIZED FUND:	

ATTACH: CONTRACTOR CERTIFICATION FORM
ATTACH: INVOICE FROM VENDOR'S SYSTEM (if available) and SUPPORTING DOCUMENTS



SNOHOMISH COUNTY

3000 ROCKEFELLER AVENUE, M/S 404

CONTRACTOR COST CERTIFICATION FORM

1. I have the authority and approval from the Contractor to request reimbursement from Snohomish County from the County’s allocation of the CLFR as created in Section 9901 of the American Rescue Plan Act of 2021 (“ARPA”) for eligible expenditures included on the corresponding invoice for the reporting period referenced in the Agreement.
2. I understand Snohomish County will rely on this certification as a material representation in processing this reimbursement.
3. I certify the use of funds submitted for reimbursement from the CLFR under this Agreement were used only to cover those costs in accordance Section 9901 of the American Rescue Plan Act of 2021, the regulations as promulgated by Department of Treasury (Treasury) at 31 CFR Part 35, as amended, and Department of Treasury FAQs and guidance.
4. I understand the use of funds pursuant to this certification must adhere to official federal guidance issued. I have reviewed the Section 9901 of the American Rescue Plan Act of 2021, the Treasury regulations at 31 CFR Part 35, as amended, and Treasury FAQs and guidance and certify costs meet the parameters set forth therein. Any funds expended by Contractor or its subcontractor(s) in any manner that does not adhere to the Section 9901 of the American Rescue Plan Act of 2021, Treasury’s regulations at 31 CFR Part 35, as amended, and Treasury FAQs and guidance shall be returned to the County for return to the Treasury.
5. I understand the Contractor receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts in a manner consistent with §200.333 Retention requirements for records of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Such documentation shall be produced for the County upon request and may be subject to audit by state and/or federal representatives.
6. I understand any funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.
7. I understand funds received pursuant to this certification cannot be used for expenditures for which the Contractor has received any other funding (whether state, federal or private in nature) for the same expense.

By signing this document, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).

CONTRACTOR NAME: **Pacific Security** _____

Signature: _____

Name and Title: _____

Date: _____