

2020

CARES ACT - (COVID-19)

Enter Contact Information

Email completed certification as an attachment to:

County or City Name **Hampton City**

Locality Code 650

ID (internal use only) 0000046247

Mailing Address:

Street 1 1919 Commerce Drive

Street 2 Suite 280

City Hampton

Zip Code 23666

fiscal@elections.virginia.gov

For questions, contact
Kevin Hill at: 804-864-8950

INSTRUCTIONS:

See Instructions Tab . Fill in the shaded areas .

When finished, SAVE this workbook .

Email the completed certification to
fiscal@elections.virginia.gov Enter the subject like this:
Name of Locality - CARES ACT Certification.

Please Provide all signatures (as applicable)

Total Award amount of CARES ACT (COVID-19) Funding

\$ 95,881

Chief Administrative Officer (City Manager, County Administrator or authorized designee)

I certify that the amount awarded is to be used for Elections allowable expenses. Any funding from CARES ACT that is not an eligible xpense must be paid back to ELECT with interest. We also agree to maintain all records for a period of 4 years or audited. All funds must be encumbered by November 30, 2020 and paid out by December 31, 2020.

Name **Mary B. Bunting**

Work Title **City Manager**

Email **mbunting@hampton.gov**

Phone **757-727-6392**

General Register (Primary Contact)

I certify that the amount awarded is to be used for Elections allowable expenses for the 2020 Presidential Elections. We also agree to maintain all records for a period of 4 years or audited. All funds must be encumbered by November 30, 2020 and paid out by December 31, 2020.

Name **Tara W. Morgan**

Work Title **General Registrar**

Email **tmorgan@hampton.gov**

Phone **757-727-6218**