# Attachment 1

# STATE FISCAL RECOVERY FUNDS (SFRF) SUBRECIPIENT MONITORING HANDBOOK ACKNOWLEDGMENT

By signing this document, I acknowledge, that I have received a copy of the Subrecipient Monitoring Handbook. I recognize it contains important information on the Administering Agency’s Grant policies, procedures, rules and regulations. It is my responsibility to familiarize myself with the material in the Handbook.

I understand that no statement contained in the Subrecipient Monitoring Handbook creates any guarantee of continued funding or creates any obligation, contractual or otherwise, on the part of the Administering Agency

I understand compliance with the policies and procedures is a condition for the department to continue to be eligible for an award of SFRF funds, and that any violations of the policies and procedures may result in corrective action, including the termination of any grant funds up to the obligation of returning funds to grantor.

{Grant Year}, {Grant Name}, {Grant No.}

Signature Signature

Administering Agency Subrecipient

Date Date

Signature Signature

Grant Administrator Grant Fund Accountant

Date Date