

**(U) CARES Act Invoice: Contractor Certification**

(U) Contract # and Delivery Order #: \_\_\_\_\_

(U) TTO(s) #: \_\_\_\_\_

(U) Invoice #: \_\_\_\_\_

(U) Invoice Total: \_\_\_\_\_

(U//FOUO) In submitting the above invoice, I certify that the charges are in compliance with the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, Section 3610, as well as all published Agency guidance on implementation of the CARES Act. The submitted costs comply with the following guidelines:

1. The individual(s) listed have been paid or will be paid for the hours claimed.
2. The hours claimed were worked on or after 31 January 2020, when the public health emergency was declared.
3. The individual(s) were performing on contract on or before 27 March 2020. Any exceptions to that start date have been approved in writing by the Contracting Officer and have been reported to the Primary COR.
4. The contractor's ability to work was restricted due to one of the following reasons:
  - a. as a direct result of the Agency's operating status due to the COVID-19 pandemic; or
  - b. due to the company's response to the COVID-19 pandemic to protect the health and safety of the workforce; or
  - c. due to quarantine or illness directly attributable to the COVID-19 pandemic
5. Hours not worked due to personal choice, non-COVID-19-related illness, or other reasons not covered above are not covered under this Act and may not be billed.
6. Hours billed in cumulative do not exceed an average of 40 hours per week per obligated FTE including sick leave or other leave. In cases where the FTE support level is less than 40 hours per week, the hours billed do not exceed the stated contractual hours per week.
7. The hourly rate(s) comply with the minimum applicable contractor billing rate guidance provided on the Acquisition Resource Center (ARC).

(U) I certify all charges tendered in this invoice have not, and will not receive credit for the amount requested pursuant to division G of Public Law 116-127 or any credits allowed under the CARES Act, Public Law 116-136.

(U//FOUO) I certify that the request is made in good faith, and that the supporting data are accurate and complete to the best of my knowledge and belief.

Contractor Company: \_\_\_\_\_

Contractor POC and Phone #: \_\_\_\_\_

Contractor POC Position/Title: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_