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| **Montana Special Education Coop Certification Form**  For reimbursement provided to K-12 public, private and state schools by the Governor's Coronavirus Relief Fund (the Fund) contained in the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") grant program.  **REIMBURSEMENT REQUEST FOR COSTS INCURRED FROM MARCH 1, 2020 THROUGH DECEMBER 30, 2020. A SUMMARY REPORT OF EXPENDITURES WILL BE REQUIRED BY JANUARY 15, 2021.** | | | |
| *ALL FIELDS ARE REQUIRED* | | | |
| **Special Education Coop Information** | | | |
| Special Education Coop Name | | | |
| Address | City | State | Zip |
| **Federal Employer Identification Number (FEIN)** | | | |
|  | | | |

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| --- | --- | --- | --- |
| **Contact Information for Reimbursement Request** | | | |
| Last Name | First Name | | |
| Address | City | State | Zip |
| Phone | Email | | |

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| **Certification** |
| I/we hereby certify that to my/our knowledge the special education coop named above has not received reimbursement for the attached incurred costs from any federal funding source.  I/we hereby certify that the attached information is true, complete, and accurate to the best of my/our knowledge and belief. |

**THIS FORM REQUIRES SIGNATURES FROM ONE OR MORE MEMBERS OF THE GOVERNING BODY.**

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Signature Signature Signature

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Date Date Date