

**Idaho CARES Act Broadband Grant
Match**

Community: _____

Contributor name (& title): _____

Agency/Business: _____

DESCRIPTION OF DONATION:

Date: _____

Total Amount Contributed to Project \$ _____

I hereby certify that the above listed contributions have been made in the amount (s) shown.

Contributor Signature

Idaho CARES Act Broadband Grant Budget

Line Item	Grant Dollars				Total
Totals					

Copy and paste the text below **to your organization's letterhead**. Edit the grey text boxes and complete the statement box in your own words. Sign the letter and have it notarized. Then scan it and upload it where indicated in the application.

**State of Idaho Broadband Grant
CARES Act Certification**

STATE OF XXX
COUNTY OF XXX

The undersigned, [FIRST NAME LAST NAME], representing [LOCAL GOVERNMENTS NAME, ADDRESS, STATE], hereby swear (affirm) that:

1. I am [TITLE] of [LOCAL GOVERNMENTS NAME] and thereby authorized to make these statements.
2. I have personal knowledge of the facts herein, and can testify completely thereto.
3. The purpose of this statement is to assure the Idaho Department of Commerce that the project will meet the CARES Act Criteria. Further guidance can be found [here](#) and [here](#).
 - i. Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - ii. Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

Applicant to complete this section with information regarding how they will meet the above CARES Act Criteria.

Signature

Date

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for STATE

Residing at _____

Commission expires _____