Print Form

MISSISSIPPI AGENCY CERTIFICATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT

I, Robert L. Robinson *(agency director)*, hereby certify to the Mississippi Department of Finance and Administration (DFA) that American Reinvestment and Recovery Act (ARRA) funds accepted and disbursed by Division of Medicaid *(agency name)* will be spent as responsibly and effectively as possible while maintaining the appropriate controls and reporting mechanisms to ensure accountability and transparency in compliance with ARRA. I understand that my agency may not accept nor escalate ARRA funds unless this certification is made to DFA; that failure to submit required reports or information may result in the loss of the agency's ability to expend Stimulus funds; and that a copy of this certification will be placed on file with the Office of the Governor and posted on stimulus.ms.gov.

In addition, I certify compliance with the following:

1) pursuant to Title V, Subtitle ____, Section(s) 5000 of the American Recovery and Reinvestment Act (Public Law 111-5 (February 17, 2009)) ("ARRA"), State Fiscal Relief *(type of)* investments funded with amounts appropriated by ARRA under the heading: Medicaid Cluster *(Program Name)* to the U.S. Department of Health & Human Services *(Federal Agency)* will receive the full review and vetting required by law and that I accept responsibility that such investments of ARRA funds will be appropriate uses of taxpayer dollars;
2) the specific information required by Section(s) 5001 (g) and Section 1512 concerning each such investment is in strict accordance with federal ARRA requirements and in accordance with the guidelines issued by DFA to meet reporting requirements;
3) accept responsibility for communicating with respective federal agency(ies) to ensure we remain in compliance with all requirements of ARRA and will communicate those requirements to DFA in a timely manner;
4) risks are or will be identified and internal controls which are sufficient to mitigate the risk of waste, fraud, and abuse are or will be implemented;
5) prior audit findings, if applicable, have been addressed and corrective action plans implemented;
6) the certification currently made on documents submitted to DFA for payment is inclusive of the following for ARRA funds:
   a. the claims are just, due, correct and unpaid;
   b. the goods sold or services rendered have been delivered or performed in good order;
   c. all statutory requirements covering the payment of this claim have been complied with,
      i. all state statutory and regulatory requirements have been complied with;
      ii. all federal statutory and regulatory requirements have been complied with;
      iii. all grant-specific requirement have been complied with; and
      iv. all ARRA-specific requirements have been complied with.

Signature - Executive Director

Division of Medicaid

Agency

5-15-09

Date

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