AMERICAN RESCUE PLAN ACT (ARPA) FUNDED YOUTH ATHLETICS INCENTIVE PROGRAM ELIGIBILITY SELF-CERTIFICATION FORM

Form must be completed, printed, and then hand-signed by a parent or legal guardian of the participant(s).

Parent/Legal Guardian Name: ____

Address: ____ Phone #: ______________________

City, State, Zip: ____ Email: __________________________________

YOUTH ATHLETICS PARTICIPANT NAME(S)	ATHLETIC ACTIVITY ENROLLED IN (List each Athletics Program Name & Year)

1. Identify your COVID-19 related hardship in or after March 3, 2021 (Check at least one of the following boxes):

☐ The number of members in my household is low-or-moderate income as defined in the Federal Income Chart below:

300% Federal Poverty Guideline Maximum Annual Income by Household Size							
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
$38,640	$52,260	$65,880	$79,500	$93,120	$106,740	$120,360	$133,980

☐ Household experienced unemployment.

☐ Household experienced increased food or housing insecurity.

☐ Household that qualify for the Children's Health Insurance Program, Childcare Subsidies through the Child Care Development Fund (CCDF) Program or Medicaid.

2. Please describe in short detail your household's COVID-19 related hardship (This section is required. See examples on the next page):

Examples of COVID-19 related hardships that can be used to complete Section 2 on previous page:

- **Prior to COVID-19, I was working as a childcare professional, 40 hours a week and currently working 20 hours a week. I do not know when, or if, I will be working more hours in the future.**
- **I am currently unemployed and receiving unemployment benefits.**
- **I am currently unemployed and applied for unemployment benefits.**
- **During COVID-19, I or a member of my household lost their job.**
- **Due to COVID-19, my grocery costs have increased and impacted my household financially.**
- **During COVID-19, I had a fear of housing insecurity.**
- **Due to COVID-19, I have experienced hardship paying my rent or mortgage due to increased expenses and/or including income loss.**
- **A member of my household receives Children's Health Insurance Program (CHIP), Childcare Subsidies through the Child Care Development Fund (CCDF) Program (including Early Learning Coalition, Head Start, School Readiness, etc.) or Medicaid.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement. The information provided is subject to verification by the federal government or eligible municipality.

I understand that Florida Statutes Chapter 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida Statutes §§775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the information provided is true and complete to the best of my knowledge.

This Program is funded by the American Rescue Plan Act (ARPA). We would like to take this opportunity to respectfully remind you that federal funding allows this Program to exist specifically for the purpose of addressing the financial impact due to COVID-19. I certify that I have provided complete, accurate, and current information regarding household income to demonstrate my eligibility to receive ARPA funds. The City may verify the information provided in my certification at any time. By signing this form, I acknowledge and accept the terms and conditions mentioned above.

I agrees that if I receive further federal or state benefits in connection with the ARPA funded Youth Athletics Incentive Program as a response to the COVID-19 pandemic, I will report receiving benefits by emailing housing@sunrisefl.gov or calling 954-572-2315 within one (1) month of receipt of additional proceeds and/or benefits.

______________________________	______________________________	____________
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date
______________________________	______________________________	
City Witness	City Witness	

To complete registration, please return the form to the Leisure Services Department at 10610 West Oakland Park Boulevard, Sunrise, Florida 33351.