

RESOLUTION NO 20-05-26- 001

**A RESOLUTION REGARDING THE INDIANA CORONAVIRUS RELIEF FUND PROGRAM AND AUTHORIZING THE COUNTY ADMINISTRATOR TO SIGN REIMBURSEMENT REQUEST FORMS WITH RESPECT TO THE COUNTY**

**WHEREAS**, the State of Indiana has received a direct distribution of Coronavirus Relief Funds from the United States Treasury, which funds may be used for the limited purposes that are set forth in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act); and

**WHEREAS**, the State of Indiana is making a portion of these funds available to reimburse certain expenses incurred by political subdivisions within the State; and

**WHEREAS**, the Indiana Finance Authority (IFA) has developed a program (the Coronavirus Relief Fund Program) to facilitate reimbursement of CARES Act funds out to political subdivisions; and

**WHEREAS**, Kosciusko County is a participating subdivision in the Coronavirus Relief Fund Program; and

**WHEREAS**, participants in the Coronavirus Relief Fund Program must submit a Reimbursement Request Form to receive reimbursement; and

**WHEREAS**, the Reimbursement Request Form must be signed by the chief executive officer of the participating subdivision, which in the case of the County would be the President of the Board of Commissioners, unless the Board authorizes an alternative official to sign on behalf of the County; and

**WHEREAS**, the Board believes that the County Administrator should be given authority to act as the Authorized Representative with respect to Reimbursement Request Forms submitted with respect to the County.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

**The County Administrator of Kosciusko County, Indiana (Marsha McSherry), is hereby authorized to act as the Authorized Representative for purposes of signing Reimbursement Request Forms to be submitted with respect to Kosciusko County.**

Passed and adopted by the Board of Commissioners of the County of Kosciusko this **26th** day of **May, 2020**.

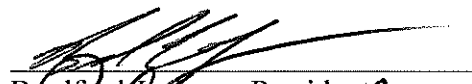
ATTEST:

  
Michelle Puckett, Auditor

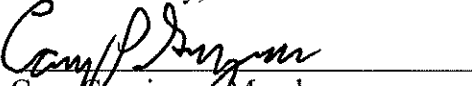
I affirm, under the penalties for perjury,  
that I have taken reasonable care to redact  
each Social Security number in this  
document, unless required by law.



BOARD OF COMMISSIONERS,  
KOSCIUSKO COUNTY

  
Bradford Jackson, President

  
Robert Conley, Member

  
Cary Croninger, Member