

**STATE OF RHODE ISLAND CORONAVIRUS LOCAL FISCAL RECOVERY FUND:  
LOCAL GOVERNMENT WAIVER OF INITIAL PAYMENT**

This form is to be completed by the local government that would like to waive their right to request, from the State of Rhode Island, their share of the funds available to them through the Local Fiscal Recovery Fund of the American Rescue Plan Act.

<b>Local Government Name</b>	
<b>Entity's Taxpayer Identification Number</b>	
<b>DUNS Number</b>	
<b>Local Government Address</b>	
Street	
City/Town	
Zip Code	
<b>Duly Authorized Representative</b>	
Name	
Title	
Phone Number	
Email	

By checking the box below \_\_\_\_\_ is waiving its right to receive the local government's proportional share of the Local Fiscal Recovery Fund.

NEU Share

County Share

By placing my signature, I attest that the information provided on this form is complete and accurate to the best of my knowledge and belief. I acknowledge that I fully understand that **once this form is submitted, it cannot be revoked** and that these funds will be reallocated to other recipients.

\_\_\_\_\_  
Duly Authorized Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

State Use Only:

\_\_\_\_\_  
NEU #