

THE STATE OF ALABAMA

DECLINATION FORM

NON-ENTITLEMENT UNITS

AMERICAN RESCUE PLAN

Request Date:		PLEASE UPLOAD YOUR COMPLETED FORM TO YOUR APPLICATION IN SUBMITTABLE
Name of City/Town:		

I certify that declining these funds will be considered a cancellation of the funds made available to the Non-Entitlement Unit through the American Rescue Plan Act of 2021. Funds will not be available to the declining Non-Entitlement Unit in the future.

Authorized Representative (Print Name)

Title

Authorized Representative Signature

Date