EXHIBIT FF (COVID-19 Vaccination Certification of Compliance)

Urgency Ordinance, County Code Title 2 – Administration, Division 4 – Miscellaneous - Chapter 2.212 (COVID-19 Vaccinations of County Contractor Personnel)

Select the response below (either Option A or Option B) that is applicable to

Si	ibrecipient's organization:
<u>OF</u>	PTION A:
	All Subrecipient Personnel on this Subaward are fully vaccinated as required by the Ordinance.
<u>OI</u>	PTION B:
	Most Subrecipient Personnel on this Subaward are fully vaccinated as required by

the Ordinance. The Subrecipient or its employer of record, has granted a valid medical or religious exemption to the below identified Subrecipient Personnel. Subrecipient will certify weekly that the following unvaccinated Subrecipient Personnel have tested negative within 72 hours of starting their work week under the Subaward, unless the contracting County department requires otherwise. Subrecipient Personnel who have been granted a valid medical or religious exemption are the following individuals:

Click here to enter text.

Declaration

I have reviewed the requirements above and further certify that I will comply with said requirements.

Click here to enter text.	Click here to enter text.	
Subrecipient's Legal Name	Subaward Number	
Click here to enter text.	Click here to enter text.	
Name of Authorized Representative	Title of Authorized Representative	
	Click here to enter a date.	
Authorized Representative's Signature	Date	