

ARRA Florida Reporting System Registration

This is to certify that I have registered as a reporter for the American Recovery and Reinvestment (ARRA) Florida Reporting System on _____(Date). I will use this registration, on behalf of the _____(Agency), to report on use of funds pursuant to Section 1512 of the American Recovery

ARRA Florida Reporting System Agreement

This Agreement governs your use of any information, content, products, services, transactions, and other features available on or through the Florida Office of Economic Recovery, Florida Reporting System, now or in the future. It applies to any online access or use by you, whether you access the site through any URL address, electronic mail, link from another web site, or any other means.

Accepting this Agreement

By using the ARRA Florida Reporting System, you agree to the terms and conditions of this Agreement. You agree and certify that you will only input American Recovery and Reinvestment Act fund award, project and expenditure information into the ARRA Florida Reporting System. If you do not accept the Agreement, you may not use the ARRA Florida Reporting System.

I agree to the ARRA Florida Reporting System Agreement.

Print Name

Signature

Date

FederalReporting.gov Registration

This is to certify that I have registered as a user for the FederalReporting.gov System on _____(Date). I will use this registration, on behalf of the _____(Agency), for read/review purposes only on the reported funds pursuant to Section 1512 of the American Recovery and Reinvestment Act of 2009.

I agree to use the FederalReporting.gov for read/review purposes only.

Print Name

Signature

Date