ATTACHMENT D

Standards for Financial Management Systems

Financial Representative Name (must be m	nember of Applicant organ	ization):	(please print)
As the Financial Representative for,			(рієвзе ріпіт)
	(print Applicant Org	anization's legal name)	
I swear that the following statements a	are true and are wit	hin my personal	knowledge of certification:
Applicant organization and am authoriz 2. The organization's financial managem forth in 2 CFR part 200, by providing for a. Accurate, current, and complete discleb. Records which identify the source and records contain information pertaining balances, assets, outlays, income, and it c. Control over and accountability for all assets are adopted to assure that all asset. Comparison of outlays with budget are. Written procedures to minimize the tredemption of checks for program purple. Written procedures for determining cost principles [2 CFR Part 200] and the g. Accounting records, including cost-accounts.	red to make this cernent systems conformand incorporating osure of the financial application of function functions. I funds, property ansets are used solely mounts for each awaime elapsing between oses by the Applications and conditions to reasonableness, at terms and conditions.	tification on beha m to the financia the following: al results of each ds for HTF-sponso authorizations, of d other assets; ac for authorized pu ard; en the receipt of nt; in accordance wins of the award;	I accountability standards see HTF-sponsored project; bred activities. These bligations, unobligated dequate safeguards of all succurposes; funds and the issuance or ith the provisions of Federal
Applicant Financial Representative (original signature)			Date
Board Chairperson/Mayor (original signature)			Date
Board Chairperson (print)	<u> </u>		
THIS FORM MUST BE NOTARIZED			
	Sworn to befor	e me this	-
	Day of	, 20	
	Notary Public f	or	
	My Commissio	n Fxnires	