## **ATTACHMENT C**

## **Standards for Financial Management Systems**

·	(please print)
As the Financial Representative for	
	(print Nonprofit Organization's legal name)
I swear that the following statements are true and	are within my personal knowledge of certification:
I. I am the(Title nonprofit organization and am authorized to make the second content of the second content or the secon	le - i.e. Treasurer, Vice-Chairperson, Secretary) of the his certification on behalf of the organization.
<ol><li>The organization's financial management systems of forth in 24 CFR 84.21, by providing for and incorpo</li></ol>	•
a. Accurate, current, and complete disclosure of the	e financial results of each federally-sponsored project;
	on of funds for federally-sponsored activities. These all awards, authorizations, obligations, unobligated
<ul> <li>c. Control over and accountability for all funds, propassets are adopted to assure that all assets are</li> </ul>	perty and other assets; adequate safeguards of all such used solely for authorized purposes;
d. Comparison of outlays with budget amounts for	each award;
<ul> <li>e. Written procedures to minimize the time elapsing redemption of checks for program purposes by t</li> </ul>	•
f. Written procedures for determining cost reasona cost principles [2 CFR Part 200] and the terms a	ableness, in accordance with the provisions of Federal and conditions of the award;
g. Accounting records, including cost-accounting re-	cords that are supported by source documentation.
Financial Representative (original signature)	Date
Board Chairperson (original signature)	Date
Board Chairperson (print)	Covers to before see this
	Sworn to before me this
	Day of, 20
	Notary Public for
THIS FORM MUST BE NOTARIZED	My Commission Expires: