



**ATTACHMENT F**  
**Standards for Financial Management Systems**

Financial Representative Name (must be member of Applicant organization): \_\_\_\_\_  
(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:**

1. I am the \_\_\_\_\_ (Title- i.e. Treasurer, Vice-Chairperson, Secretary) of the nonprofit organization and am authorized to make this certification on behalf of the organization.
2. The organization’s financial management systems conform to the financial accountability standards set forth in 2 CFR 200.302 and 2 CFR 200.303, by providing for and incorporating the following:
  - a. Accurate, current, and complete disclosure of the financial results of each federally-sponsored project;
  - b. Records which identify the source and application of funds for federally-sponsored activities. These records contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income, and interest.
  - c. Control over and accountability for all funds, property and other assets; adequate safeguards of all such assets are adopted to assure that all assets are used solely for authorized purposes;
  - d. Comparison of outlays with budget amounts for each award;
  - e. Written procedures to minimize the time elapsing between the receipt of funds and the issuance or redemption of checks for program purposes by the recipient;
  - f. Written procedures for determining cost reasonableness, in accordance with the provisions of Federal cost principles [2 CFR Part 200] and the terms and conditions of the award;
  - g. Accounting records, including cost-accounting records that are supported by source documentation.

Financial Representative (original signature)	Date	Board Chairperson (original signature)	Date
		Board Chairperson (print)	

Sworn to before me this \_\_\_\_\_ Day,  
 \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_ (L.S.)

Name: \_\_\_\_\_  
 Notary Public for \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**