

# ATTACHMENT D

## 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 24 CFR 84.21, 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 of \_\_\_\_\_, 20\_\_\_\_

Notary Public for \_\_\_\_\_

THIS FORM MUST BE NOTARIZED

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_