

# SHF CERTIFICATION OF EXPENDITURES

Project Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

As the authorized representative of the \_\_\_\_\_

Grant Recipient

I hereby state that the facts and information submitted in this report are true and correct, and that,

Certify by initialing  
each statement

Procurement Process (select appropriate circumstance):

- a. Followed established formal procurement process for a public entity \_\_\_\_\_  
o (check one) \_\_\_\_\_ Competitive bidding not required \_\_\_\_\_ Informal bids \_\_\_\_\_ Formal bids
- b. Followed established formal procurement process for non-profit organization \_\_\_\_\_  
o (check one) \_\_\_\_\_ Competitive bidding not required \_\_\_\_\_ Informal bids \_\_\_\_\_ Formal bids
- c. Because organization has no formal procurement process, followed SHF recommended Request for Proposals (RFP) process \_\_\_\_\_  
o (check one) \_\_\_\_\_ Competitive bidding not required \_\_\_\_\_ Informal bids \_\_\_\_\_ Formal bids

Reported Costs:

- d. were ordered, encumbered, incurred, and work was performed during the contract period, \_\_\_\_\_
- e. were relevant to the project scope of work, \_\_\_\_\_
- f. are comparable to or within 10% of the contract, or that any adjustments in excess of 10% have been previously authorized by SHF administration, \_\_\_\_\_
- g. represent actual cash transactions which have been paid by the grant recipient, \_\_\_\_\_
- h. have not been previously reported or used as match on any other SHF or CLG grant, \_\_\_\_\_
- i. are within approved State rates for travel (as stated in current SHF grants manual). \_\_\_\_\_

Project Accounting:

I further state that properly segregated books or accounts of grant and matching funds have been maintained, and that documentation:

- j. exists and includes, but is not limited to the following:
  - ∴ signed / dated (sub)contract copies for all contractual services, \_\_\_\_\_
  - ∴ signed / dated timesheets or payroll statements for all personnel costs, \_\_\_\_\_
  - ∴ individual receipts for all materials and supplies, \_\_\_\_\_
  - ∴ detailed invoices with basic cost information, such as material per unit, quantity of materials, hours of labor worked, labor rates & mark up. \_\_\_\_\_
- k. will be kept in an auditable condition for a period of no less than three (3) years from the ending date of the project, \_\_\_\_\_
- l. will be provided immediately upon request for any and all reported charges, and that \_\_\_\_\_
- m. the unwillingness or inability to provide documentation upon request will result in the deletion of disputed charges from eligibility, as either grant or matching costs, \_\_\_\_\_

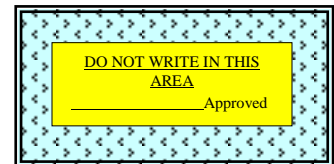
Profit Earned: (check only one of the following:)

- n. no profit was earned as a result of this project, or \_\_\_\_\_
- o. profit earned in the amount of \$\_\_\_\_\_ (enter amount) will be used exclusively towards future historic preservation activities \_\_\_\_\_

I understand that any false information or misrepresentation may require immediate repayment of any or all grant funds.

\_\_\_\_\_  
Signature of Grant Recipient/Program Director

\_\_\_\_\_  
Date



\_\_\_\_\_  
Print Name and Title of Above