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:
   o. signed / dated (sub)contract copies for all contractual services,
   o. signed / dated timesheets or payroll statements for all personnel costs,
   o. individual receipts for all materials and supplies,
   o. 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

Approved