

Project Number: _____

As the authorized representative of the _____
Grant Recipient Organization

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

Certify by initialing
each applicable statement

Procurement Process Used (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 our 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 grant award 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 Exhibit B). _____

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 from work product (initial 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 Organization Signatory _____

Date _____

Print Name and Title of Above _____

FOR SHF USE ONLY	
_____	Review
_____	QC
_____	Approved