NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

|  |  |
| --- | --- |
|  |  |
| CDBG Subrecipient | CDBG Number |
|  |
| Address |
|  | NE |  |
| City | State | Zip Code |
|  |  |
| Contact Person | Telephone |

# FINANCIAL MANAGEMENT CERTIFICATION

**Check** “Yes” or “No” in the column to the left to indicate if your financial management system complies with these statements:

|  |
| --- |
| **1. Does the financial management system provide for:** |
| **YES** | **NO** |  |
| **[ ]**  | **[ ]**  | (a) proper recording and accounting for all CDBG receipts?  |
|  |  |  |
| **[ ]**  | **[ ]**  | (b) control over and accountability for all funds, property, and other assets? |
|  |  |  |
| **[ ]**  | **[ ]**  | (c) records that identify the source and use of funds? |
|  |  |  |
| **[ ]**  | **[ ]**  | (d) the expenditure of CDBG funds within five days of the receipt of funds? |
|  |  |  |
| **[ ]**  | **[ ]**  | (e) the application of program income to the CDBG fund? |
|  |  |  |
| **[ ]**  | **[ ]**  | (f) the disbursing of program income prior to making additional drawdowns? |
|  |  |  |
| **[ ]**  | **[ ]**  | (g) accounting records that are supported by source documents? |
|  |  |  |
| **[ ]**  | **[ ]**  | (h) a comparison of actual expenditures with amounts budgeted for activities within the grant? |
|  |  |  |
| **[ ]**  | **[ ]**  | (i) audits to be conducted in accordance with 2 CFR Part 200, Subpart F? |
|  |  |  |
| **[ ]**  | **[ ]**  | (j) audits of non-profit subrecipients to be conducted in accordance with 2 CFR Part 200, Subpart F? |

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| **2. Are the individuals who are responsible for the financial management of the CDBG:** |
| **YES** | **NO** |  |
| **[ ]**  | **[ ]**  | a) familiar with2 CFR Part 200, Subpart E Treasury Circular 1075 (31 CFR Part 205)? |
|  |  |  |
| **[ ]**  | **[ ]**  | (b) aware that failure to comply these regulations will result in audit findings and the repayment of ineligible costs to the Department of Economic Development? |
|  |  |  |
| *I certify that the above responses are an accurate indication of the status of the financial management system which will be used for the Community Development Block Grant Funds.* |
|  |
| SIGNATURE OF MAYOR/CHAIRPERSON |
|  |
| TYPED NAME |
|  |
| DATE |