

## Nebraska Department of Economic Development

CDBG Grantee	CDBG No.
Address	
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?

**2. Are the individuals who are responsible for the financial management of the CDBG:**

**YES    NO**

- a) familiar with 2 CFR part 200, subpart E (2 CFR, Part 225) 2 CFR part 200 (2 CFR, Part 85) 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