



Sub-Recipient Self-Certification Letter (Notice of Funds Available for the Lasting Affordability Program 2 Non-Planning Program)

Organization Legal Name	
Name of Person Completing the Assessment	
Title	
Email	
Telephone	
Address	
Grant Name	
<p>SCAG seeks to support sub-recipients in their successful implementation of grant-awarded projects. SCAG is required to complete a subrecipient risk assessment to identify appropriate project monitoring to help ensure the subrecipient expends grant funds in compliance with all applicable grant, state, and federal requirements.</p>	
<p>I, the undersigned, certify under penalty of perjury that the following statements are true and correct:</p>	
<p><input type="checkbox"/> The financial management system in use can track and record the project budget and expenditures by fund and provide sufficient support for invoices.</p> <p><input type="checkbox"/> The accounting and financial management system complies with Generally Accepted Accounting Principles and Generally Accepted Auditing Standards.</p> <p><input type="checkbox"/> Written procurement procedures supporting a fair and competitive procurement process exist and have been adopted and fully implemented by your governing board, if applicable, and management. Note that sole source procurements are strongly discouraged by SCAG and often prohibited by grantors.</p> <p><input type="checkbox"/> An effective system of internal controls exists, including written policies and procedures to provide reasonable assurance that:</p> <ul style="list-style-type: none"> • Procurement procedures are adhered to when procuring goods & services and professional services. • Grant funds are expended only for allowable activities, and the cost of goods and services charged to the grant are allowable and in accordance with the applicable cost principles. 	



- Project expenditure reports include all activity for the reporting period, are supported by underlying accounting or performance records, and are fairly presented in accordance with program requirements.
- Employees have access to and are trained on your written policies and procedures.

☐ Independent auditors have completed an annual audit of your financial statements and completed a Single Audit report, if required, in compliance with federal guidelines and Generally Accepted Auditing Standards and have issued an unmodified audit opinion and have found no significant internal control weaknesses while performing their audit, nor have there been any Single Audit findings within the past three fiscal years.

☐ My organization maintains sufficient cash flow to front payments for project expenditures to allow sufficient time for invoicing preparation, review, and follow-up prior to grant payment reimbursement processing. Note the typical length for SCAG's payment processing is 30 days after an invoice is received with all required supporting documentation.

☐ My organization has experience working with grants from other government agencies.

- Please complete the table below with your prior grant management experience.

Award Date	Grant Name	Awarding Agency	Amount

☐ Key personnel assigned to this grant have grant management and procurement experience and an understanding of all relevant requirements for the awarded project, including grant reporting and DBE reporting requirements, if applicable.

- List key personnel name(s), title, and years of experience with grant management as well as procurement using State and Federal funds or specific grant programs:

Personnel Name & Title	Grant Administration Years Experience	Procurement Years Experience (federal/state)



<input type="checkbox"/> Key personnel and the project team assigned to this grant have experience implementing similar projects. <input type="checkbox"/> Very Experienced <input type="checkbox"/> Somewhat Experienced <input type="checkbox"/> Little to No Experience <ul style="list-style-type: none"> Please provide additional information regarding similar projects the team has implemented and their outcome.

Projects involving a lump sum payment into a housing trust require the following documents reviewed and cleared by Housing staff (in addition to the self-certification review):

Documents required for review SCAG prior to issuing a lump sum payment for use in a housing trust:
<input type="checkbox"/> Organizational Model and by-laws <input type="checkbox"/> Disclosures (see section below) <input type="checkbox"/> Enabling documents establishing the lending product (If a new product) <input type="checkbox"/> Underwriting Criteria and Guidelines <input type="checkbox"/> Administrative fees and costs associated <input type="checkbox"/> Recent lending product example and project proforma (For a new product: Subrecipient's consultant must provide a summary for projects supported and potential to leverage funding) <input type="checkbox"/> Pipeline of past supported projects (For a new product: Subrecipient must provide an estimate for number of projects annually supported)
<input type="checkbox"/> NOFA or RFP for using REAP 2 funds in the lending product (if not ready at time of self-certification, this must be provided to SCAG prior to disbursement of funds)

☐ I have read and understand the following statement from the program guidelines: All funding awards must be encumbered, meaning the MOU between SCAG and the awarded applicant (sub-recipient) is executed, by June 5, 2026, unless extended in advance in writing by SCAG. All programs must be approved by SCAG and funded by July 31, 2026, unless extended in writing by SCAG. Failure to execute the MOU or provide all documentation for SCAG to confirm all requirements for funding are met by this date, unless extended, may result in cancelation of the award.



DISCLOSURES

Instructions: Please respond completely to each question below. If the Applicant is an individual, then the information relative to that individual should be disclosed. If the Applicant is a group or joint venture, then information relative to each member of the group or entities that comprise the joint venture should be



disclosed. If the Applicant is a corporation, then the information relative to the corporation should be disclosed.

☐ Applicant has never defaulted on a loan or other financial obligation. This includes all affiliate corporations and partnerships in which Applicant is or was a general partner.

- If left unchecked, please describe the circumstances including dates and current status.

☐ Applicant does not have any prior or pending legal proceedings, actions, convictions, or judgements that have been filed against Applicant (or where Applicant has been named as a party) or its wholly owned subsidiaries, or any prior or pending arbitrations or mediations.

- If left unchecked, provide dates of the complaints were filed, case number, and the present status of the litigation or the status of the arbitrations or mediations.

☐ Applicant does not have any prior or pending administrative complaints/hearings against or any debarment or suspensions of or other administrative determinations by any federal, state or local government entity relating to Applicant, against any of Applicant's affiliated corporations or partnerships in which Applicant is a general partner, or other business entity.

- If left unchecked, please describe the circumstances including dates, agency or body conducting the investigation or inquiry and the current status.

☐ Applicant does not have any prior or pending administrative complaints/hearings against or any debarment or suspensions of or other administrative determinations by any federal, state or local government entity relating to Applicant, against any of Applicant's affiliated corporations or partnerships in which Applicant is a general partner, or other business entity.

- If left unchecked, please describe the circumstances including dates, agency or body conducting the investigation or inquiry and the current status.

☐ Applicant or its wholly owned subsidiaries has never filed for bankruptcy

- If left unchecked, please include dates and jurisdiction of filing, case number, the reason, and current status

Please explain below for any unchecked statements from above:

CERTIFICATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

I certify, under penalty of perjury, that I am an authorized representative and that the statements I have made on this form and all attachments to it are true, accurate, and complete.



Print Name

Title

Signature

Date