



Sub-Recipient Self-Certification Letter

Organization Legal Name	
Name of Person Completing the Assessment	
Title	
Email	
Telephone	
Address	
Grant Name	

As a Sub-Recipient or potential Sub-Recipient to SCAG, we require certification from your organization that you are in compliance with the following statements by checking the box. For any unchecked box, please provide the explanation.

I, the undersigned, hereby certify under penalty of perjury that the following statements are true and correct:

- Financial management system in use can track, record project budget & expenditures by fund, and provide sufficient support for invoices.
- Accounting and financial management system complies with Generally Accepted Accounting Principles and Generally Accepted Auditing Standards.
- Written procurement procedures exist and have been adopted and fully implemented by your governing board, if applicable, and management.
- An effective system of internal controls exists, including written policies and procedures to provide reasonable assurance that:
 - Procurement procedures are adhered to when procuring goods & services and professional services in compliance with the grant funded project.
 - Grant funds are expended only for allowable activities and that the costs of goods and services charged 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 written policies and procedures.
- External independent auditors have completed an annual audit of your financial statements and completed a Single Audit report, as needed, 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*. *The typical length for SCAG's payment processing is 30 days after an invoice with related supporting documentation is received.

- Experience working with grants from other government agencies.
 - Please provide the name(s):

- Key personnel assigned to this grant have procurement experience and understanding of all relevant requirements for the awarded SCAG project including reporting requirements.
 - List key personnel name(s), title, and years of experience with procurement using State and Federal funds or specific grant program:

- Key personnel and the project team assigned to this grant have experience in implementing similar projects.
 - Very Experienced
 - Somewhat Experienced
 - Little to no experience
 - Please provide additional information regarding the similar projects that the team has implemented and its outcome.

Please provide explanation 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 thereto are true, accurate, and complete.

Print Name

Title

Signature

Date