Nebraska Department of Economic Development

CDBG Grantee	CDBG No.
Address	
City	NE Zip Code
Contact Person	() Telephone
FINANCIAL MANAGEN	MENT CERTIFICATION
Check "Yes" or "No" in the column to the left to indicate statements:	if your financial management system complies with these
YES NO 1. Does the financial management system provide for:	YES NO 2. Are the individuals who are responsible for the financial management of the CDBG:
$\Box\Box$ (a) proper recording and accounting for all CDBG rec	
$\Box\Box$ (b) control over and accountability for all funds, property, and other assets?	and A-87 and Treasury Circular 1075? (b) aware that failure to comply with these regulations will result in audit findings
$\Box\Box$ (c) records that identify the source and use of funds?	and the repayment of ineligible costs to the Department of Economic Development?
$\Box\Box$ (d) the expenditure of CDBG funds within ten days of the receipt of funds?	· · ·
$\Box\Box$ (e) the application of program income to the CDBG fund?	I certify that the above responses are an accurate indication of the status of the
$\Box\Box$ (f) the disbursing of program income prior to making additional drawdowns?	financial management system which will be used for the Community Devlopment Block Grant Funds.
$\Box\Box$ (g) accounting records that are supported by source documents	
$\Box\Box$ (h) a comparison of actual expenditures with amounts budgeted for activities within the grant?	SIGNATURE OF MAYOR/CHAIRMAN
□□ (i) audits to be conducted in accordance with OMB Circular A-128	TYPED NAME
$\Box\Box$ (j) a method which assures timely and appropriate resolutions of audit findings and resolutions?	DATE
$\Box\Box$ (k) audits of non-profit subrecepients to be conducted accordance with OMB Circular A-133?	d in