# MANAGEMENT SELF-CERTIFICATION

This form allows your organization to certify that its internal controls, policies and procedures, and systems have not changed since the most recent risk assessment. The purpose of the self‐certification is to expedite the review process for grant subrecipients who have already completed a risk questionnaire or assessment as required by 2 CFR § 200.332. This self‐certification document should be completed by an Authorized Subrecipient Representative.

Prior to completing this certification, please review your organization’s internal controls, policies and procedures, and systems related to program operations, grants administration and reporting to identify any changes that may have occurred in the past year, or since your last review. Changes can be either beneficial (reduces risk) or detrimental (increases risk).

Unless otherwise noted below, I hereby certify that no changes have been made to the internal controls, policies and procedures, and systems as they relate to operations, grants administration and reporting. This includes, *but is not limited to*, the following processes:

**Check Any That Have Changes:**

* Significant Turnover or New Personnel in Key Positions (accounting or programmatic)
* New or substantially changed Financial Systems or Reporting processes
* Cash Management and Payments processes
* Cost Allowability controls
* Procurement controls – CFR § 200.318 General Procurement Standards
* Records Retention policies
* Equipment/Asset Management controls, if applicable
* Single Audit A‐133 Compliance, if applicable
* Any Audit Findings or Recommendations within the past two years

**Description of Changes:**

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| --- |
| *Process title and description of changes – N/A if no changes* |

**Authorized Point of Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_