**Agency Certification**

**Emergency Assistance Fund**

**United Way of Northern Nevada and the Sierra**

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| --- | --- |
| **Agency Name:** |  |
| **Agency Mailing Address:** |  |
| **Person Completing Report:** |  |

I certify that my public or private agency:

* Has the capability to provide emergency food and/or shelter services.
* Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
* Is nonprofit 501c(3) or an agency of government.
* Has an accounting system, and will pay all vendors by an approved method of payment.
* Understands that cash payments (including petty cash) are not eligible under EFSP.
* Conducts an independent annual review if receiving $50,000-$99,999/an independent annual audit if receiving $100,000 or more in EFSP funds, and follows OMB’s Uniformed Guidance if receiving $750,000 or more in Federal funding.
* Has not received an adverse or no opinion audit.
* Is not debarred or suspended from receiving Federal funds.
* Has provided a Federal Employer Identification Number (FEIN) to United Way of Northern Nevada and the Sierra.
* Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to United Way of Northern Nevada and the Sierra.
* Practices non-discrimination according to State of Nevada and federal law (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving funds).
* Will not charge a fee to clients for Emergency Assistance Fund funded services.
* Has a voluntary board if private, not-for-profit.
* Will provide all required reports to the Local Board in a timely manner; (i.e., Interim Report/Second Payment Request and Final Reports).
* Will expend monies only on eligible costs and keep complete documentation (copies of canceled Agency checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
* Will spend all funds and close-out the program by the selected end-of-program date and return any unused funds ($5.00 or more) to United Way of Northern Nevada and the Sierra.
* Will provide complete, accurate documentation of expenses to United Way of Northern Nevada and the Sierra, as requested, following the selected end-of-program date.
* Has no known EFSP compliance exceptions in this or any other jurisdiction.

By signing this Agency Certification Form, our agency certifies we have read and understand the UWNNS Emergency Assistance Fund Responsibilities and Requirements document, including the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements. All appropriate staff and volunteers will abide by the UWNNS Emergency Assistance Fund program requirements.

**Signature, Agency Representative Date**

**Signature, United Way of Northern Nevada and the Sierra Date**

**Email signed report to** **communityimpact@uwnns.org** **or**

**mail to 639 Isbell Road, Suite 460; Reno, NV 89509.**