

North Carolina Department of Public Safety

State Grant Certification and Sworn Statement

All forms must be completed and emailed to: DPS_Grantcompliance@ncdps.gov

State Authorization: G.S.143C-6-23

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Entity's Letterhead

[Date (mm/dd/yyyy)]

To: State Agency Head and Chief Fiscal Officer
Office of the State Budget and Management

Certification:

We certify that the accompanying reports represent all financial activity related to the receipt, use, and expenditure of funds granted by the State of North Carolina to [insert organization's name] for the fiscal year ended [] (mm/dd/yyyy) and that the expenditures reported were for the purposes appropriated by the General Assembly or collected by the State of North Carolina and in compliance with the applicable laws, regulations, and terms and conditions of the grant documents.

The accompanying reports are presented on the cash basis of accounting and are supported by our financial records.

We understand that if it is found the expenditures reported were not used for the purpose(s) appropriated, that the grantor agency shall report such findings to the Attorney General, the Office of State Budget and Management, the Office of the State Auditor, and the Office of the State Controller. Any apparent violations of a criminal law or malfeasance, misfeasance, or nonfeasance in connection with the use of State funds shall be reported by the Office of State Budget and Management to the Attorney General and State Bureau of Investigation.

Sworn Statement:

[Name of the Treasurer] and [Name of Second Authorizing Official] being duly sworn, say that we are the Treasurer and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Treasurer

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____