

Certification of Federal Awards

Entity Name: _____
Business Unit: _____
Contact Name: _____
Contact Number: _____
Contact Email: _____
Fiscal Year: _____

Please select the appropriate certification:

Federal Awards Expended

I certify the fiscal information submitted is true and accurate for the fiscal year stated above.

Federal Awards Not Expended

I certify the entity did not expend federal awards during the fiscal year stated above.

Signature (Entity Head or Designee)

Date

Print Name, Title