

APPENDIX B3 – Accounting Systems Certification

ACCOUNTING SYSTEMS CERTIFICATION

STATEMENT TO BE SUBMITTED BY APPROPRIATE PUBLIC FINANCIAL OFFICE WHEN THE APPLICANT IS A PUBLIC AGENCY OR WHEN THE ACCOUNTING SYSTEM OF A PRIVATE NON-PROFIT AGENCY WILL BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.
151 New Park Avenue, Box 75
Hartford, CT 06106

Dear Funding Agency:

I am the chief financial officer of _____ and, in this capacity, I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for the _____ (Name of Applicant) which is a public non-profit agency charged with carrying out a federally funded program in _____ (Name of community). The accounting system and internal control procedures will be adequate to safeguard the assets of such agency(ies), check the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency(ies).

Signature of Financial Officer

Name of Financial Officer

Title

Name of Public Agency

Date