

## CERTIFICATION OF ALL FUNDS RECEIVED

(Non-Housing Development Applications Only)

This certifies that \_\_\_\_\_ operates on a fiscal year,  
(Name of Agency)

which ends on \_\_\_\_\_. This further certifies that the financial records

(audited) (un-audited) of \_\_\_\_\_ for the year ended \_\_\_\_\_  
(Name of Agency)

reflect the following, as related to federal and non-federal awards:

A. All Funds Received.

Source of Funds	Contract Period	Purpose	Amount

B. Total Agency Funding: \$ \_\_\_\_\_

The undersigned certify that the above information is complete and accurate, to the best of their knowledge, and that the City of Miami, Department of Community Development, will be notified, should this information be determined to be different.

Chief Financial Officer

Chief Executive Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

City of \_\_\_\_\_ STATE OF FLORIDA

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ by

\_\_\_\_\_ who is Personally known to me \_\_\_\_\_

Or who produced identification - \_\_\_\_\_

(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Print Name)

My commission expires \_\_\_\_\_

SEAL