

CERTIFICATION OF SOUND FISCAL MANAGEMENT

We, _____ as the Executive Director, and _____
(Full Name) (Full Name)

as the Chief Fiscal Officer of _____, acknowledge that as a condition of
(Organization)

receiving funds from the City of Miami, have the need to establish and maintain sound financial and fiscal controls and management systems. We hereby certify that _____
(Organization)

has established internal controls which are adequate to safeguard the assets of the agency, monitor the accuracy and reliability of accounting data, promote operating efficiency and insure compliance with prescribed policies and procedures.

Signature (Executive Director)

Date

Signature (Chief Fiscal Officer)

Date

I am a duly licensed certified public accountant and have been engaged to review the accounting systems of _____ which is private (___ profit/ ___ non-profit) organization
(Organization)

that will operate programs for the City of Miami. I have reviewed the financial systems that this Agency has established. This review was completed on _____. At the time of review, the Agency had established internal controls which were adequate to safeguard the assets of the Agency, monitor the accuracy and reliability of accounting data, promote operating efficiency, and insure compliance with prescribed management policies.

Name of Firm

Typed Name of Accountant

Date

Signature of Accountant

If any modifications are required to this certificate due to the nature of the engagement between the Agency and the C.P.A., attach a substitute report as explanation.

City of _____

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200____

by _____ who is personally known to me or who
(name of person whose signature is being notarized)

produced _____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL