

STATE OF CONNECTICUT Office of Policy and Management



Assurances and Certifications Form

By submitting this **Assurances and Certifications Form** and filling in my name below, I hereby agree that, to the best of my knowledge, each of the **Assurances and Certifications** presented below are accurate and correct.

Please check YES or NO			Assurances and Certification
YES		NO	Federal System for Award Management (SAM): I certify that maintains a current registration in the federal System for Award Management (SAM) database. (Recipients must review and update information at least annually to satisfy this requirement.) Additional information about registration procedures may be found at the SAM Internet site (http://www.sam.gov).
YES		NO	Restrictions on Lobbying: I certify that will not use these federal funds or any other federal funds to lobby local, state or federal agencies or individuals to change laws or try to change laws. No federally appropriated funding made available under this grant program may be used, either directly or indirectly, to support the enactment, repeal, modification or adoption of any law, regulation, or policy, at any level of government.
YES		NO	Debarment: I certify that has not been excluded, as notified in writing, from receiving federal funds by the federal Department of Justice.
YES		NO	Affirmative Action: I certify that has an Affirmative Action policy statement and/or maintains an approved equal employment opportunity plan (EEOP).
YES		NO	Adequate Financial Accounting System: I certify that the maintains an adequate financial accounting system that can provide documentation to support all receipts and expenditures and obligations of Federal funds.
YES		NO	Records Retention: I certify that will retain all financial records, supporting documents, statistical records, and all other records pertinent to this grant award after receiving notification from the awarding agency that the award has been financially and programmatically closed.

Signature of Authorized Signing Official

Printed Name: Authorized Signing Official	Title
Sign Here	Date Here
Signature: Authorized Signing Official	Date
Sign Here	