***Instructions:***

1. ***Fill in the requested information in the Acceptance of Audit Requirements form. NOTE: Not applicable to State Agencies whose audit is covered by the State Auditor.***The audit information required here lets the SAA know when to expect an organization-wide audit or audits covering the period of this proposed grant. The information provided should include both the audit period and the date the audit will be submitted to SLED. Please note that failure to properly complete this form will result in your grant award being delayed and/or cancelled.
2. ***Fill in the requested information in the CERTIFICATIONS FOR APPLICANT document, print it and the Acceptance of Audit Requirement, sign as indicated, and return the signed documents to SLED.***
	1. The signatures of the grant officials found on pages 3 and 4 of this certification package (Project Director, Financial Officer and Official Authorized to Sign) indicate that in acceptance of the grant, the official has read, understood and agreed to fully comply with all special conditions and the general and fiscal terms and conditions of the grant. Original signatures are required. The name, title, agency and address of each grant official must be typed or printed.
	2. The PROJECT DIRECTOR should be the person within the implementing agency who has direct involvement with the project and who has knowledge of both programmatic and fiscal matters relating to the project. As the primary contact person for the project, the Project Director should be easily accessible to the SAA and its staff. The Project Director should be bonded for no less than the total amount of the grant.
	3. The FINANCIAL OFFICER should be the person who manages the implementing agency's fiscal matters. The Financial Officer should be sufficiently skilled in the area of fiscal matters to advise the agency regarding compliance with the grant's fiscal requirements and should be bonded for no less than the total amount of the grant.
	4. The OFFICIAL AUTHORIZED TO SIGN should be the person who has the authority to commit the implementing agency’s funds and also to commit the agency to the special conditions and the general and fiscal terms and conditions of the grant. The Official Authorized to Sign should be bonded for no less than the total amount of the grant.

**NOTE: The Project Director, Financial Officer and Official Authorized to Sign CANNOT be the same person. Staff being funded under this grant may not be any of the above officials without SAA approval.**

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|  |  |  |  | Page 2 |
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| **ACCEPTANCE OF AUDIT REQUIREMENTS** |
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| **PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not have to complete this form.** |
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|  | We agree to have an audit conducted in compliance with OMB Super Circular. If a compliance audit is not required, at the end of each audit period, we will submit **HS Form Aud2015** to certify in writing that we have not expended the amount of federal funds that would require a compliance audit ($750,000). If required, we will forward for review and clearance a copy of the completed audit(s) to the following: |
|  |
|  | South Carolina Law Enforcement DivisionHomeland Security Grants AdministrationPost Office Box 21398Columbia, South Carolina 29221-1398 |
|  |  |
|  | The following is information on the next organization-wide audit which will include this agency: |  |
|  |  |
|  | 1. \*Audit Period: | Beginning |       |  | Ending |       |  |  |
|  |  |
|  |  |
|  | 2. Audit will be submitted to SLED Grants Administration by: |       |  |
|  |  | (Date) |  |
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|  | **NOTE:** The audit or written certification must be submitted to SLED, ***no later than the ninth month after the end of the audit period.*** |
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|  | Additionally, we have or will notify our auditor of the above audit requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with OMB Super Circular. |
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| Any information regarding the OMB Circular audit requirements will be furnished by SLED, upon request. |
|  | **\*NOTE: The Audit Period is the organization's fiscal or calendar year to be audited.** |
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|  | **Failure to complete this form will result in your grant award being delayed and/or cancelled.** |

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| Page 3 |
| **GRANT TERMS AND CONDITIONS** |
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|  | GRANT NO.  |
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| **CERTIFICATION BY PROJECT DIRECTOR \*** |
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| I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the requirements of this grant application; that costs incurred prior to Direct Recipient approval may result in the expenditures being absorbed by the Subrecipient; and, that the receipt of these grant funds through the Direct Recipient will not supplant state or local funds. |
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|  | Name: |   |  | Title: |   |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  | Mailing |
|  | Agency: |   |  | Address: |   |  |
|  |
|  | Phone Number: |   |  |  |   |  |
|  |
|  Cell Number: |   |  |
|  | Fax Number: |   |  | E-Mail Address: |   |
|  |
|  | Signature: |  |  |  |  |  | Bonded: | [ ] Yes [ ] No |
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| **CERTIFICATION BY FINANCIAL OFFICER \*** |
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| I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the requirements of this grant application; that costs incurred prior to Direct Recipient approval may result in the expenditures being absorbed by the Subrecipient; and, that the receipt of these grant funds through the Direct Recipient will not supplant state or local funds. |
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|  | Name: |   |  |  | Title: |   |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  |  |  |  |  | Mailing |  |  |  |
|  | Agency: |   |  |  | Address: |   |  |
|  |  |  |  |  |  |  |  |  |
|  | Phone Number: |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Fax Number: |   |  |  | E- Mail Address:  |
|  | Cell Number: |   |  |  |  |  |  |  |
|  | Signature: |  |  |  | Bonded: |  | [ ] Yes [ ] No |  |
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| Page 4 |
| **GRANT TERMS AND CONDITIONS** |
| NOTE: THE GRANT TERMS AND CONDITIONS MUST BE SUBMITTED WITH GRANT APPLICATION |
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|  |
|  | GRANT NO. |  |  |
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| **CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN \* (Administrator)** |
|  |
|  | I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; that costs incurred prior to Direct Recipient approval may result in the expenditures being absorbed by the Subrecipient; and, that the receipt of these grant funds through the Direct Recipient will not supplant state or local funds. |
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|  |
|  | Name: |   |  | Title: |   |  |
|  |  |  (Please Print or Type) |  |  |  |  |  |  |
|  | Mailing |
|  | Agency: |   |  | Address: |  |   |
|  |  |  |  |  | City/State, Zip:  |
|  |  |  |  |  |  |  |   |  |
|  | Phone Number: |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Fax Number: |   |  | E-Mail Address:  |
|  |  |  |  |  |  |  |  |  |
|  | Cell Number:  |   |  |  |  |  |  |  |
|  | Signature: |  |  | Bonded: |  | [ ] Yes [ ] No |  |
|  |
|  | **\* NOTE:** | THE PROJECT DIRECTOR, FINANCIAL OFFICER AND OFFICIAL AUTHORIZED TO SIGN CANNOT BE THE SAME PERSON. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT SLED APPROVAL. |
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