

NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT

City of Crete

24DTR001

CDBG Subrecipient

CDBG Number

243 East 13th Street

Address

Crete

NE **68333**

City

State Zip Code

Nancy Tellez

402-826-4312

Contact Person

Telephone

FINANCIAL MANAGEMENT CERTIFICATION

Check "Yes" or "No" in the column to the left to indicate if your financial management system complies with these statements:

1. Does the financial management system provide for:

YES NO

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (a) proper recording and accounting for all CDBG receipts? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (b) control over and accountability for all funds, property, and other assets? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (c) records that identify the source and use of funds? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (d) the expenditure of CDBG funds within five days of the receipt of funds? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (e) the application of program income to the CDBG fund? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (f) the disbursing of program income prior to making additional drawdowns? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (g) accounting records that are supported by source documents? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (h) a comparison of actual expenditures with amounts budgeted for activities within the grant? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (i) audits to be conducted in accordance with 2 CFR Part 200, Subpart F? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (j) audits of non-profit subrecipients to be conducted in accordance with 2 CFR Part 200, Subpart F? |

2. Are the individuals who are responsible for the financial management of the CDBG:

YES NO

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a) familiar with
2 CFR Part 200, Subpart E
Treasury Circular 1075 (31 CFR Part 205)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (b) aware that failure to comply these
regulations will result in audit findings
and the repayment of ineligible costs to
the Department of Economic
Development? |

I certify that the above responses are an accurate indication of the status of the financial management system which will be used for the Community Development Block Grant Funds.

SIGNATURE OF MAYOR/CHAIRPERSON

David Bauer

TYPED NAME

January 7, 2025

DATE