



COMMUNITY CONNECTORS

CommunityConnectors.Ohio.gov

CERTIFICATION FORM

Agency Name: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Website: _____

Program Name: _____

I certify that the agency named above:

- Is incorporated and authorized to do business within Ohio as a voluntary, not for profit organization, registered and reporting annually with the Ohio Attorney General as required by the Ohio Revised Code.
- Has current status as a tax-exempt agency and is eligible to receive tax deductible contributions under the Internal Revenue Code and applicable laws of the State of Ohio.
- Is directed by an active board of trustees who serve without compensation.
- Prepares and submits to the IRS a complete copy of the organization's IRS Form 990 **OR** that is not required to prepare and submit an IRS Form 990 to the IRS . (*Please check box*)
- Has administrative costs of less than 25%. (*Administrative costs are defined as an organization's percentage of total support and revenue spent on administration and fundraising. This will be calculated utilizing the Form 990 (Parts named Statement of Functional Expenses and Statement of Revenue), and by adding the "management and general expenses" to "fundraising expenses" and dividing the sum by "total revenue".*)
- No findings of recovery have been issued by the Auditor of State against the lead applicant and participating organizations.
- Meets the following financial accountability standards:
 - *If total revenues are less than \$100,000, a year-end internal financial statement approved by the agency board must be provided.*
 - *If total revenue is greater than \$100,000 but less than \$250,000, a review opinion by a Certified Public Accountant must be provided.*
 - *If total revenue is greater than \$250,000, an independent financial audit conducted by a Certified Public Accountant must be provided.*
- Has stated policies on non-discrimination and complies with all the requirements of state and federal laws and regulations on non-discrimination and equal opportunity with respect to clients, officers, employees and volunteers.

SIGNATURE: _____ TITLE: _____ DATE: _____