**FINANCIAL ATTESTATION STATEMENT AND**

**FINANCIAL RECONCILITATION OF CSC FUNDING**

As required by the provisions of Award Letter provided by the Children’s Services Council of Palm Beach County (“Council”) to        “Provider”) please complete the checklist below related to the funds provided by the Council.

 As shown below (mark applicable box):

**Financial Attestation Statement** (choose one)

[ ]  All funds provided by the Council were spent in accordance with the provisions of the Award Letter.

 OR

[ ]  There were under expenditures in the amount of $      , which pursuant to the Award Letter must be returned to the Council by        ; all other funds were spent in accordance with the provisions of the Award Letter.

As required by the Award Letter mark the applicable box(es):

[ ]  Recipient is providing a **Financial Reconciliation** of CSC Funding. *[For example, this may be any accounting system report that shows revenues and expenses and the related general ledger activity. Include details in this space.]*

[ ]  Recipient is providing Other: *[Include applicable Proof:* ***Project Completion Report/Sign in Sheet/ Event Photos/ Summary of event/Proof of Occurrence****]*

The undersigned states that he/she is the CFO or other individual dually authorized by the governing board of the Provider to sign this type of document. The information attached is a true and accurate representation of the expenditure of Council funds under this Award.

***I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email this form, along with the Applicable Documentation noted above, if applicable to:** Kasha Kitts, Director of Program: CII@cscpbc.org on or before        [Due Date]**.**

**Subject line of the email should read:** Organization Name – Final Report