|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUBRECIPIENT: |  |  | CONTRACT(S): |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** | **COMPETENCY ATTAINMENT** | YES | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **1.** | Does your organization have written instructions for an internal control system to ensure appropriateness of the training provided to the participant and validity of the placement of the participant? |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | Has each staff member received a copy of the above written control system? |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | Has your organization designated a responsible official for implementation of the above control system? |  |  |  | Name and title: |
|  |  |  |  |  |  |  |
| **4.** | For invoice validation purposes, does your organization’s control system keep track of and document: |  |  |  |  |
|  | * The actual training hours received and the competencies achieved by each participant for compliance with the contractual requirements?
 |  |  |  |  |
|  | * The termination of each participant, including detailed certification by the employer if the participant is placed?
 |  |  |  |  |
|  |  |  |  |  |  |
|  | References: 29 CFR Part 95, Section 95.21 and 20 CFR Part 683, Section 683.200, 683.215, 683.300 and 683.302 |  |
|  |  |  |  |  |  |
| **B.** | **FINANCIAL MANAGEMENT** |  |  |  |  |
|  |  |  |  |  |  |  |
| **1.** | Does your organization have written accounting procedures? |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | Does your organization’s accounting system provide that all transactions be: |  |  |  |  |
|  | * Supported by written documentation?
 |  |  |  |  |
|  | * Reviewed and approved by an appropriate level of management other than the originator?
 |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **B.** | **FINANCIAL MANAGEMENT (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **3.** | Does your accounting system provide a mechanism for  |  |  |  |  |
|  | * Reporting revenues and expenditures in accordance with Generally Accepted Accounting Principles (GAAP)?
 |  |  |  |  |
|  | * Reporting revenues and expenditures on accrual basis?
 |  |  |  |  |
|  | * Grant requirements and provisions?
 |  |  |  |  |
|  |  |  |  |  |  |  |
| **4.** | Does your accounting system provide for the identification of revenues and expenses of WIOA funds separately from other programs? |  |  |  |  |
|  |  |  |  |  |  |  |
| **5.** | Does your accounting system have the ability to provide an audit trail between support documentation and the finance reports and to provide separate report(s) for cash need/advance(s)? |  |  |  |  |
|  |  |  |  |  |  |  |
| **6.** | Are there written procedures governing the maintenance and retention of records? |  |  |  |  |
|  |  |  |  |  |  |  |
| **7.** | Are accounting records retained in a retrievable manner? |  |  |  |  |
|  |  |  |  |  |  |  |
| **8.** | Are accounting duties separated so that no one individual has complete authority over an entire financial transaction? |  |  |  |  |
|  |  |  |  |  |  |  |
| **9.** | Has your organization been audited within the past two years? If yes, when? |  |  |  |  |
|  | If “Yes”, |  |  |  |  |
|  | **a.** What were the last two fiscal years being audited? | Please indicate fiscal year end and have copy of the report available for review. |
|  | **b.** Are there any findings? |  |  |  |  |
|  | **c.** Have the findings been resolved? |  |  |  |  |
|  | **d.** Has a copy of your latest audit been provided to SDWP within the required time limits? |  |  |  |  |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **B.** | **FINANCIAL MANAGEMENT (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **10.** | Does your organization have any SDWP-funded subrecipient(s)? |  |  |  |  |
|  | If “Yes”, |  |  |  |  |
|  | **a.** Is each of the subrecipient approved by SDWP? |  |  |  |  |
|  | **b.** Have the Federal guidelines as outlined in Section 29 of the contract general provisions been followed during the subrecipient selection process? |  |  |  |  |
|  | **c.** Does your organization have a system to oversee/monitor your subrecipient(s) programmatically and fiscally? |  |  |  |  |
|  |  |  |  |  |  |
| **11.** | Are responsible officials of your organization who are handling funds received or disbursements made covered by fidelity bonds? Is SDWP named as an additional insured? |  |  |  | Please provide copies of insurance policies. |
|  |  |  |  |  |  |  |
| **12.** | Does your organization have the required amount of casualty and liability insurance, including sexual misconduct insurance, if a youth service provider? |  |  |  | Please provide copies of insurance policies. |
|  |  |  |  |  |  |  |
| **13.** | Does your organization have a separate bank account designated for WIOA funds to facilitate the computation of interest earned? |  |  |  | Please provide name of bank and account number |
|  |  |  |  |  |  |  |
| **14.** | Does your organization have written accounting procedures that adequately cover: |  |  |  |  |
|  | * Recording of receipts immediately upon receipt?
 |  |  |  |  |
|  | * Supervising/observing cash handling procedures?
 |  |  |  |  |
|  | * Providing adequate physical security for cash?
 |  |  |  |  |
|  | * Posting records timely from initial receipt records?
 |  |  |  |  |
|  | * Segregating record keeping and cash handling duties?
 |  |  |  |  |

|  |  |  |  |  |  |
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| **B.** | **FINANCIAL MANAGEMENT (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **15.** | Does your organization have written procedures that adequately cover: |  |  |  |  |
|  | * Making payments by pre-numbered checks?
 |  |  |  |  |
|  | * Safeguarding blank check supply?
 |  |  |  |  |
|  | * Maintaining source documentation for all disbursements?
 |  |  |  |  |
|  | * Requiring two signatures on checks?
 |  |  |  |  |
|  | * Reconciling bank/trust accounts monthly?
 |  |  |  |  |
|  |  |  |  |  |  |
| **16.** | Are surprise counts of the petty cash conducted periodically and properly documented by your organization? If yes, how frequently? |  |  |  |  |
|  |  |  |  |  |  |  |
| **17.** | Does your organization’s payroll system meet the following: |  |  |  |  |
|  | * Has each employee (salary and hourly) completed a personnel activity report (PAR) based on time and attendance or their equivalent?
 |  |  |  |  |
|  | * Is the PAR based on an after-the-fact determination of efforts?
 |  |  |  |  |
|  | * Does the PAR identify efforts spent on project by funding source?
 |  |  |  |  |
|  | * Is the PAR signed by
 |  |  |  |  |
|  | a) Participant/staff? |  |  |  |  |
|  | b) Supervisor? |  |  |  |  |
|  | * For governmental entities, the required time effort certifications are prepared.
 |  |  |  |  |
|  | * Are all payees bona-fide staff/participants?
 |  |  |  |  |
|  | * Staff/participant paid only by checks?
 |  |  |  |  |
|  | * Preparation of payroll entirely separate from and independent of delivery of paychecks?
 |  |  |  |  |
|  | * Retention of payroll withholding forms, including payroll tax reports?
 |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 29 CFR Part 95, Section 95.21 and 20 CFR Part 683, Section 683.200, 683.215 and 683.300 |  |  |
|  |  |  |  |  |  |  |

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| **C.** | **PROGRAM INCOME** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **1.** | Has your organization established a system for tracking reporting program income? |  |  |  |  |
|  | * List period covered by most recent report and date report submitted to SDWP.
 |  |
|  |  |  |  |  |  |  |
| **2.** | Has your organization timely reported program income on a monthly basis to SDWP? |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | Has your organization: |  |  |  |  |
|  | * Submitted a plan for the use of the reported program income monthly? If yes, list last submission date.
 |  |  |  |  |
|  | * Has the plan been approved by SDWP?
 |  |  |  |  |
|  |  |  |  |  |  |  |
| **4.** | Has interest income earned, if any, on WIOA Title I funds been included in program income? |  |  |  |  |
|  |  |  |  |  |  |  |
| **5.** | Is documentation in support of the reported program income available for review by monitor/auditors? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 29 CFR Part 95, Section 95.21 and 96.22; 20 CFR Part 683, Section 683.200, 683.215 and 683.300; WIOA Sections 184, 185 and 195; WOIA Directive WSD 15-25 WIOA Program Income |
|  |  |  |  |  |  |  |
| **D.** | **CASH MANAGEMENT/INTEREST INCOME** |  |  |  |  |
|  |  |  |  |  |  |  |
| **1.** | Is your organization aware of the current SDWP policies concerning cash management? |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | Has your organization received any cash advances from SDWP in the previous program year? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | If “Yes” |  |  |  |  |
|  | Does your cash management system include indication of cash need and request for payment of cash advance? |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | Have these cash advances been paid back to SDWP? When? |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **D.** | **CASH MANAGEMENT/INTEREST INCOME (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **4.** | Has your organization received any cash advances from SDWP during this program year? |  |  |  |  |
|  |  |  |  |  |  |  |
| **5.** | Has your organization established an interest income account from which all interest earned on funds received from SDWP (through advances or under a cost reimbursement contract) has been reported and refunded to SDWP on a quarterly basis? |  |  |  |  |
|  |  |  |  |  |  |  |
| **6.** | If you had a cash advance during this program year, did you earn interest on it? |  |  |  |  |
|  |  |  |  |  |  |  |
| **7.** | If the answer for #6 is “No”, please explain why: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
| **8.** | If the answer for #6 is “Yes”, did you refund all the interest to SDWP at the end of the quarter? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 29 CFR Part 95, Section 95.21 and 96.22; 20 CFR Part 683, Section 683.200, 683.215 and 683.300; WIOA Sections 184, 185 and 195; WIOA Directive WSD 15-25 Program Income |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **E.** | **BUDGETING / ALLOCATION**  |  |  |  |  |
|  |  |  |  |  |  |  |
| **1.** | Does your organization have a system to plan, control and charge expenditures consistent with applicable allowable costs/cost principles and contract requirements and budgets? |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **E.** | **BUDGETING / ALLOCATION (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **2.** | Does your organization have a system to ensure that administrative costs charged to WIOA Title I programs are consistent with the definition of administrative costs and comply with the administrative cost limit? Administrative costs are defined as follows per 20 CFR 683.215. |  |  |  |  |
|  | (1) Overall general administrative functions (such as accounting, Procurement, property management, personnel management, payroll, coordinating the resolution of findings, audit, general legal services, developing systems and procedures, and fiscal agent); |  |  |  |  |
|  | (2) Performing oversight and monitoring responsibilities related to WIOA administrative functions; |  |  |  |  |
|  | (3) Costs of goods and services required for administrative functions: |  |  |  |  |
|  | (4) Travel costs incurred for official business in carrying out administrative activities or the overall management of the WIOA system; |  |  |  |  |
|  | (5) Costs of information systems related to administrative functions; |  |  |  |  |
|  | (6) Continuous improvement activities may be charged to the administration category based on the nature of the activity to be improved. (Documentation of such charges must be maintained.) |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | Does your organization have a system to ensure that none of the administrative costs (as defined in 20 CFR 683.215) are charged as program costs under WIOA Title I? |  |  |  |  |
|  |  |  |  |  |  |  |
| **4.** | Does your organization have a Cost Allocation Plan (CAP)? |  |  |  |  |
|  | If so, was it accepted by SDWP? |  |  |  | Acceptance Date: |
|  | Is the CAP updated as needed? |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **E.** | **BUDGETING / ALLOCATION (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **5.** | Does the cost allocation methodology in your Cost Allocation Plan satisfy the following criteria? |  |  |  |  |
|  | * Consistent with GAAP;
 |  |  |  |  |
|  | * Consistent with the applicable 2CFR Part 200 requirements;
 |  |  |  |  |
|  | * For **America’s Job Center of California Operator**, is accepted by each partner’s independent auditors to satisfy the audit testing required under the Single Audit Act and 2 CFR Part 200 ;
 |  |  |  |  |
|  | * Is the base used to distribute shared costs constructed with actual data (not budgeted data);
 |  |  |  |  |
|  | * Are the shared costs supported by actual cost data; and
 |  |  |  |  |
|  | * Does not permit the shifting of costs that are not allocable to or do not benefit a specific program to said program.
 |  |  |  |  |
|  |  |  |  |  |  |  |
| **6.** | Does your organization have procedures which ensure that consistent treatment is applied in the distribution of charges as direct, shared direct, or indirect to all funding sources? |  |  |  |  |
|  |  |  |  |  |  |  |
| **7.** | Does your organization have an approved indirect cost allocation plan or a negotiated indirect cost rate? |  |  |  |  |
|  | List organization who approved the rate and the date of approval: |  |
|  |  |  |  |
| **8.** | Does your organization have an allocation method for other joint costs to be distributed among the various activities or programs? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 20 CFR Part 683, Section 683.200, 683.215 and 683.300; 2 CFR Part 200 |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **F.** | MATCHING | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **1.** | If matching funds/contributions are required by WIOA, has your organization established procedures and controls to ensure that the federal/state funds expended are being matched at the required rate? |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | Do the matching funds/contributions meet the requirements of the valuation methodology consistent with the applicable federal regulation found in the 29 CFR 95.23 and 2 CFR Part 200? |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | Are contributions / in-kind services provided by your organization acceptable as match for federal funds? |  |  |  |  |
|  |  |  |  |  |  |  |
| **4.** | Are the matching contributions fully documented by your organization? |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Reference: 29 CFR Part 95, Section 95.23 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **G.** | **FACILITIES/EQUIPMENT/****PROCUREMENT/PROPERTY****CONTROL** |  |  |  |  |
|  |  |  |  |  |  |  |
| **1.** | Are your organization’s facilities and equipment sufficient and adequate for the type of training being conducted and the number of individuals participating? |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | Who is the designated procurement authority of your organization? Please provide name and title. |  |
|  |  |  |  |  |  |  |
| **3.** | Does your organization have written procurement policies and procedures for free and open competition? |  |  |  | Please provide a copy. |
|  | * If no, please explain how your organization complies with procurement procedures required in 20 CFR 95.44 and 97.36
 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **G.** | **FACILITIES/EQUIPMENT/****PROCUREMENT/PROPERTY****CONTROL (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **4.** | Do your organization’s written procurement policies include a code of conduct for employees conducting procurement, including criteria regarding conflict of interest?  |  |  |  |  |
|  |  |  |  |  |  |
| **5.** | If there is/are SDWP funded subcontract(s), does your organization maintain a procurement log to document how the subrecipient(s) was/were selected? |  |  |  | Please provide a copy. |
|  | * If no, please explain how your organization documents the procurement process.
 |  |
|  |  |  |  |  |  |
| **6.** | How does your organization ensure that no awards are made at any level to a party who is debarred or suspended or is otherwise excluded from participation in Federal assistance programs? [29 CFR 95.13 and 97.35] |  |
|  |  |  |  |  |  |
| **7.** | Does your organization maintain a list(s) of prequalified persons, firms, or other organizations that are used in acquiring goods and services? [29 CFR 97.36(c)(4)] |  |  |  |  |
|  | If yes, please; |  |  |  |  |
|  | * Describe the type(s) of prequalified list(s) maintained;
 |  |
|  | * Indicate the method(s) used for developing prequalified list(s)
 |  |
|  | * Describe how prequalified list(s) are kept current.
 |  |
|  |  |  |  |  |  |
| **8.** | Please describe your organization’s procedures for small purchase procurements:Note: Per Operations Manual, Chapter 3, Section 3.6.2, two documented quotes must be obtained for purchases from $1 - $9,999. Request for Quote (RFQ) with 3 or more written quotes must be obtained for purchases from $10,000 - $49,999. |
|  |  |
|  |  |  |  |  |  |
| **9.** | What is your organization’s dollar amount limit for small purchase? |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **G.** | **FACILITIES/EQUIPMENT/****PROCUREMENT/PROPERTY****CONTROL (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
| **10.** | Please describe your organization’s procedures for conducting the competitive proposal (RFP) method of procurement, including technical evaluations of qualified proposals and for selecting the awardee(s). [29CFR 95.44 and 97.36(d)(3)(iii)] |
|  |  |
|  |  |
| **11.** | Please describe your organization’s procedures for Sealed Bid/Invitation for Bid (IFB) method of procurement. |
|  |  |
|  |  |  |  |  |  |
| **12.** | Please describe your organization’s procedures for the non-competitive (Sole Source) method of procurement. |
|  |  |
|  |  |  |  |  |  |
| **13.** | What is the process used to procure services or goods in the event of a failed competition (during the RFP method)? |
|  |  |
|  |  |  |  |  |  |
| **14.** | If WIOA Title I funds have been spent for construction or purchase of facilities, did such expenditures meet the following criteria [20 CFR 683.235]? | **YES** | **NO** | **N/A** | **COMMENTS** |
|  | (1) To meet a recipient’s obligation to provide physical and programmatic accessibility and reasonable accommodation as required by the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990; |  |  |  |  |
|  | (2) To fund repairs, renovations, alterations and capital improvements of property; |  |  |  |  |
|  | (3) Job Corps facilities; |  |  |  |  |
|  | (4) To fund disaster relief employment on projects for demolition, cleaning, repair, renovation, and reconstruction of damaged and destroyed structures located within a disaster area. |  |  |  |  |
|  |  |  |  |  |  |  |
| **15.** | If WIOA Title I funds have been spent on renovations or repairs, has your organization received prior approval from SDWP? |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
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| **G.** | **FACILITIES/EQUIPMENT/****PROCUREMENT/PROPERTY****CONTROL (Continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
| **16.** | Does your organization maintain an updated inventory list of SDWP/WIOA property currently assigned to its custody? |  |  |  |  |
|  |  |  |  |  |  |  |
| **17.** | Are SDWP/WIOA properties checked by periodic physical inventories? If yes, list last inventory date: |  |  |  | Date: |
|  |  |  |  |  |  |  |
| **18.** | Is SDWP/WIOA property being used by your organization solely for WIOA programs? |  |  |  |  |
|  |  |  |  |  |  |  |
| **19.** | Is the use of building and equipment being charged to the program through: |  |  |  |  |
|  | * Use allowance method or
 |  |  |  |  |
|  | * Depreciation method?
 |  |  |  |  |
|  |  |  |  |  |  |  |
| **20.** | If the use allowance method is followed, does the applied rate exceed 2% for building and 6 2/3% for equipment? |  |  |  |  |
|  |  |  |  |  |  |  |
| **21.** | If the depreciation method is followed, has the depreciation been computed in accordance with Generally Accepted Accounting Principles? |  |  |  |  |
|  |  | [2 CFR Part 200, Section 436] |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 20 CFR Part 683, Section 683.200, 667.215 and 683.300; 29 CFR Part 95, Sections 95.21, 95.34 and 95.40; WIOA Directive WSD 12-10, Procurement |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **H.** | SUPPORTIVE SERVICES |  |  |  |  |
|  |  |  |  |  |  |  |
| **1.** | Does your organization provide supportive services? If yes, |  |  |  |  |
|  | * Is the organization in compliance with established procedures in SDWP’s Supportive Service Policies for youth and America’s Job Center of California Programs?
 |  |  |  |  |
|  | * Does the organization provide adequate separation of duties to ensure appropriate internal control over supportive services payments?
 |  |  |  |  |
|  | * Does the organization document assessment of need for allowable supportive services?
 |  |  |  |  |
|  | * Does the organization keep required receipts for supportive services in the participant files?
 |  |  |  |  |
|  |  |  |  |  |  |  |
|  | References: 2 CFR Part 200.302; 20 CFR Part 683, Section 683.200, 683.215, 683.300; 29 CFR Part 95, Sections 95.21, 95.34  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I.** | REGULATIONS/COST PRINCIPLES | **YES** | **NO** | **N/A** | **COMMENTS** |
|  |  |  |  |  |  |  |
| **1.** | In performing the responsibilities under the contract/service agreement(s) with SDWP, does your organization fully comply with the following regulations and cost principles, including any subsequent amendments? |  |  |  |  |
|  | * 20 CFR Part 683, Administrative Provisions under Title I of the Workforce Innovation and Opportunity Act
 |  |  |  |  |
|  | * CFR Part 99, Audits of States, Local Governments, and Non-Profit Organizations
 |  |  |  |  |
|  | * 29 CFR Part 96, Single Audit Act
 |  |  |  |  |
|  | * 29 CFR Part 93, Lobbying Certification
 |  |  |  |  |
|  | * Workforce Services Directive Number WSD16-06, Annual Salary and Bonus Limitation of $185,100 per executive level employee
 |  |  |  |  |
|  | * All Parts and Attachments in the contract/service agreement(s) with SDWP
 |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |
| I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION PROVIDED IN RESPONSE TO THIS QUESTIONNAIRE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. |
|  |
| NAME: |  |
| ORGANIZATION: |  |
| TITLE: |  |
|  |  |  |  |
|  |  |  |  |
| SIGNATURE: |  | DATE: |  |