

ANNEX F
RECIPIENT CERTIFICATION OF COMPLIANCE

To:

I, _____, _____, as a legally authorized
Name (Printed or Typed) Title

representative of _____
Organization Name

do hereby certify that, to the best of my knowledge and belief, this organization's management and other employees responsible for their implementation are aware of the requirements placed on the organization by OMB Circulars, and Federal and USAID regulations with respect to the management of, among other things, personnel policies (including salaries), travel, indirect costs, and procurement under this agreement and I further certify that the organization is in compliance with those requirements.

I, we, understand that a false, or intentionally misleading, certification could be the cause for possible actions ranging from being found not responsible for this award., termination of award, or suspension or debarment of this organization in accordance with Mandatory Standard Provision for Non-U.S., Nongovernmental Recipients, No. 8 entitled, "Debarment, Suspension, and Other Responsibility Matters."

I, we, further agree to instruct the accounting firm that this organization retains to perform its annual audits, as required by ADS 591, to include in their review of our internal controls sufficient testing of the implementation of our personnel, travel and procurement policies to confirm compliance with Federal and USAID requirements. The conclusions of that compliance review will be included in the A-133 audit reports or the incurred cost audit reports submitted to the government.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Type or Print Name

Position Title

Date