

## ORGANIZATION PROCUREMENT CERTIFICATION

I, \_\_\_\_\_ (NAME), am the chief executive of  
\_\_\_\_\_ (ORGANIZATION), and I certify that:

1. \_\_\_\_\_ (ORGANIZATION) has an adopted procurement policy that it follows, or has adopted the State of Missouri procurement standards.
2. We have followed our procurement policy in the purchase of items included in the Holt County CARES reimbursement request.
3. We will make available all procurement documentation upon request of the county or its auditor(s).
4. I further understand that: Northwest Missouri Regional Council of Governments may request this procurement documentation on behalf of the county for sampling CARES application requests.
5. I further understand that: Should an auditor disallow our CARES reimbursement due to issues with the procurement, \_\_\_\_\_ (ORGANIZATION) will return the amount of funds in question.

**I certify that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.**

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_