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|  | The Community Partnership for the Prevention of Homelessness Records Retention Certification Sheet |

### Contract Information

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| Provider Name: |  | Program Name: |  |
| Contract Number: |  | Contract Period: |  |

### Record Retention Certification

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| I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an agency (hereafter, “the Agency) doing business with The Community Partnership for the Prevention of Homelessness (TCP) is in compliance with the below records retention requirements as outlined in your TCP issued contract:   1. The agency retains its financial records, supporting documents, statistical records, and all other non- Federal entity records pertinent to a Federal award for a period of **three (3) years** from the date of the submission of the annual financial report, respectively as reported to the Federal awarding agency or pass-through entity in the case of a sub-recipient. 2. The agency maintains accounting records that is supported by source documentation such as canceled checks, original invoices, payroll records and the like. 3. The agency stores/maintains all client files in a double locked setting **\*(Applicable only to housing programs).** |
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### Staff Authorization (To be completed by Provider)

**By signing this form, you acknowledge that your agency is in compliance with the above noted records retention requirements as outlined in your issued TCP contract.**

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| **Name and Title** |  |

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| **Signature** | **Date** |