West Virginia Bureau of Senior Services
Provider Agency
_____ Program Year Board Certification

I, _____, certify that _____
(Name) (Agency Name)

the Board of Directors Executive Committee is as follows:

President:

_____
(Name)
_____
(Address)
_____
(Email)
_____
(Phone)

Year became a Board Member _____

Vice-President:

_____
(Name)
_____
(Address)
_____
(Email)
_____
(Phone)

Year became a Board Member _____

List other members' name, phone number and the year they became a Board member:

Board member Name	Phone Number	Year became member

Secretary:

_____
(Name)
_____
(Address)
_____
(Email)
_____
(Phone)

Year became a Board Member _____

Treasurer:

_____
(Name)
_____
(Address)
_____
(Email)
_____
(Phone)

Year became a Board Member _____

I further certify that neither the agency nor its principals are presently banned, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal awards by any federal department or agency (Executive Order 12549, 45 CFR Part 76).

And certify that there is a comprehensive, board-approved policies and procedures manual, and an agency-specific personnel policies and procedures manual.

I further certify that the Board of Directors of _____ meets the Standards of the _____ Notification of Grant Award and Conditions and is operating under By-laws of the Organization.

_____ _____

Board President Signature Date