

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)

Vice-President:

(Name)

(Address)

(Email)

(Phone)

Year became a Board Member

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Secretary:

(Name)

(Address)

(Email)

(Phone)

Year became a Board Member

Treasurer:

(Name)

(Address)

(Email)

(Phone)

Year became a Board Member

Board Certification

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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