# Example Certification of Financial Controls

**[Nonprofit Name]**

 [Nonprofit Address]

 [City, State, ZIP Code]

 [Phone Number]

 [Email Address]

 [Website (if applicable)]

**Date:** [Insert Date]

To Whom It May Concern,

We, the undersigned, hereby certify that [Nonprofit Name] has established and maintains financial controls to ensure the integrity, accountability, and transparency of its financial operations. These financial controls are designed to prevent fraud, mismanagement, and misuse of funds while ensuring compliance with all applicable laws, regulations, and donor requirements.

**Financial Control Measures Include (this will vary for organizations so make this your own):**

1. **Segregation of Duties** – Key financial responsibilities are divided among multiple individuals to reduce the risk of errors and fraud.
2. **Budgeting and Financial Planning** – The organization maintains an annual budget, which is reviewed and approved by the Board of Directors.
3. **Financial Reporting** – Regular financial statements are prepared and reviewed by management and the Board to monitor financial performance.
4. **Internal Controls** – Policies are in place for cash handling, check signing, and expense approvals to safeguard assets.
5. **Independent Reviews** – Financial records are reviewed periodically by an independent third party, such as an auditor or accountant.
6. **Bank Reconciliation** – Monthly reconciliation of bank statements is conducted to verify accuracy and detect discrepancies.
7. **Expense Authorization** – All expenses require proper documentation and approval before disbursement.
8. **Grant and Fund Management** – Restricted and unrestricted funds are tracked separately to ensure compliance with donor restrictions.
9. **Board Oversight** – The Board of Directors reviews financial policies, reports, and major financial transactions regularly.

By signing below, we confirm that [Nonprofit Name] adheres to these financial control measures and remains committed to responsible financial stewardship.

**Certified By:**

[Executive Director Name]

 Executive Director

[Treasurer Name]

 Treasurer, Board of Directors

[Board Chair Name]

 Chair, Board of Directors

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_