



**United Way Worldwide International Donor Advised Giving Program  
CERTIFICATION**

UWW's role as a responsible grant maker includes meeting certain ethical and accountability standards, as demonstrated in this certification. Please have **both** the organization's chief staff officer and board chair sign below. This form must be **completed, signed, saved as a PDF, and uploaded** to your application form.

**Subject to any privacy protection laws in your country which limit your ability to provide this information to us, your organization will keep record of the following and will make available to UWW for review on request:**

- | YES                                 | NO                       |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All available donor and vendor information, including names and amounts, for all receipts and expenditures.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Names, addresses and background information of any subcontracting organizations.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Names, addresses and background information of all organizations to which the organization provides funding, services, or material support.                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copies of any public filing or release made, including most recent official registry documents, annual reports, and annual filing with pertinent government body, if applicable. |

**If you answered "no" to any of the above questions, provide an explanation here:**

**Financial Practices:** If your organization does **not** engage in the financial practices listed below, attach a written explanation of how you protect your charitable assets from fraud and diversion to non-charitable or violent purposes.

- | YES                                 | NO                       |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The organization retains an independent professional accountant, selected, or approved by its governing body, to audit its finances annually and makes that audited financial statement available for public inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Funds received are promptly deposited into its bank account.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grants are disbursed by check or bank wire transfer and <u>not</u> in cash.  |

**If you answered “no” to any of the above questions, provide an explanation here:**

I/We certify that the organization complies with the laws of the country or countries in which it is registered and/or operates; that all information and documentation provided for this grant application is complete and accurate to the best of my knowledge; that the organization takes reasonable steps to ensure that grant funds are not ultimately distributed to terrorist organizations or for violent purposes; and that the organization takes reasonable steps to ensure that staff, board, and other volunteers have no dealings whatsoever with known terrorists or terrorist organizations.

**Signature:**

**Printed Name:**

*Aleyda Barrera-Cruz*

*Aleyda Barrera-Cruz*

Signature and Printed Name of the **Executive Director** (Required for all Grants)

Date: *April 8th, 2021*

Place: *San Mateo, CA*

**Signature:**

**Printed Name:**

\_\_\_\_\_  
Signature and Printed Name of the **Chair of the Governing Board** (Required for all Grants)

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**If Executive Director and Chair of Governing Board is the same person, please provide signature of another position-holding member of the Board. NOTE: The Certification MUST include two different signatures and must include printed names.**