

## State of South Dakota Grant Recipient or Subrecipient Attestation

By completing this form, you, the recipient or subrecipient, attest to meeting the following requirements per SDCL 1-56-10:

- (1) A conflict of interest policy is enforced within the recipient's or subrecipient's organization;
- (2) The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or subrecipient's website;
- (3) An effective internal control system is employed by the recipient's or subrecipient's organization;  
and
- (4) If applicable, the recipient or subrecipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or subrecipient's website.

**If you, the recipient or subrecipient, have questions or concerns regarding the requirements listed above, please contact your state agency representative before signing this form.**

Printed Name of Person Completing Form: \_\_\_\_\_

Printed Title of Person Completing Form: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_