

CERTIFICATION

I, (Insert Name)_____ certify that I am the
Executive Director_____ of_(Area Agency on
Aging)_____.

I have reviewed the Final (13 Month) Aging Monthly Report (AMR) and Status of Funds, Costs by Program Activity, and Status of Inventories (Schedules A, B, & C) for contract year 2010. By submitting these reports, as required by the Virginia Department for the Aging (VDA) Regulations, Section, 22 VAC 5-20-480 and Section 22 VAC 5-20-500, I certify, that to the best of my knowledge and belief, this information is a true, correct, and complete statement prepared from the books and records of the agency in accordance with applicable instructions, except as noted.

Further I certify that all costs and revenues reported are allowable as specified by the contracts issued with the VDA. Any audit adjustments that occur subsequent to the filing of these documents, shall be promptly reported to the VDA.

Executive Director

Date

Contractor Certification Form: This form should be prepared on AAA letterhead and signed by the AAA Executive Director.

Please mail the Contractor Certification to:

Marica B. Monroe
Virginia Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

Your submission should include all contracts issued by VDA to support contract year 2010 operations. All funds received during the period, October 1, 2009 to September 30, 2010, should be accounted for and included. **As a reminder, your agency's audit report is due to VDA by December 15th.** One 30-day extension may be requested in writing, but the extension request must be received before December 15th.