NEIGHBORHOOD ASSISTANCE PROGRAM FOR EDUCATION (NAPE) 2024-2025

Certification Statement for Organizations and Groups Receiving Revenue from an Applicant for NAPE

Section 1: To be completed by Applicant Organization

|  |
| --- |
| **Applicant Organization Name:** Click or tap here to enter text. |
| **Name of Organization Receiving Revenue from the Applicant Organization:**Click or tap here to enter text. |
| **Applicant Organization Fiscal Year**Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date. |

Section 2: To be completed by Recipient Organization

# Dollar Amount of Revenue Provided by Applicant Organization during the time period listed in Section 1 Used to Provide Services to Low Income Persons and/or Students with a Disability Revenue

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Type** | **A-Dollar Amount Included in Attached Audit or Review (or compilation) performed by an independent certified****public accountant** | **B-Dollar Amount that will be Included in the recipient’s next Audit or Review (or compilation) performed by an independent certified****public accountant** | **Total Dollar Amount of Revenue Provided by Applicant Organization Used to Provide Services to Low Income Persons and/or Students with a****Disability (A+B)** |
| Scholastic Assistance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Scholastic Counselling | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Scholarships | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Non EducationalServices | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Persons Served with Revenue Provided by the Applicant Organization**

|  |  |
| --- | --- |
| **Service Type** | **Total Low Income Persons and/or Students with a Disability Served with Revenue provided by the****Applicant Organization** |
| Scholastic Assistance | Click or tap here to enter text. |
| Scholastic Counselling | Click or tap here to enter text. |
| Scholarships | Click or tap here to enter text. |
| Non-Educational Services | Click or tap here to enter text. |

I, the undersigned officer, certify that information above is accurate and complete to the best of my knowledge and that a) any revenue reported in Column “a” above is reflected **as revenue** in the audit or review for the most recent year ended performed by an independent certified public accountant, or, if our total revenues were $100,000 or less for the most recent year ended, a compilation for such year performed by an independent certified public accountant; and b) any revenue reported in column “b” above will be reflected as revenue in the audit or review for the current fiscal year performed by an independent certified public accountant, or, if our total revenues will be $100,000 or less, a compilation for the current fiscal year performed by an independent certified public accountant.

 Click or tap to enter a date.

## Signature of CEO, CFO or President of organization receiving revenue Date

 Click or tap here to enter text. Click or tap here to enter text.

Printed Name Title