

# Missouri Community Service Commission Records Retention Certification

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I \_\_\_\_\_, hereby certify that:

1. I am an authorized representative of \_\_\_\_\_.  
(Name of Organization)

2. All records and files related to this organization's AmeriCorps grants, including, but not limited to all member files are stored at the following location (name of facility and address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. This organization will retain all files related to its AmeriCorps grants in a secure area in a fireproof or waterproof cabinet and in file folders for a period of three (3) years from the end dates of AmeriCorps grant number: \_\_\_\_\_.

4. In the event of a state or federal audit or upon request, this organization shall make all files pertaining to the above-referenced grants available and accessible to an official of the State of Missouri, the Missouri Community Service Commission, the Corporation for National and Community Service and/or any qualified federal or state official making the request.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Please print the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_