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| **INSTRUCTIONS:**1. Per 601 KAR 9:130 [section 20] and KRS 186.164(14) all funds must be deposited into a separate account that must be audited every year at the expense of the group or organization to ensure that the funds are used solely for the specified purpose.
2. Every group or organization shall submit this form attesting its compliance with KRS 186.164(14).
3. In addition:
	1. A group or organization that receives no more than $15,000 during its fiscal year has no other documentation requirement.
	2. A group or organization that receives $15,001 to $75,000 during its fiscal year shall also submit the results of an internal or external audit.
	3. A group or organization that receives more than $75,000 during its fiscal year shall also submit the results of an external audit. Groups or organizations that are considered to be budget units in accordance with KRS 43.010(2) will give the Auditor of Public accounts the right of first refusal to perform that yearly audit.
4. All documentation must be submitted no later than ninety (90) days after the completion of the group or organization’s fiscal year.
5. **Mail documents to:** PO Box 2014, Frankfort KY 40601-2014
 |
| I hereby certify and attest that |       |  |
|  | *Group or Organization* |  |
| received the sum of $ |       | during |       | , representing payment(s) collected from the sale of |  |
|  |  |  | *Year* |  |  |
| special license plates. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pursuant to KRS 186.164(14), these funds were deposited into a separate account maintained by |  |  |  |  |
|  |       | and all the funds were used for |  |
|  | *Group or Organization* |  |  |
|  |       | . |
|  | *Purpose* |  |
| **Attestation:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |  |  |       |  |
|  | *Printed Name of Officer/Director*  |  |  | *Group or Organization* |  |
|  |  |  |  |  |  |
|  | *Officer/Director Signature* |  |  | *Witness Signature* |  |
| Subscribed and sworn before me this |  | day of |  | , |  | . |  |  |  |  |
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|  | *Printed Name of Notary* |  |  | *Notary Signature* |  |
| My commission #: |  |  | My commission expires: |  | / |  | / |  |  |
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