



Lancaster County EFSP Phase 40 USA Patriot Act Compliance form

Please certify that your organization complies with the USA PATRIOT Act and other counter-terrorism laws.

I certify that my organization:

1. Is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.
2. Does not, will not and has not knowingly provided or collected funds or other material support or resources* with the intention that such funds or material support or resources be used to carry out acts of terrorism.
3. Does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources to any individual or entity that is a terrorist or terrorist organization, or that supports or fund terrorism.
4. Does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.
5. Does not regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.
6. Takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.
7. Takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.

In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

| Authorized Agency Representative | | | |
|----------------------------------|--|------|--|
| Name | | | |
| Title | | | |
| Signature | | Date | |