

VERIFICATION OF 501(C)(3) STATUS*

We, the undersigned entity, hereby testify that the undersigned entity's 501(c)(3) status on file with the North Carolina Department of Health and Human Services is still in effect.

Name of Agency

Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me,

This is the _____ day of _____, 19__.

Notary Public

My Commission expires: _____

**** During the first year of a contract with a 501(c)(3) a copy of the 501(c)(3) must be obtained. From then on the Division must get this form signed by the vendor verifying that they still are a 501(c)(3).***