

**State of Ohio**  
**Ohio Emergency Management Agency**  
**NIMS Compliance Certification Statement**

I, [insert name of certifying official], [insert title] of the [insert agency/organization name]. I have reviewed [insert grantee agency/organization name]'s application and supporting documentation to the Ohio Emergency Management Agency for NIMS implementation and compliance with NIMS objectives.

I hereby certify:

- (1) that the [locality name] has sufficient legal authority provided by [locality name]'s lawfully enacted or promulgated statutes, ordinances, or regulations to adopt the NIMS requirements;
- (2) that such statutes, ordinances, or regulations are in full force and effect on the date of this certification;
- (3) that the tasks necessary to implement NIMS requirements have been accomplished to the "good faith effort" standard within the [locality name] by all disciplines receiving direct benefit as a result of federal preparedness funding; and
- (4) that [insert grantee agency/organization name] has reviewed the specific tasks in the FEMA NIMS Implementation Objectives and completed the annual NIMS survey as provided by the Ohio EMA in its grant announcement.

To assist Ohio EMA's review of this application, additional evidence of compliance may be requested and reviewed by Ohio EMA and must be made available upon request. I understand failure to provide the information may result suspended or terminated funding.

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[insert name of grant signatory]

[insert title]

[insert date]