



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437
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**Addendum for Summer Food Service Program
Assurance and Certification Statement Form**

Print Full Name: _____ Agreement#: _____ TIN#: _____

Name of Organization: _____
Responsible Party

Address: _____
Physical Address of Sponsoring Organization

I certify:

1. That the information submitted on and with this form, as well as all submitted online application/agreement forms, requests for advances, claims for reimbursement, and all attachments are true and correct. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I certify that this organization will directly operate the program in accordance with 7 CFR 225.14(d)(3).
2. I do hereby provide assurance that this organization will be operated in compliance with all nondiscrimination laws, regulations, instructions, policies, guidelines, and will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws regulations, policies, instruction, and guidelines. This agreement permits authorized USDA personnel to review such records, books, and account as needed during hours of program operation to ascertain compliance.
3. That the site(s) will only claim meals served to children.

Please check if serving any of the sites below:

Homeless Sites

A complete list of homeless sites must be attached to this form. Make sure you include the following for each site:

1. Information from the homeless liaison, demonstrating each site is not a residential childcare institution
2. A description of the method used to ensure that no cash payment or other in-kind services are required for meals service.

Camps

A complete list of camps must be attached to this form. Make sure you include the following for each camp:

1. The number of enrolled children
2. The number of eligible children in each session who meet the Program's income standards.

If such information is not currently available, I _____ certify that it will be submitted as soon as possible thereafter and in no case later than the filing of the first claim for reimbursement for each session 7 CFR 225.6(c)(2)(H).

Closed Enrolled Sites

A complete list of enclosed sites must be attached to this form. Make sure you include the projected number of children eligible for free and reduced priced meals.

If you checked “NO” on your application (SFSP 2161, Question 7a) as to whether your organization provided an on-going year-round service to the area in which you intend to provide the SFSP, indicate whether one of the following criteria apply 7 CFR 225.6(b)(4):

- We serve a residential camp.
- We propose to provide a service for the children of migrant workers.
- A failure to operate would deny the SFSP to an area in which poor economic conditions exist.
- A significant number of needy children will not otherwise have reasonable access to the program.
- We propose to serve an area affected by an unanticipated school closure during the period of October through April (or at any time of the year in an area with a continuous school calendar.)
- None of these are applicable.

System for Serving Meals:

A detailed description of the organized and supervised system to be used for serving meals to attending children must be attached to this form.

Program Monitoring:

A detailed description of the organization’s plan to monitor the operations of SFSP to ensure adherence to 7 CFR 225 must be attached to this form.

Competitive Bids for Meals:

A copy of the invitation to bid and schedule of bid dates must be attached to this form.

National Youth Sports Program (NYSP)

1. A list of all NYSP sites must be attached to this form.

I, _____ certify that all children who will receive program meals are enrolled participants in NYSP.

SFSP Heat Waiver

List all sites that will participate in this demonstration project below.

Title: _____

Signature: _____

Date: _____

HNU Program Administrator’s Signature: _____

Date: _____

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____
PM Snack _____

Site Name: _____ County of Site: _____
Site Address: _____
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____
PM Snack _____

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