

Alabama Child and Adult Care Food Program Certification Statements

Name of Organization _____ Agreement No. _____

Other Publicly Funded Programs:

In the past seven years, the above named organization has received funding from the following public sources:

<u>Name</u>	<u>Location</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(Use additional sheets or back of page if necessary)

I certify that neither the above named organization nor any of its principals is ineligible to participate in any of the programs listed above or attached, by reason of violating that programs requirements. Any individual or organization previously declared ineligible to participate in any publicly funded program, but reinstated in or determined eligible for that program, including payment of any debts owed, may provide documentation to that effect.

Civil Rights Compliance

I certify that all enrolled participants are accepted regardless of race, color, age sex, disability or national origin and that unserved populations have equal opportunity to participate. In addition, neither the above named organization nor any of its principals has ever been found to be in noncompliance of the civil rights laws by any Federal agency. I further agree to notify the State Agency of any lawsuit or complaints filed against our organization in regard to civil rights violations.

If applicable, please describe any civil rights compliance reviews conducted within the past two years. List the name of the agency or organization performing the review and the outcome (use back of page if necessary).

Criminal Convictions

I certify that neither the above named organization nor any of its principals have been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity. Convictions indicating a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or any other activity indicating a lack of business integrity as defined by the Alabama Department of Education.

Bookkeeping System

Describe the bookkeeping or accounting system you use to manage your Child and Adult Care Program funds.

Do you use the Monthly General Journal?

Yes No, if no, describe your accounting system in detail (use back of page if necessary)

Outside Employment Policy

I certify that all employees who have responsibilities relating to the operation of the Child and Adult Care Food Program are prohibited from obtaining outside employment that constitutes a real or apparent conflict of interest. In addition, all outside employment must be performed outside of their regular work hours for this organization.

Signature of Official Representative

Date