FAMILY DAY CARE HOME PROGRAM
STATEMENT OF AUTHORITY FOR
AUTHORIZED CONTACTS

Name of Sponsoring Organization _______________________________________________________

The following named individual(s), being official(s) of the above named sponsoring organization, are
authorized contacts for the Family Day Care Home Program. This individual(s) should be contacted on matters
pertaining to the submission of and/or the correction of discrepancies with the claim for reimbursement. Any
change or corrections to the claim should be provided to the official representative of the sponsoring
organization.

(1)
Name________________________________________ Title________________________ Phone No.____________

(2)
Name________________________________________ Title________________________ Phone No.____________

(3)
Name________________________________________ Title________________________ Phone No.____________

The individual(s) named above, and I, understand that the information on the claim for reimbursement is being
given in connection with the receipt of federal funds and that all of the provisions of the Family Day Care Home
Program Agreement Between Sponsor and USDA/Alabama Department of Education (Form FNS-80) apply. I
further understand that any deliberate misrepresentation may subject me to prosecution under applicable State
and Federal criminal statutes.

Name ___________________________________________ Title ______________________________

Signature __________________________________________ Date ________________________
(This is the official representative of the sponsoring organization.)