

**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.)