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.)