



## Division of Child Care and Early Childhood Education

P.O. Box 1437, Slot S155 · Little Rock, AR 72203-1437  
501-682-8869 · Fax: 501-682-2334 · TDD: 501-682-1550



### Addendum for Summer Food Service Program Assurance & Certification Statement Form All agreements with the State Agency are permanent agreements

Agreement # \_\_\_\_\_ TIN \_\_\_\_\_

\_\_\_\_\_  
(Print full name Responsible Party)

\_\_\_\_\_  
(Name of Sponsor Organization)

\_\_\_\_\_  
(Physical Address of Sponsoring Organization)

**Part I** I certify 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).

**Part II** I hereby provide assurance that this organization will be operated in compliance with all nondiscrimination laws, regulations, instructions, policies, and guidelines; and will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, and policies, instructions and guidelines. This agreement permits authorized USDA personnel to review such records, books, and accounts as needed during hours of program operation to ascertain compliance.

#### **Part III Homeless Sites**

\_\_\_\_\_ Check here if serving any homeless sites and **attach** to this form a complete list of all homeless sites. For each homeless site, include the following:

- information from the homeless liaison demonstrating each site is not a residential child care institution, and
- a description of the method used to ensure that no cash payments or other in-kind services are required for meal service.

I certify that the site(s) will only claims meals served to children.

#### **Part IV Camps/Closed Enrolled Sites**

##### **Camps:**

\_\_\_\_\_ Check here if serving any camps, **attach** a list of all camps, and provide the number of enrolled children and 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:**

\_\_\_\_\_ Check here if serving any closed enrolled sites, and **attach** a list of all enclosed sites, and provide the projected number of children enrolled and the projected number of children eligible for free and reduced price meals for each site.

**Part V**

If you checked “No” on your application as to whether your organization provides 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 from October through April (or at any time of the year in an area with a continuous school calendar).

**Part VI System for Serving Meals**

**Attach** to this form is a detailed description of the organized and supervised system to be used for serving meals to attending children.

**Part VII Program Monitoring**

**Attach** to this form is a detailed description of the organizations plans to monitor the operations of SFSP to ensure adherence to 7 CFR 225.

**Part VIII Competitive Bids for Meals**

\_\_\_\_\_ Meals will be competitively bid. **Attach** to this form is a copy of the invitation to bid and a schedule of the bid dates.

**Part IX National Youth Sports Program (NYSP)**

\_\_\_\_\_ If serving any NYSP sites. I certify that all children who will receive Program meals are enrolled participants in the NYSP. Provide a list of all NYSP sites.

**Part X SFSP Heat Waiver Demonstration**

\_\_\_\_\_ Does your organization plan on participating in the Heat Waiver Demonstration Program this year if available? If yes, please attach a list of sites within your SFSP application that will participate in this demonstration project.

\_\_\_\_\_  
**Signature/Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HNU Administrator**

\_\_\_\_\_  
**Date**