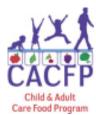
Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program

Closeout Certification- Attachment A



Submit the original to the State agency and retain one copy for your files.

	-			
Institution Name:				
Agreement #:				
Contact Person:				
Address:				
Phone Number:				
E-Mail Address:				
			the closeout of the Child a undersigned certifies that,	
All activities undertaken with the CACFP agreement		ınds provided under thi	s agreement have been carried	out in accordance
 During the administrati CACFP activities; 	on of this agreement, no fraud	d, waste, or mismanage	ment has occurred in carrying o	ut the approved
All costs associated wit	h these activities have been ir	ncurred;		
• Proper provision has be	een made for the payment of	all unpaid costs and un	settled third-party claims;	
 CACFP is under no oblig agreement; and 	ation to make any payment to	o the Institution in exce	ss of the amount identified in th	ie CACFP
Every statement and ar	nount set forth in the final bu	dget (if applicable) is tr	ue and accurate as of this date.	
Further, I hereby acknow	wledge the remaining oblig	ation(s) under the ter	ms of the agreement and ag	ree as follows:
staff, the state auditor, of this agreement at any ti	or the Comptroller General me. Financial records, supper etained for a period of the Acknowledgment).	of the United States porting documents, st	re (USDA), the Office of In staff may monitor compliand atistical records, and all oth date of submission of the fi	ce with the terms of er records pertinent
	Ji	GIVATORE WARRAN	111	
	elow warrants that he or sho the terms and conditions o	•	sign this certification and to	bind the party for
Printed	Name		Title	

Signature of Authorized Institution Representative

Date