

**South Carolina Department of Social Services  
Child and Adult Care Food Program (CACFP)  
CERTIFICATION STATEMENT  
Non-Profit Institutions**

Agreement No.: \_\_\_\_\_ Institution: \_\_\_\_\_

Name of Board Members	Title/Position	Date of Birth	Complete Mailing Address	Phone Number	Family Relationship to Other Board Members
<b>Sample:</b> Mr. John Doe	Member	03/02/58	102 John Street Columbia, SC 29000	(803) 734-4000	
	Chairperson				

1. We certify that we are in compliance with all applicable state rules and regulations, and that in the past seven years, neither this institution nor its principals have been declared ineligible to participate in any other publicly funded program by reason of violating program's requirements.
2. We certify that during the past seven years, neither this institution nor any of its principals have been convicted of any activity that indicated a lack of business integrity (this includes but not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice).
3. We certify that none of the institution's CACFP employees or principals have been associated with any institution terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or has been placed on the National Disqualified list.
4. We understand that the submission of false information to the state agency is grounds for termination or denial from the Child and Adult Care Food Program as described in 7 CFR 226.6 (c) 2.
5. We understand that any deliberate misrepresentation of CACFP records will subject us to prosecution under applicable State and Federal Criminal statutes.
6. We certify that the information provided in this application is true and correct to the best of our knowledge.
7. The above board members as indicated are currently overseeing activities for this institution as of the date of completion.

Print Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_