

<b>Sponsor Number:</b> _____	<b>Certificate of Authority</b>	<b>Fiscal Year 2016</b>
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The following persons agree to abide by all terms and conditions as set forth in the following:

- Program Application and Agreement, Part I (NDE 01-017)
- Program Application Permanent Agreement, Part II (NS-407-G)  
 The permanent agreement will remain in effect until amended by either the State Agency or the Institution
- Center Site Information (NDE 01-018) (one per each site participating under this agreement)

and all of the following that apply:

- NEW For Profit Centers – Proprietary For-profit Statement (NDE 01-030)
- NEW Sponsors – NDE 01-032 – Civil Rights Pre-Award Compliance
- NEW Sponsors of Multiple Sites – a copy of the Sponsor’s policy on outside employment (required at time of initial application)
- Pricing Programs Policy Statement (NDE 01-036)
- Nutrition Services Computer Access Application and Agreement (NDE 01-033)

The following persons certify that the information supplied herein is true and correct to the best of his/her knowledge.

The following persons acknowledge that they, as individuals, may be held legally, administratively and financially responsible for program operations which result in an overclaim and/or any findings of serious deficiencies in program operations.

The following persons understand that any claims submitted to the Nebraska Department of Education that are signed by anyone other than those persons listed below will not be paid.

The following persons agree that the institution named on page one of this Program Application and Agreement (NDE 01-017) must notify the Nebraska Department of Education within 10 days of any change in corporate structure, ownership or Responsible Individual or Principal and submit a new Certificate of Authority. Responsibility ceases only upon written notification to NDE.

*NOTE:* A maximum of two persons may be authorized to sign claims. Only those persons identified as Responsible Individuals or Principals below may sign claims for reimbursement. At least one of the two persons signing below must have completed the Nebraska Department of Education Nutrition Services training on CACFP.

<b>Responsible Individual or Principal – 1</b> authorized to sign claims		
Name: (First, Middle Initial, Last)		
Date of Birth: (required) mm/dd/yyyy:	_ _ / _ _ / _ _ _ _	
Title:		
Email:		
Business Phone:	(     )	Ext:
Other Phone:	(     )	Ext:
Fax:	(     )	
Signature		Date Signed:

<b>Responsible Individual or Principal – 2</b> authorized to sign claims		
Name: (First, Middle Initial, Last)		
Date of Birth: (required) mm/dd/yyyy:	_ _ / _ _ / _ _ _ _	
Title:		
Email:		
Business Phone:	(     )	Ext:
Other Phone:	(     )	Ext:
Fax:	(     )	
Signature		Date Signed: