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 site participating under this agreement

and all of the following that apply:

- for NEW For-Profit Centers Proprietary For-profit Statement (NDE 01030)
- for NEW Sponsors Civil Rights Pre-Award Compliance (NDE 01-032)
- for 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 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 Recordkeeping, Meal Pattern and Production Records, and Infant Feeding (if applicable).

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

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

Agreement Number:	Organization Representatives Authorization Statement	FY 2024
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This is to certify that the person(s) designated as Responsible Individual or Principal as listed on the sponsor application (NDE 01-017) is/are authorized to 1) enter into the permanent written agreement on behalf of the owner or sponsoring organization with the Nebraska Department of Education for the operation of the Child and Adult Care Food Program at the sponsoring organization and center(s) identified in this application; 2) is/are authorized to submit claims for reimbursement for the Child and Adult Care Food Program; and 3) is/are authorized to sign for the owner/sponsoring organization on any other documents or reports relating to the Child and Adult Care Food Program. The sponsoring organization and the sponsoring organization representative understands that they are legally and financially responsible for all actions taken by the Responsible Individual or Principal, pursuant to this authorization.

NONPROFIT ORGANIZATION or PUBLIC AGENCY AT LEAST ONE PERSON MUST SIGN FOR NONPROFIT ORGANIZATIONS; Contact information required for both CEO and Board Chair/President (required by 7 CFR 226.6(b)(xiv) **Executive Director OR Chief Executive Officer** Name: (Please print legibly) (First, Middle Initial, Last) Date of Birth: (required) mm/dd/yyyy: Title: Email: **Business Phone:** Ext:) Address City State Zip Signature Date Signed: Chair/President, Board of Directors, Non-Profit Institution ☐ same as above Name: (Please print legibly) (First, Middle Initial, Last) Date of Birth: (required) mm/dd/yyyy: Title: Email: **Business Phone:** Ext:) Address City State Zip Signature Date Signed: PRIVATELY-OWNED, FOR-PROFIT BUSINESS - OWNER Name: (Please print legibly) (First, Middle Initial, Last) Date of Birth: (required) mm/dd/yyyy: Title: Email: **Business Phone:** Ext: Address State City Zip Signature Date Signed:

Nebraska Department of Education Nutrition Services 301 Centennial Mall South P.O. Box 94987 Lincoln, NE 68509-4987 NDE 01-033 Revised April 2023 Page 2 of 2

Authorized Representative/Responsible Individual Profile ation must match online program application and signatures must be kept current)

(Information must match online program ap	plication and signatures must be kept current)	
Print Name of Authorized Representative/Responsible Individual	2. Signature of Authorized Representative/Responsible Individual	
3. Title of Authorized Representative/Responsible Individual	4. Date of Birth of Authorized Representative/Responsible Individual	
5. Sponsor/System Name	6. Agreement Number (assigned by NDE)	
7. Email address	8. Telephone Number ()	
Sponsor/System Appro	val for CNP System Access	
9. Printed Name of Board President/Owner/CEO	10. Signature of Board President/Owner/CEO	
11. Title of Board President/Owner/CEO	12. Date of Birth of Board President/Owner/CEO	
13. Telephone Number ()	14. Date Signed	
Summer Food Service Program	e Center Family Day Care Home Sponsor rition Services at nde.nsweb@nebraska.gov.	
•	JSE ONLY	
☐ Request Granted	☐ Request Denied	
URL: https://nutrition.education.ne.gov	Director, Nutrition Services	
User ID Ro	Revocation Date	
An email with the subject line "Confirmation Email for Us to the email for your first time log on to the CNP system sent to NDE.	<u>erID</u> " will be sent to the email address listed in #7. Please refer in . If this individual leaves the organization, a new form must be	
Additional programs requested after initial Computer Access in # Program National School Lunch Program, School Breakfast Program	Effective Date	
Child and Adult Care Food Program (Check One) Child Care Center Adult Care Center Summer Food Service Program	Revocation Date	