

Agreement Number: _____	Certificate of Authority	Fiscal Year 2024
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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 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: <i>(Please print legibly)</i> (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: <i>(Please print legibly)</i> (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: <i>(Please print legibly)</i> (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: <i>(Please print legibly)</i> (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: <i>(Please print legibly)</i> (First, Middle Initial, Last)				
Date of Birth: (required) mm/dd/yyyy:		_ _ / _ _ / _ _ _ _		
Title:				
Email:				
Business Phone:		()		Ext:
Address				
City		State	Zip	
Signature			Date Signed:	

