

## ADULT CARE FOOD PROGRAM

### CERTIFICATION STATEMENT REGARDING BUSINESS INTEGRITY AND PUBLICLY FUNDED PROGRAM COMPLIANCE

Name of Institution: \_\_\_\_\_

Contract Number: \_\_\_\_\_

All Adult Care Food Program (ACFP) Institutions must provide a declaration of eligibility to participate in the ACFP, based on the criteria that the institution has not been disqualified, nor have any of the principals of the institution or sponsored facilities been disqualified, from any publicly funded program because of a violation of that program's requirements. "Publicly funded program" means any program or grant funded by federal, state, or local government.

The ACFP Institutions are required to report the name of all publicly funded program(s) that the institution and the principals of the ACFP Institution and each sponsored facility have participated in within the past seven years. "Principal" means any individual who holds a management position within, or is an officer of, an ACFP Institution or sponsored facility. Principals include all members of the ACFP Institutions and/or the sponsored facility's board of directors.

**List the publicly funded programs** participated in within the past 7 years by: 1) the ACFP institution and 2) the principals of the ACFP institution and sponsored facilities:

|    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

To add more publicly funded programs, list on a separate page.

I certify that the ACFP Institutions and principals of the ACFP Institutions and sponsored facilities have not been disqualified from any publicly funded program because of a violation of that program's requirements within the past seven years. In addition, I certify that neither the ACFP Institution nor the principals of the ACFP Institution or sponsored facility have been convicted within the past seven years of any activity that indicated a lack of business integrity. A business-related offense includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.

\_\_\_\_\_  
Signature of the Chairman of the Board, President, Owner Date or Delegated  
Authority

*Note: Any organization or individual that provides false information on this form will be subject to applicable civil or criminal penalties and will be placed on the National Disqualified List.*