Certification Signature Page

This form must be signed by the individual from each proposed district, school, or organization who holds the title listed below.

Certification

I hereby certify that, to the best of my knowledge, the information and data contained in this application are true and correct. The applicant's governing body has duly authorized this application and documentation, and the applicant will comply with the Program Specific Assurances (if applicable) and the South Carolina Department of Education (SCDE) Assurances and Terms and Conditions for U.S. Department of Agriculture (USDA) Subawards if the grant is awarded. The applicant has an active unique entity identifier (UEI) in the federal System for Award Management (SAM). I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812. If selected, we agree to implement the program as outlined in the information provided and to implement the project in a manner consistent with the policies and procedures established by the SCDE and the USDA. Further, we agree to participate in any SCDE- or USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

District:	**School:**

Authorized Official: School District Superintendent

Name:	Position:
Telephone:	Email:
Signature:	Date Signed:
Signature of Financial Official:	Typed name of Financial Official:
Date Signed:	
Signature of Child Nutrition Director:	Typed Name of Child Nutrition Director:
Date Signed:	
Signature of School Cafeteria Manager:	Typed Name of School Cafeteria Manager:
Date Signed:	
Signature of Principal:	Typed Name of Principal:
Date Signed:	
Food Service Management Company Rep.:	Typed Name of FSMC Representative:
Date Signed:	