



Closeout Certification- Attachment A

Submit the original to the State agency and retain one copy for your files.

Institution Name:	
Agreement #:	
Contact Person:	
Address:	
Phone Number:	
E-Mail Address:	

This certification sets forth the terms and conditions associated with the closeout of the Child and Adult Food Care Program (CACFP) agreement and any applicable amendments. The undersigned certifies that, to the best of their knowledge:

- All activities undertaken, or to be undertaken, with funds provided under this agreement have been carried out in accordance with the CACFP agreement;
- During the administration of this agreement, no fraud, waste, or mismanagement has occurred in carrying out the approved CACFP activities;
- All costs associated with these activities have been incurred;
- Proper provision has been made for the payment of all unpaid costs and unsettled third-party claims;
- CACFP is under no obligation to make any payment to the Institution in excess of the amount identified in the CACFP agreement; and
- Every statement and amount set forth in the final budget (if applicable) is true and accurate as of this date.

Further, I hereby acknowledge the remaining obligation(s) under the terms of the agreement and agree as follows:

I understand that the CACFP, United States Department of Agriculture (USDA), the Office of Inspector General (OIG) staff, the state auditor, or the Comptroller General of the United States staff may monitor compliance with the terms of this agreement at any time. Financial records, supporting documents, statistical records, and all other records pertinent to this grant shall be retained for a period of three years from the date of submission of the final expenditure report (See Record Retention Acknowledgment).

SIGNATURE WARRANTY

The individual signing below warrants that he or she is duly authorized to sign this certification and to bind the party for whom he or she signs to the terms and conditions of this Agreement.

Printed Name

Title

Signature of Authorized Institution Representative

Date