



Certification

2009 Equipment Assistance Grant for School Food Authorities

Name of SFA _____

Sponsor Agreement Number _____

- I certify that all of the information provided in this application is true and correct and that all local, state, and federal regulations regarding procurement and expenditures will be followed.
- I certify that these purchases are subject to audit and review by USDA and FLDOE.
- I certify that all funds will be obligated by September 30, 2009 and will be tracked separately from other School Nutrition Program funds.
- I certify that any funds received under this grant will be expended as stated in the application.
- I certify that all USDA required reporting will be completed and maintained on file.
- I certify that the capitalization threshold for this SFA is _____.

Signature of F.S. Director Title Date

Signature of Superintendent Title Date
or Designee

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