**Certification Agreement for Electronic Submission for CACFP Claims PY23**

Between Family Child Care Home Provider and Sunshine Connections, Inc.

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I acknowledge that the menu, meal count and attendance information that is stored on my computer must be made available immediately for review by staff from the Sponsor, State Agency, or USDA when requested. I certify that the above e-mail address will be the only address that I will e-mail my claim from unless I notify Sunshine Connections in writing before I submit my claim. I also understand that the information I enter and submit by e-mail is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in prosecution under applicable state and federal criminal statutes.

I understand that I cannot submit enrollment or infant offer forms by e-mail and will mail them to Sunshine Connections before the monthly due date. I will record my menu, meal count and attendance information daily. If I do not keep it daily on the computer, then I will keep a paper record of the menu, meal count and attendance information for review.

I, the undersigned, CERTIFY that the above information is true and correct to the best of my knowledge and that my signature here serves in place of any monthly signature requirement for all e-mail claimed menu, meal count and attendance information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

***Provider’s Signature Date Sponsor’s Signature Dat*e**