Institution Name: ____________________________ Agreement #: ______________

The institution certifies that neither the institution nor any of its principals has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity 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 as defined by the state agency. Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties.

The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

_________________________________________   _______ ___________
(Signature of Institution’s Authorized Representative)   (Date)

___________________________________________
(Title)

___________________________________________
(Printed Name)

DHHS Certification of Criminal Convictions  (6/11)
Nutrition Services