I certify that all key staff and facilities sponsored by 1. ________________________________ (Name of Sponsoring Organization) have been/will be trained on the following six required content areas for fiscal year 2013-2014:

- CACFP Meal Pattern
- Reimbursement Process
- Accurate Meal Counts
- Claim Submission
- Recordkeeping
- Civil Rights
  - Collection and use of data,
  - Effective public notification systems,
  - Complaint procedures,
  - Compliance review techniques,
  - Resolution of noncompliance,
  - Requirements for reasonable accommodation of persons with disabilities,
  - Requirements for language assistance,
  - Conflict resolution, and
  - Customer service.

I understand that the training(s) must be documented, specifying the date(s) of the training, the topics covered, location, and a list of all attendees.

2. ___________________________________ 5. __________________________
   (Signature of Authorized Representative)        (Date)

3. ___________________________________
   (Printed Name)

4. ___________________________________
   (Title)

Nutrition Services
(9/13)
Instructions for Completing the Sponsor Training Certification

1. Name of Sponsoring Organization: Provide the name of the institution.
2. Signature of Institution Authorized Representative: Provide the signature of the institutions authorized representative. Note: This person should be listed on the institution’s statement of authority.
3. Printed Name: Provide the printed name of the institutions authorized representative.
4. Title: Provide the title of the institution’s authorized representative.
5. Date: Provide the date in which the institutions authorized representative completed the form.