



**Effective Oct 1, 2018 through
Sep. 30, 2019**

Certification Agreement for Electronic Submission

Provider Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

E-Mail Address: _____

I acknowledge that the menu and attendance information that is stored on my computer must be made available immediately for review by staff from Child Care Links, KSDE 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 Child Care Links in writing before I submit my claim.

I 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 state or federal prosecution.

I understand that I cannot submit enrollment forms by e-mail and will mail them to Child Care Links before the monthly due date (which is the 15th of each month).

I will record my meal and attendance information daily. If I do not keep it daily on the computer, then I will keep a paper record of the meal 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 lieu of any monthly signature requirement for all e-mail claimed meal and attendance information.

Provider's Signature: _____ **Date:** _____

Sponsor's Signature: _____ **Date:** _____