

Weekend Schedule				
35. Normal Hours of Child Care Operation: Time Open:			Time Close:	
36. Weekend Meals:				
Meal Types		First Shift		Second Shift
Breakfast	Start Time	End Time:		
AM Snack	Start Time	End Time:	Start Time	End Time:
Lunch	Start Time	End Time:	Start Time	End Time:
PM Snack	Start Time	End Time:	Start Time	End Time:
Supper	Start Time	End Time:	Start Time	End Time:
Evening Sanck	Start Time	End Time:	Start Time	End Time:
37. Anticipated Closures:				
GENERAL QUESTIONS				
38. How are meals prepared? (Check all that apply)				
A. <input type="checkbox"/> Prepared on site B. <input type="checkbox"/> Other If other, please explain:				
39. Site will make meal counts and menu records available to the Contracting Entity by the following date of each month:				
40. Date of Pre-Approval visit:				
41. Has the provider ever been found guilty of committing fraud (including deferred adjudication) If Yes, provide the date the sentence expired:				
SIGNATURE DATE ON AGREEMENT				
Signature Date of Provider(s) from Permanent Agreement with Sponsoring Organization:				
Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:				

CERTIFICATION

I hereby certify that neither the Contracting Entity nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Contracting Entity, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the Texas Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability. I ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

 Signature - Day Care Home Provider

 Date

 Signature - Authorized Representative of contracting entity

 Date

Name (Please Type or Print)

Title