

STATE OF SOUTH DAKOTA ATTESTATION AND AGREEMENT
for United States Department of Agriculture Child & Adult Care Food Program
Administered by the State of South Dakota
Department of Education Child and Adult Nutrition Services

I hereby certify that neither the Local Agency/Sponsor nor its principals or 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 to the South Dakota Department of Education any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The South Dakota Department of Education 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 Local Agency/Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the listed USDA Food and Nutrition Service (FNS) Programs below administered by the South Dakota Department of Education. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age, or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), Department of Justice (28 CFR Parts 42 & 50), and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the program applicant received Federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with

Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signature appears below are authorized to sign this assurance on the behalf of the Program applicant.

In accordance with South Dakota state law, SDCL 1-56-10, regarding grant agreements, I the recipient or sub-recipient, attest to meeting the following requirements:

- (1) A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;
- (2) The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- (3) An effective internal control system is employed by the recipient's or sub-recipient's organization; and
- (4) If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

By signing this agreement and attestation, I certify that I am authorized to make this agreement and attestation on behalf of the Local Agency/Sponsor for the following US Department of Agriculture programs applications to the South Dakota Department of Education.

Federal Regulations Part	Catalog of Federal Domestic Assistance	Program Name
7 CFR 226	10.558	Child & Adult Care Food Program
7 CFR 250	10.555	Donation of Foods for Use in the United States, its Territories and Possessions and Areas Under its Jurisdiction (This gives the Cash In Lieu option)
2 CFR 200		Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

If you, the recipient or sub recipient, have concerns regarding the requirements listed above, please contact your state agency representative before signing this form.

West River Transit Authority
Local Agency/Sponsor Name

Barb Cline
Authorized Representative Name (printed or typed)

Executive Director
Title of Authorized Representative Name (printed or typed)

Barbara K. Cline
Signature of Authorized Representative

10-15-18
Date

