

2016 Summer Food Service Program (SFSP)
Training Certification Statement

By signing this document, I certify to the best of my knowledge and belief that I have completed the SFSP training requirements for 2016. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Print Name _____

Signature _____

Date _____

Organization Name _____

County/District Number (Agreement Number) _____