

**AFFIDAVIT FOR FEDERAL FUNDS EXPENDED
FOR-PROFIT SPONSORS**

CACFP Agreement # _____

Sponsor Name: _____

Address: _____

City/State/Zip: _____

Sponsor's Fiscal Year End Date: _____

Survey of Federal Funds Reimbursed

Total CACFP reimbursement for your most recently completed fiscal year \$ _____

ACS tuition reimbursement for your most recently completed fiscal year \$ _____

DSS tuition reimbursement for your most recently completed fiscal year \$ _____

Other Federal Funds reimbursed for your most recently completed fiscal year \$ _____

TOTAL Federal Funds reimbursed for your most recently completed fiscal year \$ _____

I certify, to the best of my knowledge, that the above information is true and accurate in all respects and documents are available to support the Federal Funds identified.

(Authorized Signature)

(Title)

(Date)

DUE: October 1, 2005

**SEND TO: Dwight LaDu, Associate Accountant
DON – CACFP – FISCAL UNIT
150 Broadway Floor 6 West
Albany NY 12204-2719**