



HEALTH & SAFETY SANITIZING AND CLEANING GRANTS AFFIDAVIT

Name of Child Care Provider: _____

Address: _____

City/State: _____

Agrees and promises to utilize the grant funding for the purpose(s) noted in the grant application in order to clean and/or sanitize the Child Care Providers facility or home.

In accepting these funds, the agency hereby certifies that it has not received reimbursement for the expenses for which it has applied for the grant from any other source including, but not limited to: School District or private grants.

This agreement is in effect as of: _____

If at any time during this period, the child care program receives funding from any other source for the services covered by this grant it agrees to reimburse the State of New Jersey, Department of Human Services, Division of Family Development within 30 days of receiving the funds.

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I know that submitting false information about my situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me to prosecution. I also understand that I will be requested to return all funding.

BY:

Child Care Program/Provider Authorized Signature:

Authorized Child Care Program/Provider Representative

Name _____

Please print

Title: _____