



Bright from the Start: Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive SE, 754 East Tower, Atlanta, Georgia 30334

## Nutrition Services-Child and Adult Care Food Program Annual Affirmation Statement

Agreement Number \_\_\_\_\_

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

CACFP Principal/Program Contact \_\_\_\_\_

In accordance with O.C.G.A. § 50-36-1, every agency shall verify the lawful presence in the United States under federal immigration law of any applicant for any public benefits; however, an applicant applying for a public benefit within the same agency or renewing an application for public benefit that has previously verified lawful presence, shall not be required to resubmit verification documents.

For purposes of this document, the Principal/Program Contact is the person authorized to act and represent the CACFP Institution for the purposes of carrying out the requirements of CACFP regulations and Bright from the Start policies and procedures. The Principal/Program Contact is an authorized representative of the corporation or partnership, who is able to legally bind the corporation or partnership. (See the chart at the end of this form for authorized representatives.)

**Please be advised that: In accordance with O.C.G.A. 16-10-20, any person who knowingly and willfully makes a false statement or submits a false document to a department or an agency of the state shall be guilty of a felony and face a penalty of up to a \$1,000 fine and up to five years imprisonment per violation.**

Find the section below that best applies to your application:

☐ **Same Principal/Program Contact and Signer of the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) as last year:**

If the Signer is the same as last year, complete and sign this statement:

I, \_\_\_\_\_ continue to be the applicant  
(Principal/Program Contact and Signer)

for \_\_\_\_\_ and have previously submitted verification of U.S. citizenship to  
(Institution Name)  
Bright from the Start.

\_\_\_\_\_  
Signature of the previously verified applicant

\_\_\_\_\_  
Date

**Please fax or mail this form to Bright from the Start: Georgia Department of Early Care and Learning-Nutrition Services  
Division-Attention: Application Specialist at 404-651-7430.**



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-----OR-----

☐ **Authorized Representative applying on behalf of the Principal/Program Contact on record with Bright from the Start:**

If a person other than the Principal/Program Contact is completing this form on behalf of the Principal/Program Contact, please give your name: \_\_\_\_\_ then affirm that the Principal/Program Contact remains the same as last year.

I, \_\_\_\_\_, affirm that \_\_\_\_\_, remains the  
(Authorized Representative) (Principal/Program Contact)

Principal/Program Contact of \_\_\_\_\_ and has previously submitted verification of U.S.  
(Institution Name)

citizenship to Bright from the Start.

\_\_\_\_\_  
Signature of person acting on behalf of the Principal/Program Contact

\_\_\_\_\_  
Date

**Please fax or mail this form to Bright from the Start: Georgia Department of Early Care and Learning-Nutrition Services Division-Attention- Application Specialist at 404-651-7430.**

-----OR-----

☐ **A different Principal/Program Contact that has previously submitted the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) and verification as a U.S. citizen to Bright from the Start.**

**Name of Principal/Program Contact:** \_\_\_\_\_

If Principal/Program Contact is a different from last year and has previously submitted the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) and verification as a U.S. Citizen to Bright from the Start, complete and sign this statement:

I, \_\_\_\_\_, am currently the Principal/Program Contact for  
(Principal/Program Contact)

\_\_\_\_\_ and have previously submitted the Affidavit Verifying  
(Institution Name)

Applicant Status for Public Benefit (SAVE Affidavit) and verification of U.S. citizenship to Bright from the Start.

\_\_\_\_\_  
Signature of Principal/Program Contact

\_\_\_\_\_  
Date

**Please fax or mail this form to Bright from the Start: Georgia Department of Early Care and Learning-Nutrition Services Division-Attention: Application Specialist at 404-651-7430.**



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-----OR-----

☐ A different Principal/Program Contact that has not previously submitted the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) and verification of lawful presence in the U.S. or has not previously submitted verification as a U.S. citizen to Bright from the Start.

Name of new Principal/Program Contact: \_\_\_\_\_

If the Principal/Program Contact is a different person from last year and has not previously submitted the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) and verification of lawful presence in the U.S. or has not previously submitted the Affidavit Verifying Applicant Status for Public Benefit (SAVE Affidavit) and verification as a U.S. citizen to Bright from the Start, please complete the SAVE Affidavit, attach secure and verifiable documentation and submit to Bright from the Start. The SAVE Affidavit is available on Bright from the Start's the website at:  
[http://www.decal.ga.gov/documents/attachments/SAVE\\_Affidavit.pdf](http://www.decal.ga.gov/documents/attachments/SAVE_Affidavit.pdf).

**For questions concerning the requirements or process for completing this form, please contact the following Nutrition Services staff:**

Demetria Thornton at 404.463.2182 or [Demetria.Thornton@decal.ga.gov](mailto:Demetria.Thornton@decal.ga.gov)

Paula Lawrence at 404.463.2111 or [Paula.Lawrence@decal.ga.gov](mailto:Paula.Lawrence@decal.ga.gov)

Shericka Blount at 404.651.7426 or [Shericka.Blount@decal.ga.gov](mailto:Shericka.Blount@decal.ga.gov)

**Submit this completed form to Bright from the Start using one of the following methods:**

- **Fax to** 404.651.7430
- **Mail to:**  
Bright from the Start: Georgia Department of Early Care and Learning  
**Attention: Nutrition Services-Application Specialist**  
2 Martin Luther King, Jr. Drive SE, 754 East Tower  
Atlanta, Georgia 30334

**Return by fax is preferred and will allow the shortest processing time. Make sure the documents you send are legible so they can be easily read and processed.**

The Principal/Program Contact for the CACFP Institution must be one the following below:

OWNERSHIP TYPE	WHO IS AUTHORIZED TO SUBMIT DOCUMENTS
Partnerships	Principal/Program Contact or <u>One</u> individual person in the partnership
Corporations (including Churches/Faith-Based organizations without tax-exempt status)	Principal/Program Contact or <u>One</u> officer of the corporation ( <u>not</u> the registered agent unless the registered agent is also an officer of the corporation)
Limited Liability Company (LLC)	Principal/Program Contact or <u>One</u> member <u>or</u> <u>one</u> manager, <u>or</u> an organizer if there are no members or managers



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