

## Attachment D: Statement of Assurances

- The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.
- The grantee agrees that it will comply with all federal, state, and local health, safety and civil rights laws and regulations in effect at any time during the course of this Grant. Any violation of applicable laws, rules and regulations may result in termination of this Grant.
- The fiscal agent will maintain such financial records, provide such information and afford access to the records as SRS finds necessary to carry out SRS duties.
- The grantee agrees to keep records, provide monthly information, carry out evaluations, and provide a summary report for the FS outreach pilot project.
- The grantee agrees that non-compliance with the requirement of the program could result in termination of funds.

I attest that I have read the assurances lined and will comply with their provision in the Food Stamp Outreach Grant.	
Title of Grant Program:	Print Name of Applicant Organization:
Print Name and Title of Applicant CEO/COO:	Applicant's Signature: