

FW: Confirmation - Attestation of Eligibility for Supply Chain Assistance Funding

Saddler, Vickie <VSaddler@lubbockcounty.gov>

Wed 3/9/2022 3:36 PM

To: Reeves, Mande <mnreeves@lubbockcounty.gov>

Hi Mande,

We need this added to the next Commissioners Court Agenda.

Would you be able to assist me with that since Katy is out?

Basically this is an attestation to receive this funding. Lubbock County will receive \$6,405.19 in funds to pay for unprocessed or minimally processed food items. Apparently we already qualify since 100% of our kids eat free meals.

We only had to access the link that was provided and answer the questions below.

What other information is needed? Let me know.

Thank you.

From: Smartsheet Forms <forms@app.smartsheet.com>**Sent:** Monday, March 07, 2022 9:32 AM**To:** Saddler, Vickie <VSaddler@lubbockcounty.gov>**Subject:** Confirmation - Attestation of Eligibility for Supply Chain Assistance Funding

Thank you for submitting your attestation for supply chain assistance funding. TDA will begin processing payments beginning in March. TDA will notify you if more information is required.

Attestation of Eligibility for Supply Chain Assistance Funding

- | | |
|--|--|
| 1. Contracting Entity (CE) Name | Lubbock County Juvenile Justice Center |
| 2. CE Identification (ID) | 01300 |
| 3. Select the Program in which you are currently serving and claiming breakfast and lunch meals | National School Lunch Program (NSLP)/Special Breakfast Program |

during SY 2021-2022

4. Having reviewed the amount allocated to my CE, I agree to receive the following SCA funding amounts.

a. The full allocated amount as listed on TDA's report.

4 c. If additional funds become available would you like to be considered? Yes

4(2). Do you currently have an Excess Fund Balance (EFB), defined as a level of net cash resources in your food service account that exceeds three months average expenditures? No

Notice

A deposit of SCA funds that results in an EFB will not place a CE out of compliance with federal regulations, although TDA expects that you are requesting funds due to an immediate and ongoing need. Additionally, while a current EFB will not exclude you from receiving SCA funds, TDA may contact you for additional information to better understand how the supply chain disruption has financially impacted your district.

I certify that my district/school has experienced supply chain disruptions during the public health emergency, including, but not limited to, unanticipated cancellation of food and supply contracts, reduced availability of certain foods, unexpected substitution of certain products, unpredictable increases in food and supply prices, and other obstacles



**related to pricing
and/or availability.**

**I certify that my
district/school has
experienced
financial difficulties
because of these
supply chain
disruptions.**

**My district/school
has documented the
supply chain
disruptions via
invoices and/or
vendor
notifications.**

**I agree to only use
SCA funds to
purchases domestic
unprocessed or
minimally
processed foods in
accordance with
USDA and TDA
guidance.**

**I certify that SCA
funds will not be
used for any labor,
indirect, or other
administrative
expenses.**

**I certify that my
district/school will
comply with all
record keeping and
review
requirements per 7
CFR 210.9(b)(17)
and 7 CFR 210.18,
which would
include maintaining
documentation
demonstrating
appropriate use of
SCA funds.**

**I certify that my
district/school will
comply with all
applicable Federal
procurement and
financial**

management requirements per 2 CFR 200.

I am an Authorized Representative (AR) of the Contracting Entity (CE) listed on the “FND-101, CERTIFICATE of AUTHORITY for EXTERNAL USERS” or “FND-135, USER ACCESS MANAGER FORM” that has been approved by TDA prior to this submission of this waiver notification.



I understand that it is the CE’s RESPONSIBILITY TO UTILIZE AND TRACK ALL ADDITIONAL FUNDING IN ACCORDANCE WITH ALL APPLICABLE REGULATIONS and that NON-COMPLIANCE MAY RESULT IN ADVERSE AND/OR FISCAL ACTION.



I am employed by the CE named on this waiver. I am not an employee of a Food Service Management Company (FSMC).



7. Authorized Representative Vickie
First Name

Authorized Representative Last Name Saddler

| | |
|-------------------------------------|--|
| 8. Contact First Name | Vickie |
| Contact Last Name | Saddler |
| 9. Contact Position/Role | Manager/Supervisor |
| 10. Contact Email | vsaddler@lubbockcounty.gov |
| 11. Contact Telephone Number | +1 (806) 775-1825 |
| 12. CFO Name | William Carter |
| 13. CFO Email | Wcarter@lubbockcounty.gov |
| 14. CFO Telephone Number | +1 (806) 775-1820 |

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