



FY26 Free/Reduced-Price Meal Pilot Program Assurances

By Initialing Each Assurance and Signing Below, the Organization Agrees:

1. To comply with all applicable state, and local requirements, and all Free/Reduced-Price Meal Pilot Program terms and policies, which include but are not limited to the FY26 Free/Reduced-Price Meal Pilot Program Guidelines. **Initials:** _____
2. To ensure that the allocation for the Free/Reduced-Price Meal Pilot Program is set up in ctcLink using the SBCTC assigned index. **Initials:** _____
3. To ensure your organization's awarded funds are fully expended by the end of the fiscal year or returned in a timely manner to allow redistribution to other system providers. **Initials:** _____
4. To ensure proper documentation for all approved expenditures is recorded, maintained in fiscal records, and available for audits and monitoring. **Initials:** _____
5. To submit an updated budget form to SBCTC for review and approval if there are any changes to your organization's approved budget. **Initials:** _____
6. To meet SBCTC deadlines as noted for data reporting, and if there are concerns, to notify the SBCTC in advance. **Initials:** _____
7. To participate in the facilitation of the Free/Reduced-Price Meal Pilot student survey each quarter. **Initials:** _____
8. To notify the SBCTC of any change in staffing administering the Free/Reduced-Price Meal Pilot, including a staffing coverage plan, to ensure all grant administrative requirements are met and program services continue in the absence of, or change in, program staff. **Initials:** _____

College Information and Signatures

College: _____

Name of Program Contact: _____ Phone: _____

Title: _____ Email: _____

Signature of Program Contact: _____ Date: _____

Name of Program Contact Supervisor: _____

Signature of Program Contact Supervisor: _____ Date: _____