DEPARTMENT OF EDUCATION

Food and Nutrition Services Management Division
501 Mariner Ave., Barrigada, Guam 96913
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CONTINUATION OF PARTICIPATION AND COMPLIANCE WITH CHILD NUTRITION PROGRAM REQUIREMENTS - SY 2026-2027

I hereby confirm the continuation of participation for the school identified below in the Guam Department of Education's Child Nutrition Programs (CNP) for School Year 2026-2027. As a condition of participation, and in accordance with applicable federal, local, and Department regulations, I certify that I will ensure compliance with program requirements outlined in 7 CFR Part 210 (National School Lunch Program), Part 220 (School Breakfast Program), and Part 226 (Child and Adult Care Food Program), GDOE Board Policy 705, and all GDOE Standard Operating Procedures (SOPs) governing CNP and other related activities at the school site.

SCHOOL ADMINISTRATOR (print name)	SIGNATURE
SCHOOL	DATE

Alternate Certifying Designee Authorization

In the event that I am unavailable, I hereby designate the following individual(s) to act as my authorized representative for CNP operations. The individual(s) named below is/are authorized to sign and certify any and all CNP documents and records on behalf of the School Administrator, including but not limited to: Daily / Monthly Meal Count Reports (DMCVR, MMCR), Cafeteria Weekly Reports / Food Acceptability Reports (CWR/FAR), and other CNP and FNSMD documents and reports.

PRIMARY ALTERNATE (required)	**SECONDARY ALTERNATE** (optional)
PRINT NAME & SIGNATURE	PRINT NAME & SIGNATURE
POSITION / TITLE	POSITION / TITLE

Designated Meal Program Personnel

To ensure continuity of CNP operations at the school site, I designate the following individuals to serve as meal clerks for School Year 2026-2027. **Note: Alternate Certifying Designee above may not complete documents as both Certifying Authority and Meal Clerk.** It shall be the responsibility of the School Administrator to notify the FNSMD of any changes to the individuals listed on this form to ensure continuity of operations.

PRIMARY MEAL CLERK (required)

PRINT NAME	SIGNATURE	POSITION / TITLE

ALTERNATE MEAL CLERK #1 (required)

PRINT NAME	SIGNATURE	POSITION / TITLE

ALTERNATE MEAL CLERK #2 (optional)

PRINT NAME	SIGNATURE	POSITION / TITLE