

ATTESTATION OF COMPLIANCE
Disaster Recovery Act of 2024, Hurricane Helene
Page 1 of 2

PSU/SFA Name: _____ **SFA Number:** _____

S.L.2024 – 51, The Disaster Recovery Act of 2024, allocated \$5M in non-recurring funds to the Department of Public Instruction for allocation to eligible public school units (PSU) for the purpose of repairing or replacing food nutrition equipment, food, and food nutrition supplies lost or destroyed as a result of damages caused by Hurricane Helene. PSUs are eligible for these funds if they (1) participate in the National School Lunch Program or School Breakfast Program (2) and are located within a county included in the federal disaster declaration due to Hurricane Helene.

Each eligible School Food Authority (SFA) must complete this Attestation Form to indicate the type of documentation submitted to substantiate the claim for reimbursement for funds to repair or replace equipment, food and food supplies. The Attestation Form also reflects acceptance of responsibility to comply with the provisions of S.L. 2024 – 51 to ensure State funds are returned to the State General fund in the event other funding sources are available to the PSU/SFA.

Part 1. Briefly describe the Loss and check the appropriate category:

Equipment (indicate repair, replace or no loss) Repair Replace N/A (no loss)

Describe: _____

Food loss (Indicate type of food lost) Frozen/Refrigerated Dry Goods Other

Describe: _____

Food Supplies (indicate type of loss) Food Prep Food Service Food Storage Other

Describe: _____

Part 2. Indicate Type of Documentation Submitted (check all that apply):

- Hand written inventory of food loss due to power outage, facility damage or use by first responders for emergency feeding, and the cost/value of the food or food supplies
 - Spread sheet showing food loss based on inventory and the cost/value of the food/food supplies
 - Beginning/Ending Inventory records, showing beginning/ending dates and the cost/value of the loss
 - Invoices, receipts, quotes for Equipment Replacement or Repair
 - Other (Please describe) _____
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Part 3. Indicate Cost of Equipment replacement or repair, Food Loss, and Food Supply Loss.

\$ _____ Actual Cost for Equipment Repair or Replacement

\$ _____ Actual Cost/Value for Loss of Food

\$ _____ Actual Cost/Value for Loss of Food Preparation, Service, Delivery Supplies

\$ _____ Total Loss of Equipment, Food and Food Supplies

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Continued – Page 2 of 2

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Part 4: Sources of funds to support replacement of Food and Food Supplies and repair or replacement of food preparation or service Equipment:

The PSU/SFA agrees to make all reasonable efforts to obtain and use local funds, payment from Insurance carrier, payment from FEMA claims, or other funds, if available, to support losses. Indicate the source of Funds the PSU/SFA will pursue to cover the losses (check all that apply):

_____ Local funds, grants, contributions, if available _____ Funds from Insurance Settlement, if available**
_____ Funds from FEMA Settlement, if available** _____ State Disaster Response Funds _____ Other funds

****The PSU/SFA MUST file loss claims with the PSU/SFA's Insurance Carrier and with FEMA.**

Part 5: Attestation Signatures:

My Signature below indicates the above-named documents are accurate and reflect actual losses and replacement costs caused by Hurricane Helene. My signature also indicates my agreement that any State funds in excess of local funds, insurance or FEMA reimbursement, or other funds available to cover Equipment, Food and Food Supply losses, will be returned to the NCDPI for return to the State General fund.

Print Name of Finance Officer

Signature

Date

Print Name of School Nutrition Director

Signature

Date

For Internal Use Only:

Reimbursement Amount: _____ **Date:** _____

Validated by: _____

Validator Notes: _____
