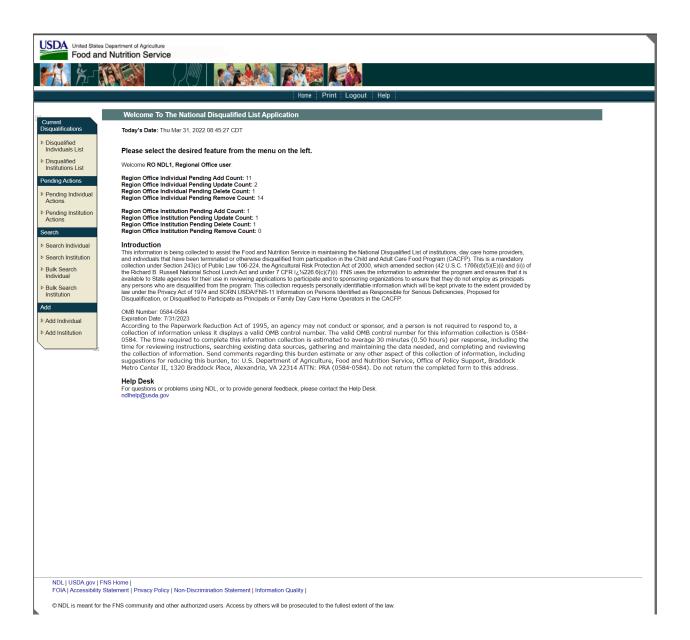
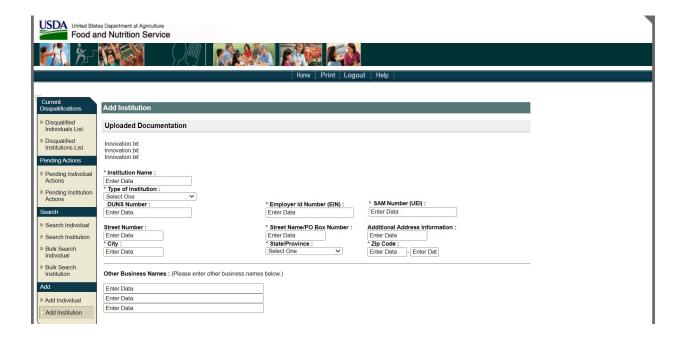
Attachment A-1

FNS-843- Report of Disqualification from Participation: Institution and Responsible Principals/Individuals



Attachment A-1

FNS-843- Report of Disqualification from Participation: Institution and Responsible Principals/Individuals



Disqualification Information		
* Program Type Select One > * State Agency Imposing Disqualification Select One > * Region : Mid Atlantic > * Termination Date : mmddyyyy * Debt Owed : Select One > Original Debt Amount : (Please enter the Amount Paid : (Please enter the amount Enter Data Date Debt Paid in Full :	e amount in US dollars)	
mmddyyyy		
*Disqualification Reasons: (Please select one or more disqualification reasons as applicable)		
not limited to a determination that the inst activity that occurred during the past seve business integrity. A lack of business integer embezzlement, theft, forgery, bribery, fals false statements, receiving stolen propert justice, or any other activity indicating a less take agency. Failure by a sponsoring organization facilities in accordance with \$226.16(d), Failure to properly implement and ad and administrative review provisions set if \$226.16(f), Failure to return to the State agency amount earned for serving eligible meals, expansion payments Failure to adjust meal orders to confeparatiopants Failure of a fact of business integrity includes fraud, antitrust bribery, falsification or destruction of reconstitution or property, making false claims, obst indicating lack of business integrity as clack of business integration accordance with the regulations at \$226.1 management plan	ins in the institution's application, including but its titution has concealed a conviction for any any areas and that indicates a lack of grity includes fraud, antitrust violations, iffication or destruction of records, making y, making false claims, obstruction of ack of business integrity as defined by the to properly train or monitor sponsored diminister the day care home termination forth at paragraph \$226.6(l) and any advance payments that exceeded the or failure to return disallowed start-up or form to variations in the number of the property of the state agency to disburse payments to its facilities in 16(g) and (h) or in accordance with its erved by a for-profit adult day care center in 25 percent of its enrolled adult officiaries company that is in violation of health	☐ Claiming reimbursement for a significant number of meals that do not meet Program requirements ☐ Claiming reimbursement for meals served by a for-profit child care center or a for-profit outside-school-hours care cent
Add Comments		
Please add Responsible Principa	als/Individual here:	
RPI 1: *First Name:	Middle Name:	*Last Name:
Enter Data	Enter Data	Enter Data
*Date of Birth:	Title: Enter Data	*Program Debt: Select One ✓
Street Number: Enter Data *City: Enter Data Other Names: (Please enter other names)	*Street Name/PO Box Number: Enter Data *State/Province: Select One	Additional Address Information: Enter Data *Zip Code: Enter Data Enter Dat
First Name:	Middle Name:	Last Name:
To remove the above Responsible Principa Click Save to save this action	als/Individual, click Remove button	<< Remove