

# ACF Annual Financial Report Certificate of Operation

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Facility Name

Facility Operating Certificate No.

Report Year

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I have read all the instructions and have examined the ACF Annual Financial Report (ACFAFR). I declare that all the information contained in the report, to the best of my knowledge and belief are true, correct, and complete.

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Name (Print)

Percentage Ownership  
(For Profit Only)

Title

/ /

Signature

Date

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**Please Note:**

**For Profit facilities:**

The certification statement must be signed **by each licensed operator**. For homes operating under an LLC, partnership or corporations with two or more members/ partners/stockholders, signatures representing 50% or more of the membership/partnership interest are acceptable.

**Not-For-Profit Facilities:**

The certification statement must be signed by the President (or another authorized officer), and the Chief Fiscal Officer or the Treasurer. These must be different individuals.