

Date:

To Alliance Member Services, on behalf of Nonprofits Insurance Alliance of California:

This document serves as an official certification that _____ has formally discontinued all FFA operations in the state of California as described below as of _____. Any and all licenses required to conduct FFA operations have ceased or been surrendered as of _____.

Foster Family Agency (FFA) operations include:

- the oversight or monitoring of certified homes and foster parents/resource families
- identification, recruitment, screening, training, approval, and/or certification of foster parents/resource families
- providing support to foster parents/resource families
- providing wraparound services, including but not limited to finding and/or placement of youth in foster/resource homes, including those providing respite or kinship care
- foster to adopt services

We further acknowledge and affirm that should we decide to engage in any FFA operations in the future we will immediately report this material change in operations to NIA and understand that we may no longer meet NIA underwriting requirements.

Authorized Representative of the Organization

Dated:

Title of Authorized Representative of the Organization