

**North Carolina
Department of Health and Human Services
Women's and Children's Health
Child and Adult Care Food Program**

FACILITY RENEWAL CERTIFICATION

[To be completed in lieu of re-submitting application for renewing facility.]

_____ *[print name of Sponsoring
Organization]* has previously submitted to the State Agency an application for each renewing facility under its sponsorship. I, _____ *[print your name]*, certify that during the current renewal cycle, the Sponsoring Organization has used the web-based NC CARES system to review each renewing facility's application already on file with the State Agency. Based on this review, I further certify that the information contained on the electronic application is true and complete to the best of my knowledge as of the date noted below. The facilities covered by this certification are listed on the attached schedule.

Signature or Authorized Representative

Title

Date

Schedule for Facility Certifications
(Use additional sheets as necessary)

NAME OF Facility	STREET ADDRESS, CITY, STATE & ZIP CODE
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