

Facility/Provider Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

**Child and Adult Care Food Program (CACFP)  
Annual Certification for Facilities**

This is to certify that \_\_\_\_\_ meets all of the requirements for  
(Name of Facility/Provider)  
participating in the Child and Adult Care Food Program. This means  
\_\_\_\_\_ certifies that:  
(Name of Facility/Provider)

- This facility, principal(s) or individual of a sponsored facility is not currently on the CACFP National Disqualified List;
- The Information on Owners and Principals is current;
- The Certification of Single Exclusive CACFP Agreement is current;

Any of the above information that has changed since the initial application has already been submitted to the Sponsoring Organization or is being submitted with this certification.

I certify that the above information is true and correct.

\_\_\_\_\_  
Name of Board Chair, Executive Director, Provider  
or individual with comparable title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title