

**Institution Name:** \_\_\_\_\_ **Agreement Number:** \_\_\_\_\_

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

This is to certify that \_\_\_\_\_ meets all of the requirements for  
(Name of Institution)  
renewing Institutions contained in 7 CFR §226.6(b)(2). This means  
\_\_\_\_\_ certifies that:  
(Name of Institution)

*For Sponsoring organizations only:*

- The management plan on file with the State agency is complete and up to date;
- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List;
- The outside employment policy most recently submitted to the State agency remains current and in effect;

*For all Institutions (sponsoring organizations and independent centers):*

- The names, mailing addresses, and dates of birth of all current Institution principals have been submitted to the State agency;
- The Institution itself, and the Institution's principals, are not currently on the CACFP National Disqualified List;
- The list of any publicly funded programs the Institution and principals have participated in the past seven years is current;
- The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements during the past seven years;
- No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity; and
- The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii);
- The management plan on file with the State agency is complete and up to date;
- The Statement of Authority on file with the State agency is current;
- The Information on Owners and Principals on file with the State agency is current;

- This Institution is not participating or applying to participate under the auspices of more than one CACFP agreement and therefore the Agreement with the State Agency is exclusive; and
- That during the current cycle, the Institution has used the web-based NC CARES system to review the Institution application and Center application(s) already on file with the State Agency. Based on this review, I further certify that, to the best of my knowledge, the information contained on the electronic application(s) is true, complete, and current as of the date noted below. The facilities covered by this certification are listed on the attached schedule.

Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification. (Please visit our website at [nutritionnc.com](http://nutritionnc.com) to print forms for information that has changed.)

I certify that the above information is true and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Schedule for Facility Certifications**  
(Use additional sheets as necessary)

<b>NAME OF FACILITY</b>	<b>STREET ADDRESS, CITY, STATE &amp; ZIP CODE</b>
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