

1. Institution Name: _____ 2. Agreement Number: _____

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

This is to certify that 3. _____ meets all of the requirements for
(Name of Institution)

participating Institutions contained in 7 CFR §226.6(b)(2). This means

4. _____ 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;
- All facilities under the sponsoring organizations auspices are licensed or approved to operate a day care.

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 Institution is licensed or approved to operate a day care facility;
- The Institution is currently tax exempt under the Internal Revenue Code of 1986 (private non-profit Institutions)

Instructions on the Reverse Side

Instructions for Completing the Annual Information Certification for Institutions

1. **Institution Name:** Provide the name of the institution.
2. **Agreement Number:** Provide the 4 digit agreement number for the institution.
3. **Name of Institution:** Provide the name of the institution.
4. **Name of Institution:** Provide the name of the institution.

- There are no unreported less-than-arms length transactions or other potential conflicts of interest have occurred in the past year and any anticipated less-than-arms length transaction or other potential conflicts of interest in the upcoming year has been disclosed to the State agency;
- The Budget on file with the State agency is current (Independent Institutions only).
- The Statement of Authority on file with the State agency is current;
- The management plan on file with the State agency is complete and up to date;
- 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, Center application(s), and day care home applications already on file with the State Agency. Based on this review, the Institution further certifies that, to the best of its 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.
- The following attachments are current:
 - Attachment A-General Terms and Conditions
 - Attachment B-Certifications
 - Attachment C – Reporting Requirements
 - Attachment D – No Overdue Tax Debt
 - Attachment E – Conflict of Interest

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 www.nutritionnc.com to print forms for information that has changed.)

I certify that the above information is true and correct.

5. _____
 Name of Board Chair, Executive Director,
 or Individual with comparable title

6. _____
 Date

7. _____
 Title

Instructions for Completing the Annual Information Certification for Institutions

- 5. Name of Board Chair, Executive Director, or individual with comparable title:** This document must be signed by one of the following:
- Board Chair
 - Executive Director
 - Individual with comparable title to the board chair or executive director
- 6. Date:** Provide the date in which the form was signed.
- 7. Title:** Provide the title of the person who signed the form.

8. Schedule for Facility Certifications-for Sponsoring Organizations

(Use additional sheets as necessary)

9. NAME OF FACILITY	10. STREET ADDRESS, CITY, STATE & ZIP CODE
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Instructions on the Reverse Side

Instructions for Completing the Annual Information Certification for Institutions

- 8. Schedule for Facility Certifications-For Sponsoring Organizations:** This page should only be completed and submitted by Sponsoring Organizations.
- 9. Name of Facility:** Provide the name of all facilities/providers sponsored by the institution. The total number of facilities/providers documented on this form must be the same number of facilities/providers documented in NC CARES.
- 10. Street Address, City, State, & Zip Code:** For each facility/provider listed, provide the current street address, city, state and zip code. The address of all facilities/providers must be consistent with the addresses documented in NC CARES.