

1. Institution Name: \_\_\_\_\_ 2. Agreement Number: \_\_\_\_\_

3. Facility Name: \_\_\_\_\_

**North Carolina Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section  
Nutrition Services Branch – Special Nutrition Programs  
Child and Adult Care Food Program**

Information on Owners/Principals-Facility  
(Unaffiliated Facilities)

Is any owner or principal of this Facility either an owner or a principal in any other institution or facility in the CACFP? 4.     Yes     No (For example: Jane Doe owns 25% of Business "A," an independent CACFP center, and is also a member of the board of Non-Profit "B," a CACFP sponsor of day care homes. This form should be completed by both Business "A" and Non-Profit "B," disclosing Jane Doe's role in each entity.)

7 C.F.R. § 226.2 defines *principal* as "any individual who holds a management position within, or is an officer of, an institution or a sponsored center, including all members of the institution's board of directors or the sponsored center's board of directors."

If yes, please complete the chart below and attach additional sheets if necessary: (Please include centers participating in other states and centers participating under Sponsoring Organizations)

5. Name of Owner/Principal	6. Agreement no. of other CACFP entity	7. Name of other CACFP entity	8. Address of other CACFP entity

The representations made herein on behalf of the facility are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

9. \_\_\_\_\_  
(Signature of Authorized Representative)

10. \_\_\_\_\_  
(Date)

11. \_\_\_\_\_  
(Printed Name)

12. \_\_\_\_\_  
(Title)

### **Instructions for Completing the Information on Owners/Principals-Facility**

1. Provide the name of the institution.
2. Provide the 4 digit agreement number for the institution.
3. Provide the name of the facility or the name of the day care home provider.
4. Please indicate if an owner or principal of this facility is an owner or a principal in any other institution or facility in the CACFP. Please check “yes” or “no” as appropriate.
5. If your response to number 4 was yes, complete the chart. Provide the names of all owner/principals of each facility with an agreement with the Child and Adult Care Food Program (CACFP). If your response to number 4 was no, go to number 9.
6. Provide the agreement numbers of all facilities with an agreement with the CACFP.
7. Provide the names of all facilities with an agreement number with the CACFP.
8. Provide the address of all CACFP facilities with an agreement number with the CACFP.
9. Provide the signature of the authorized representative.
10. Provide the date in which the form was signed.
11. Print the name of the person that signed the form.
12. Provide the title of the person who signed the form.