

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

**TRUTH OF APPLICATIONS AND NAMES AND ADDRESSES  
7 C.F.R. § 226.6 (b)(1)(xv) and (b)(2)(v)**

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

**All information submitted to the State agency with this application is 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.**

**3.** \_\_\_\_\_ / **4.** \_\_\_\_\_  
(Signature of Board Chair or Owner) (Date)

**10.** \_\_\_\_\_ / **11.** \_\_\_\_\_  
\*(Signature of Executive Director) (Date)

**5.** \_\_\_\_\_  
(Title)

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

**6.** \_\_\_\_\_ / **7.** \_\_\_\_\_  
(Printed Name) (Date of Birth)

**13.** \_\_\_\_\_ / **14.** \_\_\_\_\_  
(Printed Name) (Date of Birth)

**8.** \_\_\_\_\_  
(Street Address)

**15.** \_\_\_\_\_  
(Street Address)

**9.** \_\_\_\_\_  
(City, State, and Zip Code)

**16.** \_\_\_\_\_  
(City, State, and Zip Code)

**\* If the institution does not have an Executive Director, please include the requested information for the Director or equivalent position.**

**Instructions on the Reverse Side**

## **Instructions for Completing the Truth of Applications and Names and Addresses**

1. Provide the name of the institution.
2. Provide the 4 digit agreement number for the institution.
3. Provide the signature of the board chair or owner.
4. Provide the date in which the form was signed by the board chair or owner.
5. Provide the title of the board chair or owner.
6. Print the name of the board chair or owner.
7. Provide the complete date of birth for the board chair or owner.
8. Provide the street address for the board chair or owner.
9. Provide the city, state, and zip code for the board chair or owner.
10. Provide the signature of the executive director or director.
11. Provide the date in which the form was signed by the executive director or director.
12. Provide the title of the executive director or director.
13. Print the name of the executive director or director.
14. Provide the complete date of birth for the executive director or director.
15. Provide the street address for the executive director or director.
16. Provide the city, state, and zip code for the executive director or director.