

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 (CACFP)
INSTITUTION CERTIFICATION REGARDING DUAL PARTICIPATION IN SFSP AND CACFP**

INSTITUTION INFORMATION

Institution Name _____

Legal Name of Institution/principal (if different than above) _____ # of facilities _____

Institution's mailing address:

Street _____ City _____ State _____ Zip code _____

Is Institution's physical address same as Institution's mailing address? YES NO

If answering "no" to above question, please list Institution's mailing address below.

Street _____ City _____ State _____ Zip code _____

1. Have you ever participated in the Summer Food Service Program (SFSP)?

- YES If yes, continue to question 2 and complete the Certification Statement and Signature
 NO If no, skip to "Certification Statement and Signature" below.

2. While participating in any federal child nutrition program, has the Institution, the Institution's corporate organization, officers, or employees, or any of the sites overseen by the institution been: (check all that apply)

- Declared seriously deficient
 Been disqualified
 Listed on the National Disqualified CACFP list (NDL)

If any of the boxes above are selected, please provide the name of the federal child nutrition program and the year in which the infraction occurred: _____

Certification Statement and Signature

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that this information is being given for the receipt of federal financial assistance, and that a deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes and to applicable civil penalties.

Signature of Authorized Institution Representative _____ Date _____

Name of Authorized Institution Representative (printed) _____ Title _____