

**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
 CERTIFICATION REGARDING OTHER PUBLICLY FUNDED PROGRAMS
 7 C.F.R. §226.6 (b)(1)(xiii) and (b)(2)(iii)**

1. Institution Name: _____ **2. Agreement #:** _____

The institution certifies that, during the past seven years, neither the institution nor any of its principals has been declared ineligible to participate in any other publicly funded program by reason of violating that program's requirements.

Principal is defined 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.

Publicly funded program means any program or grant funded by Federal, State, or local government.

The institution further certifies that the list below is a complete list of other publicly funded programs in which the institution and its principals have participated in the past seven years. If an institution or principal previously declared ineligible is now eligible for the program, please attach documentation (a letter from the agency on agency letterhead) stating that the institution or principal is now eligible. Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties.

3. List of Publicly Funded Programs in which Institution and Principals have participated during Past Seven Years

(Attach additional sheets if necessary)

NAME OF FUNDING AGENCY	NAME OF FUNDING AGENCY
a.	g.
b.	i.
c.	j.
d.	k.
e.	l.
f.	m.
g.	n.

The representations made herein on behalf of the Institution 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.

4. _____ 5. _____ 6. _____
 (Signature of Institution Authorized Representative) (Date) (Title)

7. _____
 (Printed Name)

Instructions on Completing the Certification Regarding Other Publicly Funded Programs

- 1. Institution Name:** Provide the name of the institution.
- 2. Agreement #:** Provide the 4 digit agreement number for the institution.
- 3. Chart:** In the chart, provide a list of all publically funded program in which the institution and principals have participated in during the past seven years.
- 4. Signature:** Provide the signature of the institutions authorized representative.
- 5. Date:** Provide the date in which the form was signed.
- 6. Title:** Provide the title of the person who signed the form.
- 7. Print name:** Print the name of the person that signed the form.