

**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 of Single Exclusive CACFP Agreement

Institution Name: _____ Agreement number: _____

On behalf of _____, I _____,
(Name of Institution) (Name of Individual)

certify that neither this is participating or applying to participate under the auspices of more than one CACFP agreement and that, therefore, our Agreement with the State Agency is exclusive.

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.

(Signature of Authorized Representative)

(Date)

(Printed Name)

(Title)