

Sponsor Name: _____ Agreement Number: _____

**North Carolina Department of Health And Human Services
Women's and Children's Health
Child and Adult Care Food Program (CACFP)
ANNUAL INFORMATION CERTIFICATION FOR FACILITIES**

This is to certify that _____ meets all of the requirements for
(Name of Facility/Provider)

participating in the Child and Adult Care Food Program and certifies that:

- The facility, principal(s) or any individual of a sponsored facility is not currently on the CACFP National Disqualified List;
- The Information on Owners and Principals is current;
- The Certification of Single Exclusive CACFP Agreement is current;
- The facility has a current license to operate a day care facility/home;

- Any information that has changed since the initial application has already been submitted to the Sponsoring Organization or is being submitted with the 2018-2019 application update.

I certify that the above information is true and correct.

Name

Date

Title (Board Chair, Executive Director, Provider or Individual with comparable title)