

Institution Name: _____ **Agreement #** _____

**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 INSTITUTIONS**

This is to certify that _____ meets all the
(Name of Institution)

requirements for participating Institutions contained in 7 CFR §226.6(b)(2) and certifies that:

For Sponsoring Organizations only:

- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List;
- All facilities under the sponsoring organization's auspices are licensed or approved to operate a day care, as required.
- The serious deficiency procedures have not changed since approved by the State agency.

For all Institutions (Sponsoring Organizations and Independent Centers):

- The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii);
- The Institution is licensed or approved to operate a day care facility;
- There are no unreported less-than-arms length transactions or other potential conflicts of interest have occurred in the past year and any anticipated less-than-arms length transaction or other potential conflicts of interest in the upcoming year has been disclosed to the State agency;
- The Statement of Authority on file with the State agency is current;
- The management plan on file with the State agency is complete and up to date;
- The Outside Employment Policy most recently submitted to the State Agency remains current and in effect.
- The following attachments are current in NC CARES:
 - Attachment A – General Terms and Conditions
 - Attachment B – Certifications
 - Attachment C – Reporting Requirements
 - Attachment D – No Overdue Tax Debt
 - Attachment E – Conflict of Interest

Institution Name: _____ **Agreement #** _____

Please check the method you will use to determine the effective date of your Income Eligibility Applications (IEA). Please see policy memo CACFP 14-02 and CACFP 14-11. These memos can be found at <http://www.nutritionnc.com/snp/policy-memos.htm>. Institutions must check one of the boxes below. The selected method must be applied to all income eligibility forms submitted on behalf of all participants in all centers and homes.

- The date the adult participant or adult household member signs the IEA
- The date the parent or guardian signs the IEA (not applicable for schools)
- The date the Institution Representative signs the IEA
- The date the IEA is submitted (only applicable for schools)
- IEAs not required (Check one below)
 - Head Start
 - At-Risk Afterschool
 - Emergency Shelter

- Any of the above information that has changed since the initial application has already been submitted to the State agency 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, or Individual with comparable title)