

Institution Name: _____

Agreement number: _____

**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch - Child and Adult Care Food Program**

Certification of Single Exclusive CACFP Agreement

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

certify that neither this Institution nor any facility under our sponsorship (if any) is participating or applying to participate under the auspices of more than one CACFP agreement and that, therefore, our Agreement with the State Agency and each of our facility agreements (if any) 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)