

Institution Name: _____

Agreement number: _____

**North Carolina Department of Health and Human Services
Division of Public Health
Women’s and Children’s Health Section**

Information on Owners/Principals

Is any owner or principal of this Institution either an owner or a principal in any other institution or facility in the CACFP? ___ **Yes** ___ **No** (For example: Jane Doe owns 25% of Business “A,” an independent CACFP center, and is also a member of the board of Non-Profit “B,” a CACFP sponsor of day care homes. This form should be completed by both Business “A” and Non-Profit “B,” disclosing Jane Doe’s role in each entity.)

7 C.F.R. § 226.2 defines *principal* 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.”

If yes, please complete the chart below and attach additional sheets if necessary: (Please include centers participating in other states and centers participating under Sponsoring Organizations)

Name of Owner/Principal	Agreement no. of other CACFP entity	Name of other CACFP entity	Address of other CACFP entity

(Special Note for Sponsoring Organizations of Affiliated Centers: Regarding your affiliated entities only (i.e., those having the same legal identity), you do not need to provide the information above. For all other situations, however, you must provide any responsive information.)

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.

(Signature of Authorized Representative)

(Date)

(Printed Name)

(Title)