

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 – Special Nutrition Programs  
Child and Adult Care Food Program**

Certification of Single Exclusive CACFP Agreement

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
(Name of Institution) (Name of Individual)

certify that Institution is not 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)