



North Carolina Department of Health and Human Services
Division of Public Health, Nutrition Services Branch
Child and Adult Care Food Program



Certification of Single Exclusive CACFP Agreement Unaffiliated Facilities

On behalf of _____, I _____,
Name of Facility Name of Individual

certify this facility is not participating or applying to participate under the auspices of more than one CACFP agreement and, therefore, our Agreement with the Sponsoring Organization is exclusive.

I understand 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 of Authorized Representative

Title