



**Certification of Single Exclusive Child and Adult Care Food Program Agreement for Unaffiliated Facility or Family Day Care Home**

Institution Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

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

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

This institution is an equal opportunity provider.