



North Carolina Department of Health and Human Services
 Division of Public Health
 CHILD AND ADULT CARE FOOD PROGRAM
2022 ANNUAL INFORMATION CERTIFICATION
Sponsoring Organizations



Institution Name: _____ **Agreement #** _____

This is to certify the institution listed above meets all the requirements for participating Institutions contained in 7 CFR §226.6(b)(2) and certifies that with the submission of this certification and the 2022 Application Update:

	Information Certification Statements	Initials of Authorized Representative
1.	The names, mailing addresses, and dates of birth of all current Institution principals, as listed in the Statement of Authority and the NC CARES Institution Application, Board of Directors/Principals, and Facility Application(s) sections are accurate and up to date.	
2.	The Institution and its principals are not currently on the CACFP National Disqualified List (NDL).	
3.	No sponsored facility or principal of a sponsored facility is currently on the CACFP NDL. The Sponsoring Organization has checked the NDL for all sponsored facilities and their principals for the current CACFP Application Update period.	
4.	The list of publicly funded programs in which the Institution and its principals have participated in the past seven years is accurate and up to date.	
5.	The Institution and its principals have not been determined ineligible for any other publicly funded program, due to violation of the program’s requirements, in the past seven years.	
6.	No principals of the Institution have been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity.	
7.	The Institution is compliant with the required performance standards of financial viability, administrative capability, and Program accountability (7 CFR §226.6(b)(2)(vii)).	
8.	All facilities under the Sponsoring Organization are licensed or approved to operate a day care, as required. The Institution is aware of the requirement to report any changes in sponsored facility licensure or alternate approval to the State agency throughout the year.	
9.	Any less-than-arm’s length transaction or other potential conflict of interest has been reported to the State agency and has received Specific Prior Written Approval (SPWA). Any future less-than-arm’s length transactions or other potential conflicts of interest will be disclosed to the State agency for prior approval.	
10.	The management plan, job descriptions, and CACFP policies on file with the State agency are complete and up to date. The Sponsoring Organization is aware of the requirement to resubmit management plans, job descriptions, and policies when changes are made.	
11.	All contracts related to CACFP funding (Food Service Management Contracts, leases, etc.) have been obtained and/or updated following appropriate Federal procurement procedures and are complete, up to date, approved, and on file with the State agency.	

IF ANY OF THE ABOVE STATEMENTS CANNOT BE CERTIFIED, CONTACT THE STATE AGENCY FOR GUIDANCE.

This sponsoring organization acknowledges that they are a _____ non-pricing program or _____ pricing program.
 If a pricing program is used, free and reduced-priced meals are served to participants unable to pay the full price.

This sponsoring organization will accept _____ Commodities or _____ Cash in Lieu of Commodities.

(Choosing commodities does not automatically guarantee this option will be provided. North Carolina CACFP has never participated in commodities distribution. Tabulation of requests will be made to determine the economic feasibility of providing commodities and you will be notified as to the results.)

Indicate below any revised documents being submitted for approval for the 2021-2022 Application Update (Only documents with changes in the past year need to be submitted)			
<input type="checkbox"/>	Statement of Authority	<input type="checkbox"/>	Management Plan/Organizational Chart
<input type="checkbox"/>	List of Publicly Funded Programs	<input type="checkbox"/>	CACFP Job Descriptions
<input type="checkbox"/>	Facility License(s)	<input type="checkbox"/>	CACFP Policies and Procedures
<input type="checkbox"/>	Less-Than-Arm's Length Transactions	<input type="checkbox"/>	CACFP funded contracts (i.e. food service contracts)

Income Eligibility Applications Effective Date

Please check the method you will use to determine the effective date of your Income Eligibility Applications (IEAs)*, if applicable. The selected method must be applied to all IEA submitted on behalf of all participants in sponsored centers and homes. If not applicable, check the appropriate exception(s).

Child Care Centers and Family Day Care Homes (check one)			
<input type="checkbox"/>	Date the Institution Representative signs the IEA	<input type="checkbox"/>	The date the parent or guardian signs the IEA
Public Schools – Child care centers within public schools (Check one)			
<input type="checkbox"/>	Date the Institution Representative signs the IEA	<input type="checkbox"/>	The date the IEA is submitted
Adult Day Care Centers (Check one)			
<input type="checkbox"/>	Date the Institution Representative signs the IEA	<input type="checkbox"/>	The date the adult participant or adult household member signs the IEA
Exceptions (IEA NOT REQUIRED – Check all that apply)			
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	At-Risk Afterschool Meals Program	<input type="checkbox"/>	

*For more information on classifying IEAs, please see policy memo CACFP 14-02 and CACFP 14-11. These memos can be found at <http://www.nutritionnc.com/snp/policy-memos.htm>.

SIGNATURE WARRANTY

The Institution certifies that the information in this Annual Certification is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Annual Certification may result in the denial of the annual application update or termination of the agreement (as applicable) and disqualification of the Institution, the responsible principals, and the responsible individuals from the CACFP program.

I certify that the above information is true and correct. By signing below, I warrant that I am duly authorized to sign this acknowledgement and to bind the party for whom I sign to the terms and conditions of this Agreement.

Printed Name of Authorized Representative

Title

Signature

Date