Child and Adult Care Food Program (CACFP)

Annual Certification for Facilities

This is to certify that 3. _______________________________ meets all of the requirements for participating in the Child and Adult Care Food Program. This means 4. _______________________________ certifies that:

- This facility, principal(s) or individual of a sponsored facility is not currently on the CACFP National Disqualified List;
- The Information on Owners and Principals is current;
- The Certification of Single Exclusive CACFP Agreement is current;

Any of the above information that has changed since the initial application has already been submitted to the Sponsoring Organization or is being submitted with this certification.

I certify that the above information is true and correct.
5. ___________________________________________ 6. _______________
Name of Board Chair, Executive Director, Provider or Individual with comparable title Date

7. _______________________________
   Title

Nutrition Services (6/13)
Instructions for Completing the Annual Information Certification for Facilities

1. **Facility/Provider Name:** Provide the name of the facility or the name of the day care home provider.
2. **Agreement Number:** Provide the 4 digit agreement number for the institution.
3. **Name of Facility/Provider:** Provide the name of the facility or the name of the day care home provider.
4. **Name of Facility/Provider:** Provide the name of the facility or the name of the day care provider.
5. **Name of Board Chair, Executive Director, or individual with comparable title:** This document must be signed by one of the following:
   - Board Chair
   - Executive Director
   - Day Care Home Provider
   - Individual with comparable title to the board chair or executive director
6. **Date:** Provide the date in which the form was signed.
7. **Title:** Provide the title of the person who signed the form.