

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

**North Carolina Department of Health and Human Services  
Division of Public Health  
Women's & Children's Health Section  
Nutrition Services Branch  
Special Nutrition Programs  
Child and Adult Care Food Program**

Certification of Single Exclusive CACFP Agreement-Facility  
(Unaffiliated Facilities)

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)