

**North Carolina
Department of Health and Human Services
Women's and Children's Health
Child and Adult Care Food Program**

LICENSING CERTIFICATION – SPONSORING ORGANIZATIONS

[To be completed in lieu of re-submitting copy of licensure or approval documentation.]

_____ *[print name of Sponsoring Organization]* has previously submitted to the State Agency a copy of an approved license (or if applicable, other relevant approval documentation) for the renewing facilities under its sponsorship. I, _____ *[print your name]*, understand that an updated license (or approval documentation) must be submitted to the State Agency in the event of any change affecting the license (or approval documentation). I certify that there has been no change affecting the previously-submitted license (or approval documentation) since the time of last submission to the State Agency. The facilities covered by this certification are listed on the attached schedule.

Signature of Authorized Representative

Title

Date

Schedule for Facility Certifications
(Use additional sheets as necessary)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE & ZIP CODE
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