North Carolina Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Nutrition Services Branch
Special Nutrition Programs

SUMMER FOOD SERVICE PROGRAM
SITE CERTIFICATION REGARDING DUAL PARTICIPATION IN SFSP AND CACFP

LEGAL SITE NAME: _____ LEGAL NAME SPONSOR_____ _____

NAME OF SITE PRINCIPLE(s):_____

ADDRESS: _____
STREET CITY STATE ZIP

Have you ever participated in the Child and Adult Care Food Program (CACFP) ☐ YES ☐ NO: (If your answer yes, complete the entire form, if your answer is no, stop here)

While participating in any Federal child nutrition program has the site, its corporate organization, officers, and employee or otherwise been: (check all that apply)
☐ Declared serious deficient
☐ Been disqualified
☐ Listed on the National disqualified CACFP list

Conditions for SFSP Participation: If currently participating in the CACFP, there organization must be able to demonstrate:
1. sufficient changes in its activities or enrollment,
2. separate food service program for non-enrolled children
3. the facility will not serve the same children the same meals in both programs, and
4. recordkeeping to support separate records for each program.

Please provide a description of sufficient changes in the activities or enrollment, **OR** description of separate food service program for children who are not enrolled

Activity	Description
21st Century	
Boys and Girls Club	
Summer Day Camp	
YMCA/YWCA	
Parks and Recreation	
Other, specify_____	

If approved for SFSP participation, the site agrees that the children who participate in the SFSP and who are **not** enrolled for childcare will consume their SFSP meals in space separate from that used to provide child are services. The classrooms, kitchen areas, playgrounds, and other areas in which licensed child care services are provided will not be used for serving SFSP meals to children who are **not** enrolled for child care services. The site also agrees not to violate its childcare license capacity at any time as a result of its SFSP participation, and to maintain the required number of adult caregivers for the enrolled children. The sponsor and site also agree to have a trained site supervisor present for all meal services, and to provide a safe and secure feeding site.

We certify that the information contained in this application is true and correct to the best of my knowledge. We also agree to the conditions for SFSP participation as identified above. We understand that this information is being given for the receipt of federal financial assistance, and that a deliberate misrepresentation may subject us to prosecution under applicable state and federal criminal statues and to applicable civil penalties.

DATE	**NAME AND TITLE OF AUTHORIZED REPRESENTATIVE FOR SITE (Print or type)**	**SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR SITE**
DATE	**NAME AND TITLE OF AUTHORIZED SPONSOR REPRESENTATIVE (Print or type)**	**SIGNATURE OF AUTHORIZED SPONSOR\ REPRESENTATIVE**

STATE AGENCY USE ONLY: ACTION: ☐ APPROVED ☐ NOT APPROVED
Organization's Name_____ Number of sites_____

REASON FOR DISAPPROVAL: _____
_____
_____