

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

**SPONSOR APPLICATION
SUMMER FOOD SERVICE PROGRAM**

SITE CERTIFICATION OF SINGLE EXCLUSIVE SFSP AGREEMENT

Site Name: _____ Address _____

Sponsor Name: _____ Agreement number: _____

On behalf of _____, I _____,
(Name of Site) (Name of Individual)

certify that this site is not participating or applying to participate under the auspices of more than one SFSP agreement for the same meals and that, therefore, our Agreement with the sponsor is exclusive for the meals provided.

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)