

Facility/Provider Name: _____ **Agreement Number:** _____

Child and Adult Care Food Program (CACFP)

Annual Information Certification for Facilities

This is to certify that _____ meets all of the requirements for
(Name of Facility/Provider)
participating in the Child and Adult Care Food Program. This means
_____ certifies that:
(Name of Facility/Provider)

- 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;
- The facility has a current license to operate a day care facility/home;

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.

Name of Board Chair, Executive Director, Provider
or Individual with comparable title

Date

Title