**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**

# Participant Information for New Centers Summary: At-Risk Afterschool Meals Programs

**NAME OF INSTITUTION:**_____

| # | Name of Center | Previously Operated in Summer Food Service Program (Check if Yes) √ | Total Number of Participants |
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The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. 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 Institution's Authorized Representative Title Date