



North Carolina Department of Health and Human Services
Division of Public Health
CHILD AND ADULT CARE FOOD PROGRAM



ANNUAL INFORMATION CERTIFICATION FOR INSTITUTIONS

Institution Name: _____

Agreement # _____

This is to certify that _____ meets all the
(Name of Institution)

requirements for participating Institutions contained in 7 CFR §226.6(b)(2) and certifies that:

For Sponsoring Organizations only:

- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List;
- All facilities under the sponsoring organization’s auspices are licensed or approved to operate a day care, as required.
- The serious deficiency procedures have not changed since approved by the State agency.

For all Institutions (Sponsoring Organizations and Independent Centers):

- The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii);
- The Institution is licensed or approved to operate a day care facility, if applicable;
- No unreported less-than-arms length transactions or other potential conflicts of interest have occurred in the past year. Any anticipated less-than-arms length transactions or other potential conflicts of interest in the upcoming year have been disclosed to the State agency;
- The Statement of Authority on file with the State agency is current;
- The Management Plan on file with the State agency is complete and up to date;
- The Outside Employment Policy most recently submitted to the State agency remains current and in effect.
- The following attachments are current and on file:
 - Attachment A – General Terms and Conditions
 - Attachment B – Certifications
 - Attachment D – No Overdue Tax Debt
 - Attachment E – Conflict of Interest
 - Attachment F - State Certifications
 - Attachment I - FFATA Sub-Awardee Reporting

**** Important! Complete page 2 of this form****



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Please check the method you will use to determine the effective date of your Income Eligibility Applications (IEAs)*. The selected method must be applied to all income eligibility forms submitted on behalf of all participants in all centers and homes.

Child Care Centers and Day Care Homes (Check one)

The date the Institution Representative signs the IEA

The date the parent or guardian signs the IEA

Public Schools – Child Care Centers within public schools (Check one)

The date the Institution Representative signs the IEA

The date the IEA is submitted

Adult Day Care Centers (Check one)

The date the Institution Representative signs the IEA

The date the adult participant or adult household member signs the IEA

Exceptions (IEAs NOT REQUIRED – check all that apply)

Head Start

At-Risk Afterschool Facility

Emergency Shelter

*For more information on classifying IEAs, please see policy memo CACFP 14-02 and CACFP 14-11. These memos can be found at <http://www.nutritionnc.com/snp/policy-memos.htm>.

Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with the 2019-2020 application update.

I certify that the above information is true and correct.

Name

Date

Title (Board Chair, Executive Director, or Individual with comparable title)