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

# STATEMENT OF AUTHORITY

**Agreement #:** _____

I, the undersigned, on behalf of the Institution, state that the Child and Adult Care Food Program (CACFP) is an integral part of and therefore under the direct control and supervision of the governing body of

_____ whose address is
(Name of the Institution)

_____
(Street, City, State and Zip Code)

and that all funds relating to the CACFP will be subject to the control of the duly constituted governing body of the above-named Institution and that all funds received for the operation of the CACFP will be used exclusively for the purpose for which they were received.

The following named individuals are authorized to sign all CACFP documents on behalf of the Institution. The Institution shall notify the State Agency immediately upon a change relating to the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this Institution.

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| 1st Printed Name | Date of Birth | 2nd Printed Name | Date of Birth |
| _____ | | _____ | |
| 1st Title | | 2nd Title | |
| _____ | | _____ | |
| 1st Signature | Date | 2nd Signature | Date |
| _____ | _____ | _____ | _____ |
| 3rd Printed Name | Date of Birth | 4th Printed Name | Date of Birth |
| _____ | | _____ | |
| 3rd Title | | 4th Title | |
| _____ | | _____ | |
| 3rd Signature | Date | 4th Signature | Date |

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.

| | |
|---|---|
| _____ | _____ |
| Printed Name, Owner or Board Chair | Official Title |

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Date of Birth | Signature, Owner or Board Chair | Date of Signature |