Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program



Information of Owners/Principals – Unaffiliated Facilities

Institution Name:		Agreement #:	
Facility Name:			
institution or a sponsored cen board of directors." For example: Jane Doe o organization of day care	owns 25% of an independent CACFP center	anagement position within, or is an office titution's board of directors or the spons er and is also a board member for a CACFP sp e sponsoring organization of day care homes	ored center's
Is any owner or principal of the CACFP?	e facility listed above either an owne	er or a principal in any other institution o	r facility in the
Yes No			
additional sheets if neo		institutions/facilities in the chart below, s/facilities participating in other states are	
Name of Owner/Principal	Name of Other Institution/Facility	Address of Other Institution/ Facility	Other Agreement Number
that these representations	are being made in connection wit	and correct to the best of my knowledge the the receipt of federal funds and the e state and federal criminal statutes.	
Signature of Authorized Representative		Date	
Printed Name of Authorized Representative		Title	

Printed Name of Authorized Representative