

## North Carolina Department of Health and Human Services Division of Public Health, Nutrition Services Branch 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	ter, including all members of the inst	anagement position within, or is an office citution's board of directors or the sponse or and is also a board member for a CACFP sp sponsoring organization of day care homes	ored center's
Is any owner or principal of th CACFP?	e facility listed above either an owne	r or a principal in any other institution o	r facility in the
YesNo			
additional sheets if nec		institutions/facilities in the chart below, s/facilities participating in other states ar	
Name of Owner/Principal	Name of Other Institution/Facility	Address of Other Institution/ Facility	Other Agreement Number
that these representations a	•	and correct to the best of my knowledge the receipt of federal funds and the state and federal criminal statutes.	
Signature of Authorized Representative		Date	
Printed Name of Auth	orized Representative	 Title	