Instructions: Two copies of this supplemental agreement are required, each with an original signature.

CACFP Agreement # _____

Name of Sponsoring Organization _____

Grant Funding Approved for:

- ☐ Start-Up
- ☐ Expansion

Approved Grant Amount _____

Timeframe for Start-Up or Expansion Activities _____ _____
From To

Approved Start-Up or Expansion Activities _____

_____

_____

_____

I CERTIFY that the information on this agreement is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program (CACFP) at family day care homes that are under my administration, and that start-up payments or expansion payments (whichever granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the CACFP at family day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at family day care homes, start-up or expansion payments which I have received will be remitted to the North Carolina Department of Health and Human Services Special Nutrition Programs Office.

I further understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. The Program will be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

PENALTIES FOR FRAUD

Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance, whether received directly or indirectly from USDA, or whoever receives, conceals, or retains such funds, assets, or property to personal use or gain, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of $100 or more, be fined not more than $10,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than $100, shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

NONDISCRIMINATION

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2) Fax: (202) 690-7442; or
3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

SIGNATURE WARRANTIES

Each individual signing below warrants that he or she is duly authorized to sign this Agreement and to bind the party for whom he or she signs to the terms and conditions of this Agreement.

For Institution

Name of Sponsoring Organization			
Administrator Signature		**Title**	
Print Name		**Date**	

For NC DEPT. OF HEALTH AND HUMAN SERVICES

Administrator Signature		**Title**	
Print Name		**Date**	