



ADDITIONAL REQUIRED DOCUMENT
(PROPRIETARY (FOR-PROFIT) ORGANIZATIONS ONLY)

Please Type or Print
Retain Yellow Copy for Your Records

State of New Jersey

DEPARTMENT OF AGRICULTURE
Division of Food & Nutrition
PO Box 334
TRENTON NJ 08625-0334

CHRIS CHRISTIE
Governor

DOUGLAS H. FISHER
Secretary

KIM GUADAGNO
Lt. Governor

CHILD AND ADULT CARE FOOD PROGRAM PROPRIETARY LETTER OF CERTIFICATION SPONSORS OF PROPRIETARY (FOR-PROFIT) DAY CARE CENTERS ONLY

Sponsors of proprietary centers must demonstrate that each for-profit center participating in the Child and Adult Care Food Program is in compliance with the following:

1. Provides nonresidential child care services for which it receives compensation from amounts granted to the States under Title XIX / XX of the Social Security Act, and that
2. Title XIX / XX child care beneficiaries constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less.

Therefore, the Child and Adult Care Food Program requires that sponsors of proprietary (for-profit) center(s) annually certify that each center is in compliance with program requirements.

NOTE: Sponsors may not combine the number of participants receiving Title XX support with the number participants within the free or reduced price eligibility criteria in order to meet the 25 percent threshold. If the percentage is less than 25 percent for any given reporting month, you must contact the Child and Adult Care Food Program for further guidance.

COMPLETE THE FORM WITH INFORMATION FOR THE MOST RECENT MONTH, SIGNATURE, AND DATE. BE SURE TO MAINTAIN A COMPLETED COPY FOR YOUR FILES.

LEGAL NAME OF AGENCY: _____ AGREEMENT # ____ - ____ - ____

Dear Program Specialist:

This letter is to report that Title XIX / XX day care beneficiaries in the center(s) listed below constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less for month of _____, _____.
(Month) (Year)

The figures below support this percentage:

Name of Center / Facility	# Participants (Free/Reduced) (TANF) (Title XX/ XIX)	Total Enrollment	=	Eligibility Percentage
1. _____	_____ ÷	_____ =		_____ %
2. _____	_____ ÷	_____ =		_____ %
3. _____	_____ ÷	_____ =		_____ %
4. _____	_____ ÷	_____ =		_____ %
5. _____	_____ ÷	_____ =		_____ %

By signing below, I certify that the above information is true and correct and may be verified by the required CACFP supportive documents on file at this center. We also certify that our agency will operate in accordance with the CACFP Agreement and all provisions of 7CFR Part 226. I also understand that this is being given in connection with the receipt of Federal funds; that Department officials, may, for cause, verify information; that the information provided on this form is true to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution or civil action under applicable State and Federal criminal or civil statutes.

(Signature of Legal Agency's Executive Director)

(Date)

Tj:PROP. LETTER OF CERTIF.