

**New Jersey Department of Agriculture
Child and Adult Care Food Program (CACFP)
FY 2022 Annual Information Certification Form**

This is to certify that _____ (**Name of Institution**) meets all of the requirements for renewing institutions contained in 7 CFR §226.6(b)(2). This means _____ (**Name of Institution**) certifies that:

For all institutions (sponsoring organizations and independent centers):

1. The management plan on file with the State agency is complete and up to date;
2. No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List; and
3. The Institution itself, and the Institution’s principals, are not currently on the CACFP National Disqualified List;
4. The Institution itself, and the Institution’s principals, are not currently listed as excluded, suspended, or debarred in the System Award Management entity registration system (SAM.gov);
5. The Institution itself, and the Institution’s principals, are not currently listed as a debarred contractor on the state NJ Treasury Consolidated Debarment list - NJDORE system website;
6. The Institution itself maintains a current and “Active” System Award Management registration, listing the legal business “physical” address of the Institution’s administrative office location;
7. If applicable (***please check box***), Non-Profit Institution Federal Tax-Exempt Status is documented, and currently remains in effect and has not been revoked by the Internal Revenue Service;
8. If applicable (***please check box***), For-Profit Adult Day Care Institutions maintains current Title XX or XIX documentation or has been replaced with updated information;
9. If applicable (***please check box***), For-Profit Child Day Care Institutions maintains current Title XX or Free and Reduced-Price lunch documentation or has been replaced with updated information;
10. The outside employment policy most recently submitted to the State agency remains current and in effect.
11. The contact information including dates of birth of all current institution and facility principals have been submitted to the State Agency;
12. Outdated, annually required program records and information that has changed has been replaced and updated in the Institution application (monitoring forms, monitoring schedule; food service contracts);
13. The Institution participates in the Statewide News Release issued annually by the State Agency.

14. The list of any publicly funded programs institution and principals have participated in the past seven years is current;
15. The Institution itself, and the Institution’s principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program’s requirements in the past seven years;
16. No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity; and
17. The Institution is currently compliant with the required CACFP Performance Standards of Financial Viability and Management, Administrative Capability, and Program Accountability as described in 7 CFR §226.6(b)(2)(vii).

Any of the above information that has changed since the initial application has already been submitted to the State Agency or is being submitted separately from this Annual Certification form.

Per 7 CFR 226.7(g) An institution must submit an Annual Budget and all other annual, required program records to the State agency for review and approval.

An updated FY2022 Annual Budget and other annually required application renewal CACFP program records have been submitted or will be submitted to the State Agency under a separate email(s), no later than October 31, 2021.

I certify that if an Annual Budget and ALL other annually required application renewal records are not submitted by the Institution to the State Agency by October 31, 2021, per 2 CFR 200.318 “Remedies for noncompliance,” the State Agency may temporarily withhold cash payments (reimbursement) pending the institution submission of approved corrective action(s) for this deficiency.

I certify that the above information is true and correct.

Signature of Board Chair, Executive Director, Owner,
or Superintendent, or Individual with Comparable Title

Date

Printed Name and Title of Board Chair, Executive Director, Owner, Superintendent, or Individual with Comparable Title

Agreement # 22 - -

Email address:

Phone number:

CACFP AGREEMENT NUMBER: 22 -

DATE ANNUAL CERTIFICATION FORM WAS RECEIVED

STATE AGENCY NJDA CACFP USE ONLY	
NUTRITION SPECIALIST APPROVAL _____	DATE _____
ASSISTANT COORDINATOR APPROVAL _____	DATE _____
AGREEMENT YEAR APPROVAL DATES _____	THROUGH 9/30/2022

DATE ANNUAL CERTIFICATION FORM AND CACFP CARES APPLICATION APPROVED