**PRINCIPAL’S FORM**

**INFORMATION TO GATHER FROM PRINCIPALS IN INSTITUTIONS**

**APPLYING OR RE-APPLYING TO PARTICIPATE IN USDA’S CACFP**

***Please read and complete this form. Failure to complete will result in an incomplete application for participation in CACFP. This form is to be completed by all principals of an institution.***

***Principal*** *means any individual who holds a management position within, or is an officer of, an institution or a sponsored center, including all members of the institutions board of directors or the sponsored center’s board of directors, or similar body.*

***Institution*** *means a childcare center, outside-school-hours care center, adult day care center, or sponsoring organization which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations.*

**COMPLETE THE TABLE BELOW IF:**

During the past seven years;

* if you were employed as a supervisor or manager by any public or private organization that participated in a publicly funded program (any program funded wholly or in part by Federal, State, or local dollars), or
* if you were a member of a governing board or similar body of any public or private organization that participated in a publicly funded program. Note: Include all present affiliations.

List below the name of the organization, the name of the publicly funded program, your job title, and the years of your association with the organization/program to which you were or are employed:

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| --- | --- | --- | --- |
| **Name of Organization** | **Name of Program** | **Job Title** | **Years Employed** |
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**FOR EACH OF THE QUESTIONS BELOW CHOOSE AND CIRCLE ONE BRACKETED ANSWER:**

* I [**have/have not]** been a principal in an organization participating in a publicly funded program that has been ruled ineligible as a result of violating that program’s requirements during the **past 7 years**.
* 2CFR 200.113 I [**have/have not]** been convicted of a business-related offense such as fraud, bribery, gratuity violations during the **past 7 years**.
* I [**am/am not]** on the Child and Adult Care Food Program’s National Disqualified List.
  + I was placed on the CACFP National Disqualified List on ( \_ /\_\_ /\_\_ ). Enter date

***Any institution or individual that provides false information on this form will be subject to applicable civil or criminal penalties.***

Legal Signature: Date:

Type/Print Name:

*Reviewed August 2023*

*Principal’s Form*

[USDA Nondiscrimination Statement | Food and Nutrition Service](https://urldefense.com/v3/__https:/www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs__;!!Oai6dtTQULp8Sw!QkRyajDmRUkECXL6LrycazcGSyIJtyEfNq-0vEBT1notxs2ftGSnWaDgqQo2P9Vci9DsU23UmDMWpcnfTeJdTzIL5gZyh1_L4rZ0$)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://urldefense.com/v3/__https:/www.usda.gov/sites/default/files/documents/USDA-OASCR*20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf__;JQ!!Oai6dtTQULp8Sw!QkRyajDmRUkECXL6LrycazcGSyIJtyEfNq-0vEBT1notxs2ftGSnWaDgqQo2P9Vci9DsU23UmDMWpcnfTeJdTzIL5gZyh1Ofy1jK$), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:**[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.