Minnesota Department of Education

Child and Adult Care Food Program

Birth Dates Disclosure

Program Year 2012 – 2013

Schools and institutions participating in the Child and Adult Care Food Program (CACFP) must annually provide a Certification of Truth of Applications based on the CACFP code of Federal regulations (CFR): 7 CFR 226.6(b)(1)(xv). This form is used to collect the pertinent information as applicable to your type of organization.

Institutions must provide the name, mailing address, and date of birth of the institution's executive director and chairman of the board of directors. A school needs to provide information for the Food Service Director, Accountant and Principal or Superintendent of Schools. If your organization is for-profit and does not have an executive director or is not required to have a governing board, you must provide the name, mailing address and date of birth for the owner of the for-profit center.

Type the required information into the form below and select the submit button at the bottom of the page. By selecting the submit button this document complete with your information will be sent to the Food and Nutrition Service by e-mail. If you prefer, you may also print the form and send or fax it to our office using the contact information below.

Sponsor Name: _____

Sponsor ID number: _____

Name of person completing this form: _____

Phone: _____ Date: _____

CACFP Organizations

Executive Director

Full Legal Name (First, Middle, Last): _____

Date of Birth (required) mm/dd/yyyy): _____

Mailing Address (if different than sponsoring organization): _____

_____

City: _____ State: _____ Zip: _____

Non-Profit Sponsor Chair/President, Board of Directors or Privately Owned, For-Profit Business Owner

Full Legal Name (First, Middle, Last): _____

Date of Birth (required) mm/dd/yyyy): _____

Mailing Address (if different than sponsoring organization): _____

_____

City: _____ State: _____ Zip: _____

SCHOOLS
Principal of School or Superintendent

Full Legal Name (First, Middle, Last): _____

Date of Birth (required) mm/dd/yyyy): _____

Mailing Address (if different than sponsoring organization): _____

_____

City: _____ State: _____ Zip: _____

Food Service Director

Full Legal Name (First, Middle, Last): _____

Date of Birth (required) mm/dd/yyyy): _____

Mailing Address (if different than sponsoring organization): _____

_____

City: _____ State: _____ Zip: _____

Accountant or Business Manager

Full Legal Name (First, Middle, Last): _____

Date of Birth (required) mm/dd/yyyy): _____

Mailing Address (if different than sponsoring organization): _____

_____

City: _____ State: _____ Zip: _____

Minnesota Department of Education
Food and Nutrition Service
Applications Team
1500 Highway 36 West
Roseville, MN 55113

Fax: 651-582-8501
E-mail: mde.fns@state.mn.us
Telephone: 651-582-8526
MN Toll-free: 800-366-8922

SUBMIT