

**South Carolina Department of Social Services  
Child and Adult Care Food Program (CACFP)  
STATEMENT OF OWNERSHIP  
For-Profit Institutions**

Agreement No.: \_\_\_\_\_ Institution: \_\_\_\_\_

The following is a listing of all owners of the above referenced institution. Please include the name, title, complete mailing address, date of birth and percentage of ownership for each owner. Total percentages must add up to 100%.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

1. We certify that we are in compliance with all applicable state rules and regulations, and that in the past seven years, neither this institution nor its principals have been declared ineligible to participate in any other publicly funded program by reason of violating program's requirements.
2. We certify that during the past seven years, neither this institution nor any of its principals have been convicted of any activity that indicated a lack of business integrity (this includes but not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice).
3. We certify that none of the institution's CACFP employees or principals have been associated with any institution terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or has been placed on the National Disqualified list.
4. We understand that the submission of false information to the state agency is grounds for termination or denial from the Child and Adult Care Food Program as described in 7 CFR 226.6 (c) 2.
5. We understand that any deliberate misrepresentation of CACFP records will subject us to prosecution under applicable State and Federal Criminal statutes.
6. We certify that the information provided in this application is true and correct to the best of our knowledge.
7. The above owner(s) as indicated are currently overseeing activities for this institution as of the date of completion.

Print Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_