

CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST

Independent Centers

Please Check (✓) each item after completion in the **first column**. Failure to accurately complete all required documents, and submit the required number of documents requested, including this checklist, may delay program approval.

Form (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
CACFP Checklist	_____	_____	_____
Program Agreement (DHHS CAC 2)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Attachment C- Notice of Certain Reporting and Audit Requirements, if applicable	_____	_____	_____
Attachment D – State Grant Certification	_____	_____	_____
No Overdue Tax Debts, if applicable	_____	_____	_____
Attachment E- Conflict of Interest Policy	_____	_____	_____
Institution Application	_____	_____	_____
Center Application (CAC 7)	_____	_____	_____
Current federal, state or local license	_____	_____	_____
Management Plan (DHHS CAC 8G)	_____	_____	_____
Annual Budget for Independent Centers (DHHS CAC 9)	_____	_____	_____
Media Release, if approved after Nov. 30)	_____	_____	_____
Preaward Compliance	_____	_____	_____
Statement of Authority (DHHS CAC 18)	_____	_____	_____
Certification Regarding Other Publicly Funded Programs	_____	_____	_____
Certification Regarding Criminal Convictions	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
CACFP Fact Sheet	_____	_____	_____
Nondiscrimination Policy	_____	_____	_____
Free /Reduced Price Policy	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofit)	_____	_____	_____
Certification of Eligibility for Title XIX/XX Institutions (DHHS CAC 1C)	_____	_____	_____

The following forms will need to be included <u>ONLY</u> if you will be receiving catered meals.			
Food Service Contract (DHHS CAC 16) (public schools only)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Food Service Contract (DHHS CAC 17) (Food Service Management Company)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Total Food Dollars \$ _____	_____	_____	_____
You are not authorized to claim meal reimbursement until you receive the final approval letter from N.C. Department of Health and Human Services.			

FOR STATE AGENCY USE ONLY:			
Complete for new institution only	Date Received	_____	_____
Date of Pre-op visit _____	Date Returned if incomplete	_____	_____
Date of sanitation report _____	Date received from institution	_____	_____
Date of licensing report _____	2 nd Date Returned if incomplete	_____	_____
	2 nd Date received from institution	_____	_____
	3 rd Date Returned if incomplete	_____	_____
	3 rd Date received from institution	_____	_____
	Date mailed to Raleigh	_____	_____
To be completed by SNP Consultant:	Date received in Raleigh	_____	_____
	Date processed and routed for approval	_____	_____
Reviewed NDL:			
Consultant Initials: _____			
Date: _____			

**CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST INSTRUCTIONS
FOR INDEPENDENT INSTITUTIONS**

The Institution keeps the **pink** copy of this checklist and returns the other copies to their SNP Regional Consultant.
Please be sure to submit the correct number of copies of each required form to your SNP Regional Consultant.

CACFP Checklist – Submit **Original and Yellow** copies. **Keep the pink copy for your files.**

Program Agreement (DHHS CAC 2) - Submit all 4 copies, **Original, Yellow, Pink, and Gold** copies, bearing signature of the representative who is duly authorized to sign the Agreement and to bind the party for whom he or she signs to the terms and conditions of the Agreement. **KEEP ONE COPY FOR YOUR FILES.** The signed Gold copy will be returned upon approval from the State. Please include the appropriate attachments (A-E) for your organization. State and Local Government Institutions must submit attachments A and B. Private for-profit and non-profit institutions must submit attachments A, B, C, D and E. **The attachments must be signed by the same representative who signs the agreement.**

Conflict of Interest Policy (Attachment E) – Keep a copy for your records. The statement that this is the Institution’s conflict of interest must be notarized.

Institution Application – Submit original and keep a copy for your files. If you are filing electronically, do not submit this form with your agreement packet.

Center Application (DHHS CAC 7) - Submit original and keep a copy for your file. If you are filing electronically, do not submit this form with your agreement packet.

Current federal, state or local licensing or certification to provide day care services to participants - Submit **one copy.**
Management Plan (DHHS CAC 8G) - Submit original. Keep a copy for your files.

Annual Budget (DHHS CAC-9) – Submit Original. Keep a copy for your files.

Statement of Authority (DHHS CAC 18) - Submit original keep a copy for your files.

Media Release - The Media Release is required. The State Agency submits a statewide media release for institutions approved on or before November 30. If your application packet is not approved on or before November 30, you must submit a media release with your packet. Refer to the sample in your application packet. It is not necessary to wait for the newspaper clipping or radio announcement before you mail it to this office. Submit **One Copy.** **KEEP A COPY FOR YOUR FILES.**

Preaward Compliance. Submit with packet. Retain a copy for your files.

Certification Regarding Other Publicly Funded Programs. Submit with packet. Retain a copy for your file

Certification Regarding Criminal Convictions. Submit with packet. Retain a copy for your file

Truth of Applications and Names and Addresses. Submit with packet. Retain a copy for your file

CACFP Fact Sheet Submit one copy with your application.

Nondiscrimination Policy. Submit with your packet and keep a copy for your files.

Free/Reduced Priced Policy. Submit with your packet and keep a copy for your files..

Internal Revenue Service Letter of Tax Exempt Status – Submit a copy and keep a copy for your files.

Private For-Profit Institutions Only

Certification of Eligibility for Title XIX or Title XX Institutions (CAC 1C) – Please complete and submit a copy.

THE FOLLOWING FORMS NEED TO BE INCLUDED ONLY IF YOU WILL BE RECEIVING CATERED MEALS:

Food Service Contract (DHHS CAC 16) Public school only - If your meals are catered from a public school, submit copy to the State Agency. Keep a copy for the school and retain a copy for your files. Include attachments A and B.

Food Service Contract (DHHS CAC 17) Food Service Management Company - If your meals are provided by a Food Service Management Company submit **Original Copy** to the State office, including attachments A and B. **KEEP A COPY FOR THE COMPANY. KEEP A COPY FOR YOUR FILES.**