

Institution Name: _____ Agreement Number: _____

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	_____	_____	_____
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	_____	_____	_____
Advance Payment Request	_____	_____	_____
Institution Application	_____	_____	_____
Center Application (CAC 7)	_____	_____	_____
Current federal, state or local license or certification	_____	_____	_____
Media Release, (if approved after Nov. 30)	_____	_____	_____
Preaward Compliance	_____	_____	_____
Certification Regarding Other Publicly Funded Programs	_____	_____	_____
Certification Regarding Criminal Convictions	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
CACFP Fact Sheet	_____	_____	_____

The following forms will need to be included ONLY 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

NC CARES FORMS (ELECTRONIC OR PAPER-CIRCLE ONE) YOU ARE ENCOURAGED TO ENTER THESE FORMS ELECTRONICALLY

- | | |
|--|--|
| <input type="checkbox"/> Site/Facility Application (CAC-7) | <input type="checkbox"/> Statement of Authority (CAC-18) |
| <input type="checkbox"/> Institution Application | <input type="checkbox"/> Certification of Eligibility for Title XIX/XX Institutions (CAC 1C) |

To be completed by SNP consultant:	Date Received	_____	_____
	Date Returned if incomplete	_____	_____
Reviewed NDL:	Date received from institution	_____	_____
	2 nd Date Returned if incomplete	_____	_____
Consultant Initials: _____	2 nd Date received from institution	_____	_____
	3 rd Date Returned if incomplete	_____	_____
Date: _____	3 rd Date received from institution	_____	_____
	Date mailed to Raleigh	_____	_____
	Date received in Raleigh	_____	_____
	Date processed and routed for approval	_____	_____

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

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.

Attachments A-E. 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, and D and E. Please note that Attachment E (Notarized Conflict of Interest Policy) must be notarized-not the Conflict of Interest Policy. The Institution can sign and submit the conflict of interest policy on page 2 or can submit its own conflict of interest policy. **The attachments must be signed by the same representative who signed the agreement.**

Advance Payment Request – Only submit if you are requesting an advance.

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 or Facility Certification (DHHS CAC 7) - Submit **original** and keep a copy for your files. 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**.

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. Keep a copy for your files.

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

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

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

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

Agreement to Furnish Food Service (Public Schools) (DHHS CAC 16) Public school only - If your meals are catered from a public school, submit copy (with Attachments A and B) to the State Agency. Keep a copy for the school and keep a copy for your files.

Child and Adult Care Food Program Agreement to Furnish Food Service (DHHS CAC 17) Food Service Management Company - If your meals are provided by a Food Service Management Company submit copy (with Attachments A and B) to the State office, and Keep a copy for the FSMC and keep a copy for your files.