

Institution Name: _____

Agreement #: _____

CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST

Sponsoring Organizations of Day Care Homes and Centers (Unaffiliated and Affiliated)

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 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	_____	_____	_____
Administrative Budget (DHHS CAC 8-Homes)	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Centers)	_____	_____	_____
Management Plan (DHHS CAC 8G)	_____	_____	_____
Media Release for SO's of Centers, if approved after Nov. 30	_____	_____	_____
Media Release for ... SO's of Day Care Homes If approved after Nov. 30	_____	_____	_____
Statement of Authority (DHHS CAC 18)	_____	_____	_____
Preaward Compliance	_____	_____	_____
Certification Regarding Other Publicly Funded Programs	_____	_____	_____
Certification Regarding Criminal Convictions	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
CACFP Fact Sheet	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofits)	_____	_____	_____
Nondiscrimination Statement	_____	_____	_____
Free/Reduced Price Policy Statement for SO's of Day Care Homes	_____	_____	_____
Free/Reduced Price Policy Statement for SO's of Centers	_____	_____	_____
Participant Information for New Institutions	_____	_____	_____
Training Certification	_____	_____	_____
Outside Employment Policy	_____	_____	_____
For Sponsoring Organizations of Centers			
Pre-operational visit (if Applicable) # submitted _____	_____	_____	_____
Agreement between Sponsoring Organization and Facility (CAC 8C) (unaffiliated centers only) # submitted _____	_____	_____	_____
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	_____	_____	_____
Center Application (CAC 7)(one for each center)	_____	_____	_____
Current federal, state or local license or certification (One for each facility/center) # submitted _____	_____	_____	_____
Tax exempt letter for private non profit centers	_____	_____	_____
Sponsored Centers Budget (CAC 9A) (unaffiliated centers)	_____	_____	_____
Certification of Eligibility for Title XIX/XX	_____	_____	_____
Institutions (DHHS CAC 1C)	_____	_____	_____
For Sponsoring Organization of Day Care Homes			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Day Care Home Application (CAC 8B)	_____	_____	_____
Current Day Care Home License	_____	_____	_____
The following forms will need to be included ONLY if you or your sponsored centers will be receiving catered meals			
Food Service Contract Public Schools (CAC 16)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Food Service Management Contract (CAC 17)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Total Food Dollars \$ _____	_____	_____	_____
To Be Completed by SNP Consultant:	Date Received _____ / _____	Date mailed to Raleigh _____	
Reviewed NDL:	Date Returned if incomplete _____ / _____	Date received in Raleigh _____	
Consultant Initials: _____	Date received from institution _____ / _____	Date processed & routed for approval _____	
Date: _____	2 nd Date Returned if incomplete _____ / _____		
	2 nd Date received from institution _____ / _____		
DHHS CAC Checklist SO new- 06/08	Routing: Original SNP Files	Yellow: SNP Consultant	

CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST INSTRUCTIONS

Sponsoring Organizations of Day Care Homes and Centers (Unaffiliated and Affiliated)

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

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. **MAKE 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 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 person who signs the agreement.**

Institution Application – Submit **Original**. Keep a copy for your files.

Administrative Budget (DHHS CAC-8A, homes), if applicable– Submit **Original**. Keep a copy for your files.

Administrative Budget (DHHS CAC-8A, centers), if applicable – Submit **Original**. Keep a copy for your files.

Management Plan (DHHS CAC 8G) – Submit **Original**. Keep a copy for your files.

Media Release for SO's of Centers - 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**. MAKE A COPY FOR YOUR FILES.

Media Release for SO's of Day Care Homes - The Media Release is required. Please submit a copy with your application packet.

Statement of Authority for Sponsoring Organizations/Institutions (DHHS CAC 18) - Submit Original, Yellow and Gold copies. This must list all facilities to be approved under your sponsorship. Keep the pink copy for you 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 with your packet. Keep a copy for your files.

Internal Revenue Service Letter of Tax Exempt Status - Under the code of 1954 and /or 1986 as amended of IRS acknowledgment of receipt of application, submit one copy.

SPONSORING ORGANIZATIONS OF CENTERS

Agreement between Sponsoring Organization and Facility (DHHS CAC 8C) - Submit copy, 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. MAKE ONE COPY FOR YOUR FILES. Please include the appropriate attachments (A-E) for your organization. State and Local Government centers must submit attachments A and B. Private (for profit and non profit 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 center 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 person who signs the agreement.**

Center Application (DHHS CAC 7) - Submit copy for each facility for which you are making an application. If you are filing electronically, do not submit this form with your agreement packet. Please ensure the form is completed fully.

Current federal, state or local licensing or certification to provide day care services to participants - Submit One Copy for each day care center for which you are making application. Please indicate the number of facility applications submitted.

Tax Exempt Letter for each non-profit center – Submit a copy to the State Agency. Retain a copy for your file.

Sponsored Centers Budget (CAC 9A) (unaffiliated centers) – Please submit for each sponsored center.

Certification of Eligibility for Title XIX or Title XX Institutions - Submit **one Copy** for the month prior to program participation for each center. Also, you must mail **One Copy** of DSS Child Care Reimbursement Printout or CCR1 Child Care Reimbursement Printout listing participants receiving funding under Title XIX or Title XX, for this same month to verify eligibility requirements. If you are qualifying using free and reduced price applications, please submit all applications and enrollment documentation for each center.

SPONSORING ORGANIZATIONS OF DAY CARE HOMES

Agreement between Sponsoring Organization and Day Care Home (CAC 8D) – submit one copy , with Attachments A and B, for each new day care home.

Day Care Home Application (CAC 8B) – Submit one copy for each day care home.

Current Day Care Home License – Submit one copy for each day care home.

Worksheet for Tiering Day Care Homes – Submit one copy to the State Agency.

THE FOLLOWING FORMS NEED TO BE INCLUDED ONLY IF YOU OR YOUR SPONSORED CENTERS 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.