

**North Carolina Department of Health and Human Services  
 Division of Public Health  
 Women's & Children's Health Section  
 Nutrition Services Branch  
 Special Nutrition Programs  
 CHILD AND ADULT CARE FOOD PROGRAM  
 APPLICATION PROCESS CHECKLIST  
 Independent Centers**

**Institution Name:** \_\_\_\_\_ **Agreement Number:** \_\_\_\_\_

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)	_____	_____	_____
<b>Attachment A</b> -General Terms and Conditions	_____	_____	_____
<b>Attachment B</b> - Certifications	_____	_____	_____
<b>Attachment C</b> - Notice of Certain Reporting and Audit Requirements, if applicable	_____	_____	_____
<b>Attachment D</b> – State Grant Certification No Overdue Tax Debts, if applicable	_____	_____	_____
<b>Attachment E</b> - 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 October 31)	_____	_____	_____
Preaward Compliance	_____	_____	_____
Statement of Authority (DHHS CAC 18)	_____	_____	_____
Certification Regarding Other Publicly Funded Programs	_____	_____	_____
Certification Regarding Criminal Convictions	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
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-Profit Institution(CAC 1C)	_____	_____	_____
Participant Information for New Institutions	_____	_____	_____
Sanitation Inspection Report	_____	_____	_____

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

<b>FOR STATE AGENCY USE ONLY:</b>			
Complete for new institution only	Initial Date Received	_____	_____
Date of Pre-op visit _____	Initial Date Returned if incomplete	_____	_____
Date of sanitation report _____	Date returned from institution	_____	_____
Date of licensing report _____	2 <sup>nd</sup> Date Returned if incomplete	_____	_____
	2 <sup>nd</sup> Date received from institution	_____	_____
	3rd Date Returned if incomplete	_____	_____
	3rd Date received from institution	_____	_____
	Date mailed to 2 <sup>nd</sup> party reviewer	_____	_____
<b>To be completed by SNP Consultant:</b>	Date 2 <sup>nd</sup> party reviewer mailed to Raleigh	_____	_____

Reviewed NDL: \_\_\_\_\_  
 Consultant Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

DHHS CAC Checklist 06/11-new

**Routing: Original: SNP Program Files                      Copy: SNP Consultant                      Copy: Institution**