

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
 ANNUAL APPLICATION CHECKLIST

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

Institution Name: _____

Agreement #: _____

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. Failure to obtain annual approval can result in the delay and/or denial of claims for reimbursement. You are not authorized to claim meal reimbursement until you receive the final approval letter from the NC Department of Health and Human Services.

Form (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
CACFP Checklist	_____	_____	_____
Permanent Agreement	_____	_____	_____
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 8A-Homes)	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Centers)	_____	_____	_____
Management Plan (DHHS 8G)	_____	_____	_____
Media Release for SO's of Centers	_____	_____	_____
Media Release for ... SO's of Day Care Homes	_____	_____	_____
Preadward 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	_____	_____	_____
IRS letter of Tax Exempt Status	_____	_____	_____
Nondiscrimination Policy	_____	_____	_____
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	_____	_____	_____
<hr/>			
<u>For Sponsoring Organizations of Centers</u>			
Participant Information for New 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 (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-Profit Centers (CAC 1C) _____	_____	_____	_____
Information on Owners and Principals - Facility _____	_____	_____	_____
Certification of Single Exclusive CACFP Agreement - Facility _____	_____	_____	_____
The following forms will need to be included <u>ONLY</u> if your new 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 \$ _____	_____	_____	_____

<u>For Sponsoring Organization of Day Care Homes</u>			
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 _____	_____	_____	_____
Information on Owners and Principals - Facility _____	_____	_____	_____
Certification of Single Exclusive CACFP Agreement - Facility _____	_____	_____	_____

<u>FOR STATE AGENCY USE ONLY:</u>	Initial Date Received	_____	_____
	Initial Date Returned if incomplete	_____	_____
	Date received from institution	_____	_____
	2 nd Date Returned if incomplete	_____	_____
	2 nd Date received from institution	_____	_____
	3rd Date Returned if incomplete	_____	_____
	3rd Date received from institution	_____	_____
	Date mailed to 2 nd party reviewer	_____	_____
	Date 2 nd party reviewer submitted for approval	_____	_____