

**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 for 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 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 a=the final approval letter from the NC Department of Health and Human Services.

| Form (Form No.)   | Institution<br>(use only) | SNP<br>Regional Consultant<br>(use only) | Special Nutrition<br>Programs<br>(use only) |
|---|---------------------------|--|---|
| CACFP Checklist   | _____                     | _____                                    | _____                                       |
| Permanent Agreement   | _____                     | _____                                    | _____                                       |
| <b>Attachment A</b> -General Terms and Conditions   | _____                     | _____                                    | _____                                       |
| <b>Attachment B</b> - Certifications  | _____                     | _____                                    | _____                                       |
| <b>Attachment C</b> - Notice of Certain Reporting<br>and Audit Requirements, if applicable              | _____                     | _____                                    | _____                                       |
| <b>Attachment D</b> – State Grant Certification<br>No Overdue Tax Debts, if applicable                  | _____                     | _____                                    | _____                                       |
| <b>Attachment E</b> - Conflict of Interest Policy   | _____                     | _____                                    | _____                                       |
| Advance Payment Request, if applicable  | _____                     | _____                                    | _____                                       |
| Current federal, state or local license   | _____                     | _____                                    | _____                                       |
| Annual Budget for Independent Centers<br>(DHHS CAC 9)   | _____                     | _____                                    | _____                                       |
| Media Release (if approved after October 31)  | _____                     | _____                                    | _____                                       |
| IRS Letter of Tax Exempt Status (private nonprofit)   | _____                     | _____                                    | _____                                       |
| Certification of Eligibility For-Profit Institutions<br>(DHHS CAC 1C)                                   | _____                     | _____                                    | _____                                       |
| Annual Information Certification for<br>Institutions  | _____                     | _____                                    | _____                                       |
| <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)<br>(public schools only)  | _____                     | _____                                    | _____                                       |
| <b>Attachment A</b> -General Terms and Conditions   | _____                     | _____                                    | _____                                       |
| <b>Attachment B</b> - Certifications  | _____                     | _____                                    | _____                                       |
| Food Service Contract (DHHS CAC 17)<br>(Food Service Management Company)                                | _____                     | _____                                    | _____                                       |
| <b>Attachment A</b> -General Terms and Conditions   | _____                     | _____                                    | _____                                       |
| <b>Attachment B</b> - Certifications  | _____                     | _____                                    | _____                                       |
| Total Food Dollars \$ _____   | _____                     | _____                                    | _____                                       |

**FOR STATE AGENCY USE ONLY:**

|   |       |       |
|---|-------|-------|
| Initial Date Received   | _____ | _____ |
| Initial Date Returned if incomplete                           | _____ | _____ |
| Date received from institution                                | _____ | _____ |
| 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                 | _____ | _____ |
| Date 2 <sup>nd</sup> party reviewer submitted<br>for approval | _____ | _____ |