

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	_____	_____	_____
Advance Payment Request, if applicable	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Homes)	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Centers)	_____	_____	_____
Media Release for SO's of Centers, if approved after October 31	_____	_____	_____
Media Release for ... SO's of Day Care Homes If approved after October 31	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofits)	_____	_____	_____
Annual Information Certification for Institutions	_____	_____	_____
<u>For Sponsoring Organizations of New 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 ONLY 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 \$ _____			

For Sponsoring Organizations of Updating Centers

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	_____	_____	_____
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 Center(CAC 1 C)	_____	_____	_____
Annual Information Certification for Facility	_____	_____	_____

The following forms will need to be included ONLY if your updating 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 \$ _____			

For Sponsoring Organization of New 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	_____	_____	_____
Information on Owners and Principals - Facility	_____	_____	_____
Certification of Single Exclusive CACFP Agreement - Facility	_____	_____	_____

For Sponsoring Organization of Updating Day Care Homes

Current Day Care Home License	_____	_____	_____
Annual Information Certification for Facility	_____	_____	_____

FOR STATE AGENCY USE ONLY:

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	_____	_____