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

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 8A-Homes)	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Centers)	_____	_____	_____
Management Plan (DHHS CAC 8G)	_____	_____	_____
Media Release for SO's of Centers	_____	_____	_____
Media Release for … SO's of Day Care Homes	_____	_____	_____
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	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
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 or sanitation report(if Applicable) # submitted____	_____	_____	_____
Agreement between Sponsoring Organization and Facility (CAC 8C) (unaffiliated centers only) # submitted _____	_____	_____	_____
Attachment A-General Terms and Conditions Sponsored Centers	_____	_____	_____
Attachment B- Certifications Sponsored Centers	_____	_____	_____
Attachment C- Notice of Certain Reporting and Audit Requirements, if applicable Sponsored Centers	_____	_____	_____
Attachment D – State Grant Certification No Overdue Tax Debts, if applicable Sponsored Centers	_____	_____	_____
Attachment E –Conflict of Interest Policy Sponsored Centers	_____	_____	_____
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)	_____	_____	_____
Information on Owners and Principals-Facility	_____	_____	_____
Certification of Single Exclusive CACFP Agreement Facility	_____	_____	_____
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	_____	_____	_____
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 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 $_____

You are not authorized to claim meal reimbursement until you receive the final approval letter from N.C. Department of Health and Human Services.

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

Reviewed NDL: _____
Reviewed Tax Revocation List:_____
Consultant Initials:_____
Date: _____