North Carolina Department of Health and Human Services
Division of Public Health/Nutrition Services Branch
Special Nutrition Programs
Child and Adult Care Food Program (CACFP)

Center Application

(YOU ARE ENCOURAGED TO ENTER THIS FORM ELECTRONICALLY)

Agreement Number	Institution Name	Center Name	Center's Federal ID Number	Program Year
1.	2.	3.	4.	2013-2014

Site Mailing Address				Site Street Address			
5. Address:				10. Address:			
6. City:				11. City:			
7. State:		8. Zip Code: (Plus 4 Digit)	-	12. State:		13. Zip Code: (Plus 4 Digit)	-
9. County:				14. County:			

Site Contact					
15. Name:	First	Middle	Last		
16. Phone:	( ) -	Ext:		17. Title:	
18. Fax:	( ) -			19. E-mail:	

Program Type (select one only "◉")

20. ○ Adult Care Center ○ Child Care Center	○ At Risk - ASCS ○ OSHC	○ Head Start ○ Emergency Shelter	○ At Risk – ASCS (check if program type ASCS

Center Type (select one only "◉")

21. ○ State Government ○ Local Government	○ Federal Government ○ Private For Profit	○ Private Nonprofit

Type of Food Service (select one only "◉")		Vendor/School Name
22. ○ On-Site Preparation ○ School Food Authority	○ Central Kitchen ○ FSMC	23.

At Risk - ASCS

24. School Name:		25. % Enrolled for free and reduced meals	
26. Activities: (check all that apply)	○ Educational ○ Enrichment		

Organization Type (select one only "◉")

27.	○ Profit	○ Non-Profit
28. Number of Title XX (or Title XIX):		

Licensing		Operating Months (check all that apply)			
29. Licensed by: (select one only)	○ DHHS ○ State ○ Exempt	32. ○ Oct	○ Nov	○ Dec	○ Jan
30. License Capacity:		○ Feb	○ Mar	○ Apr	○ May
31. Enrollment:		○ Jun	○ Jul	○ Aug	○ Sep

Agreement Number	Institution Name	Center Name	Center's Federal ID Number	Program Year
33.	34.	35.	36.	2013-2014

Hours of Operation and Meals Served (check all that apply)

This Center will open at:	37.	And will close at:	38.

Meal	39. Begin	40. End	41. Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			○	○	○	○	○	○	○
AM Snack			○	○	○	○	○	○	○
Lunch			○	○	○	○	○	○	○
PM Snack			○	○	○	○	○	○	○
Supper			○	○	○	○	○	○	○
Night Snack			○	○	○	○	○	○	○
At-Risk Breakfast			○	○	○	○	○	○	○
At-Risk AM Snack			○	○	○	○	○	○	○
At-Risk Lunch			○	○	○	○	○	○	○
At-Risk PM Snack			○	○	○	○	○	○	○
At-Risk Supper			○	○	○	○	○	○	○
At-Risk Night Snack			○	○	○	○	○	○	○

Emergency/Homeless Shelter Meals

Meal	42. Begin	43. End	44. Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			○	○	○	○	○	○	○
AM Snack			○	○	○	○	○	○	○
Lunch			○	○	○	○	○	○	○
PM Snack			○	○	○	○	○	○	○
Supper			○	○	○	○	○	○	○
Night Snack			○	○	○	○	○	○	○

I certify that the information in this Center Application is true and correct, that it is in accordance with the terms of existing Agreement(s). I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Sign Here▶ 45._____ 46. _____

Signature of Authorized Representative — Date of Preparation

47._____ 48. _____

Printed Name of Authorized Representative — Contact Phone Number (optional)

Instructions for Completing the Center Application

This document can be completed in NC CARES. If completing the document in NC CARES, ensure you are in the correct program year before completing the application. The information should be entered in Program Year 2014. However, if you are completing the paper version of this form ensure you have the most current version of this form. The bottom left hand side should read CAC 7, Effective October 1, 2013.

1. Agreement Number: Provide the 4 digit agreement number for the institution.
2. Institution Name: Provide the name of the institution.
3. Center Name: Provide the name of the center/facility. The name of the center/facility must be consistent with the license.
4. Center's Federal ID Number: Provide the Federal ID Number of the center/facility.
   Program Year: Should read 2013-2014.
5. Address: Provide the mailing address of where the center/facility receives mail.
6. City: Provide the city where the center/facility receives mail.
7. State: Provide the state where the center/facility receives mail.
8. Zip Code: **Provide the zip code plus the 4 digit postal code** where the center/facility receives mail. **The postal code can be found at https://www.usps.com/zip4/.**
9. County: Provide the county where the center/facility receives mail.
10. Address: Provide the physical address where the center/facility is located. NOTE: The physical address must match the address of the centers license.
11. City: Provide the city where the center/facility is located.
12. State: Provide the state where the center/facility is located.
13. Zip Code: **Provide the zip code plus the 4 digit postal code** where the center/facility is located. **The postal code can be found at https://www.usps.com/zip4/.**
14. County: Provide the county where the center/facility is located.
15. Name: Provide the center/facility's site contact first, middle and last name.
16. Phone: Provide the center/facility's site contact's telephone number including the area code. Provide an extension if applicable.
17. Title: Provide the title of the center/facility's site contact.
18. Fax: Provide the center/facility's site contact fax number including the area code.
19. E-mail: Provide the center/facility's site contact email address. Ensure this section is completed accurately and all letters/numbers are legible.
20. Check the appropriate program type for the center facility.
21. Check the appropriate center type for the center/facility.
22. Check the appropriate type of food service provided to the center/facility.
    - On-Site Preparation: The center/facility prepares and serves the meals in the same building as the participants.
    - Central Kitchen: Food is prepared in a different building from the participants; the food is transported from a different location than where the meal will be served.
    - School Food Authority: The center/facility has a food service contract with a public school.
    - FSMC (Food Service Management Company): The center/facility has a food service management contract.

23. If School Food Authority or FSMC was checked, provide the name of the school or food service management company with whom the center/facility has an agreement.
24. At Risk Centers ONLY: School Name: If the center/facility's program type is At Risk, provide the name of the school in which the address of the center/facility is assigned.
25. % Enrolled for free and reduced meals: Use the most current area school data information located on the website www.nutritionnc.com. Provide the percent eligibility for free and reduced priced meals. NOTE: The school must have at least 50% eligibility in order for the center/facility to participate in the CACFP as an at-risk center.
26. Activities: Check the appropriate response for the center/facility.
27. Check the appropriate organization type for the center/facility.
28. Number of Title XX or Title XIX: NOTE: For-Profit centers/facilities must complete this section. Provide the total number of Title XX or XIX participants enrolled in the center/facility for the month prior to the application.
    - Child Care Centers are permitted to provide the total Title XX children or the free and reduced priced income eligibility applications.
    - Adult Day Care Centers are only permitted to provide the total Title XIX participants. They are NOT permitted to use the free and reduced priced income eligibility application.
29. (Select one only) Check the appropriate licensing authority for the center/facility.
    - DHHS: North Carolina Division of Aging and Adult Services
    - State: Division of Child Development Early Education
    - Exempt: CAC 8H is required
30. License Capacity: Provide the license capacity as documented on the center/facility license. If the center/facility has an exempt license, document the enrollment for the month prior to the application.
31. Enrollment: Provide the total enrollment for the month prior to the application.
32. Operating Months: Check all months in which the center/facility is open and is requesting reimbursement.
33. Agreement Number: Provide the 4 digit agreement number for the institution.
34. Institution Name: Provide the name of the institution.
35. Center Name: Provide the name of the center/facility.
36. Center's Federal ID Number: Provide the Federal ID Number of the center/facility.
    Program Year: Should read 2013-2014
37. Provide the time the center will open.
38. Provide the time the center will close.
39. Provide the beginning time for each meal service in which the center/facility is requesting CACFP Reimbursement.
    - If the center/facility is an At-Risk After school hours program, list the beginning meal service times in the appropriate At-Risk meals lines.
40. Provide the ending time for each meal service in which the center/facility is requesting CACFP Reimbursement.
    - If the center/facility is an At-Risk After school hours program, list the ending meal service times in the appropriate At-Risk meals lines.
41. Check each day of the week in which the center/facility will be requesting CACFP reimbursement.

42. If the center/facility is an Emergency/Homeless Shelter, provide the beginning time for each meal service in which the center/facility is requesting CACFP Reimbursement.
43. If the center/facility is an Emergency/Homeless Shelter, provide the ending time for each meal service in which the center/facility is requesting CACFP Reimbursement.
44. Check each day of the week in which the center/facility will be requesting CACFP reimbursement.
45. Signature of Authorized Representative: Provide the signature center/facility's authorized representative.
46. Date of preparation: Provide the date the form was signed.
47. Printed Name of Authorized Representative: Provide the printed name of the center/facility's authorized representative. The printed name must be the same person who signed the document.
48. Contact Phone Number: Provide the telephone number of the Authorized Representative that signed the form.