

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
APPLICATION PROCESS CHECKLIST
 Independent Centers

1. Institution Name: _____ 2. 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, including this checklist, may delay program approval.

Form (Form	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	_____	_____	_____
Contractors Certification	_____	_____	_____
Institution Application	_____	_____	_____
Center Application (CAC 7)	_____	_____	_____
Management Plan (DHHS CAC 8G)	_____	_____	_____
Annual Budget for Independent Centers (DHHS CAC 9)	_____	_____	_____
Media Release	_____	_____	_____
Preaward 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	_____	_____	_____
Nondiscrimination Policy	_____	_____	_____
Outside Employment Policy	_____	_____	_____
Free /Reduced Price Policy	_____	_____	_____
Participant Information for New Institutions	_____	_____	_____
<i>Provide copies of the following:</i>			
Current federal, state or local license	_____	_____	_____
Current Sanitation Inspection Report	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofit)	_____	_____	_____
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At Risk Centers ONLY (Additional Forms)			
Institution Certification Regarding Dual Participation	_____	_____	_____
Participant Information New Centers Summary At risk Centers	_____	_____	_____

CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION PROCESS CHECKLIST
Independent Centers

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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, including this checklist, may delay program approval.

The following forms will need to be included ONLY if you will be receiving catered meals.

	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
Food Service Contract (DHHS CAC 16) (Public schools only)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Food Service Contract (DHHS CAC 17) (Food Service Management Company)	_____	_____	_____
Attachment A-General Terms and Condition	_____	_____	_____
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.

For State Agency Use Only: Complete for new institution only Date of Pre-op visit _____ Date of sanitation report _____ Date of licensing report _____	Initial Date Received _____ Initial Date Returned if incomplete _____ 2nd Date received from institution _____ 2nd Date Returned if incomplete _____ 3rd Date received from institution _____ 3rd Date Returned if incomplete _____ 4th Date received from institution _____ Date mailed to 2nd party reviewer _____ Date 2nd party reviewer submitted _____ For approval _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
To be completed by SNP Consultant: Reviewed NDL: _____ Reviewed Tax Revocation List: _____ Consultant Initials: _____		

Instructions for Completing the Checklist for Independent Institutions

- 1. Institution Name:** Provide the name of the institution.
- 2. Agreement Number:** Leave blank.
- 3. Institution (use only):** This is the only column that should be completed by the institution's representative. Put a ✓ by each document being submitted with the application.
- 4. SNP Regional Consultant:** For State Use only, do not complete this section.
- 5. Special Nutrition Programs:** For State Use only, do not complete this section.
- 6. Total Food Service Amount:** If you have a food service agreement, provide the total dollar amount from the food service agreement.
- 7. For State Agency Use Only:** For State Use only, do not complete this section.
- 8. Reviewed NDL:** For State Use only, do not complete this section.