

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
 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.

Form (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
Sponsoring Organizations of Affiliated And Unaffiliated Facilities			
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	_____	_____	_____
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	_____	_____	_____
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For Sponsoring Organizations of Affiliated Centers ONLY			
Current federal, state or local license (One for each facility/center) # submitted_____	_____	_____	_____
Center Application (CAC 7)(one for each center)	_____	_____	_____
Tax exempt letter for private nonprofit centers	_____	_____	_____
Sanitation Report	_____	_____	_____
Fire Inspection Report	_____	_____	_____
At Risk Centers ONLY (Additional Forms)			
Institution Certification Regarding Dual	_____	_____	_____
Participant Information New Centers Summary At risk centers	_____	_____	_____
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For Sponsoring Organization of Day Care Homes (ONLY)			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D)	_____	_____	_____
Day Care Home Application (CAC 8B)	_____	_____	_____
Current Day Care Home License	_____	_____	_____
Contractors Certification	_____	_____	_____
Information on Owners and Principals-Facility	_____	_____	_____
Certification of Single Exclusive CACFP Agreement -Facility	_____	_____	_____

**CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION PROCESS CHECKLIST**
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.

Form (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
For Sponsoring Organizations of Unaffiliated Centers ONLY			
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	_____	_____	_____
Contractor’s Certification	_____	_____	_____
Current federal, state or local license (One for each facility/center) # submitted _____	_____	_____	_____
Information on Owners and Principals-Facility	_____	_____	_____
Certification of Single Exclusive CACFP Agreement-Facility	_____	_____	_____
Center Application (CAC 7)(one for each center)	_____	_____	_____
Tax exempt letter for private nonprofit centers	_____	_____	_____
Sponsored Centers Budget (CAC 9A)	_____	_____	_____
Sanitation Report	_____	_____	_____
Fire Inspection Report	_____	_____	_____
At Risk Centers ONLY			
Institution Certification Regarding Dual Participation	_____	_____	_____
Participant Information New Centers Summary At risk centers	_____	_____	_____
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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.

FOR STATE AGENCY USE ONLY:

Date Received	_____	_____
Date Returned if incomplete	_____	_____
Date received from institution	_____	_____
2 nd Date Returned if incomplete	_____	_____
2 nd Date received from institution	_____	_____
3 rd Date Returned if incomplete	_____	_____
3 rd Date received from institution	_____	_____
Date mailed to 2 nd party reviewer	_____	_____
Date 2 nd party reviewer mailed to Raleigh	_____	_____

To be completed by SNP Consultant:

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

Instructions for Completing the Checklist for Sponsoring Organizations

- 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.