

North Carolina Department of Health and Human Services  
 Division of Public Health Nutrition Services Branch  
 Child and Adult Care Food Program  
**2014-15 Annual Application Update**  
**CHECKLIST for INDEPENDENT INSTITUTIONS**

**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	Institution Use ✓	SNP Regional Consultant Use	Special Nutrition Programs Use
CACFP Checklist for Independent Institutions			
Contractor Certification			
Current federal, state or local license <b>(Submit copy of the most current license)</b>			
Institution Application <b>(Submit hard copy or Update in NCCARES)</b>			
Center Application (CAC 7) <b>(Submit hard copy or Update in NCCARES)</b>			
Truth of Applications of Names and Addresses, if changed from previous year			
Media Release w/ income guidelines attached (required for all institutions)			
IRS Letter of Tax Exempt Status (private nonprofit), if not previously submitted			
Certification of Eligibility For-Profit Institutions and Centers			
Annual Information Certification for Institutions			
<b>Submit the following forms ONLY if you will be receiving catered meals</b>			
<b>Food Service Management Contract (CAC 17)</b>			
<b>Attachment A</b> -General Terms and Conditions			
<b>Attachment B</b> - Certifications			
Total Amount: \$			
<b>Submit three (3) quotes for all Food Service Contracts (School Food Authorities excluded)</b> Quotes for contracts up to \$5000 may be phone quotes. Include copies of all written quotes for all contracts between \$5001-\$150,000 Submit copies of bids for all contracts over \$150,000			
<b>Food Service Contract Public Schools (CAC 16)</b>			
<b>Attachment A</b> -General Terms and Conditions			
<b>Attachment B</b> - Certifications			
Total Amount: \$			

FOR STATE USE ONLY	SNP Regional Consultant Use	Special Nutrition Programs Use	To be completed by SNP Consultant
<b>Date received</b>			<b>Reviewed NDL:</b> _____ (date and initials)
<b>Date returned if incomplete</b>			
<b>Date received from institution</b>			<b>Reviewed Tax Revocation List:</b> _____ (date and initials)
<b>2<sup>nd</sup> date returned if incomplete</b>			
<b>2<sup>nd</sup> date received from institution</b>			
<b>3<sup>rd</sup> date returned if incomplete</b>			
<b>3<sup>rd</sup> date received from institution</b>			
<b>Date 2<sup>nd</sup> party reviewed submitted for approval</b>			<b>DHHS CAC Checklist Updating IC 2014-15</b>