

North Carolina Department of Health and Human Services
 Division of Public Health Nutrition Services Branch
 Child and Adult Care Food Program
2015-16 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			
Institution Application (Submit hard copy or Update in NCCARES)			
Center Application (CAC 7) (Submit hard copy or Update in NCCARES)			
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			
Annual Information Certification for Institutions			
For At Risk, Outside School Hours Care Center, Emergency Shelters			
State or Local Health and Safety Inspection or Current Occupancy Permit			
Submit the following forms ONLY if you will be receiving catered meals			
Food Service Management Contract (CAC 17)			
Attachment A -General Terms and Conditions			
Attachment B - Certifications			
Total Amount: \$			
Submit three (3) quotes for all Food Service Contracts (School Food Authorities excluded) 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			
Food Service Contract Public Schools (CAC 16)			
Attachment A -General Terms and Conditions			
Attachment B - Certifications			
Total Amount: \$			

FOR STATE USE ONLY	SNP Regional Consultant Use	Special Nutrition Programs Use	To be completed by SNP Consultant
Date received			Reviewed NDL: _____ (date and initials)
Date returned if incomplete			
Date received from institution			
2 nd date returned if incomplete			Reviewed Tax Revocation List: _____ (date and initials)
2 nd date received from institution			
3 rd date returned if incomplete			
3 rd date received from institution			
Date to 2 nd party reviewer			
Date 2 nd party reviewer submitted for approval			DHHS CAC Checklist Updating IC 2015-16