

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 for Sponsoring Organizations  
 CHECKLIST for SPONSORING ORGANIZATIONS OF CENTERS and HOMES**

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
<b>For ALL Sponsoring Organizations (Affiliated, Unaffiliated, Homes)</b>			
CACFP Checklist			
Contractor Certification			
Institution Application ( <b>Submit hard copy or Update in NCCARES</b> )			
Truth of Applications and Names and Addresses, if revised			
Administrative Budget (DHHS CAC 8A-Homes)			
Administrative Budget (DHHS CAC 8A-Centers)			
Media Release for SO's of Centers			
Media Release for SO's of Day Care Homes			
IRS Letter of Tax Exempt Status (private nonprofits), if not previously submitted			
Annual Information Certification for Institutions			
<b>For Sponsoring Organizations Updating Affiliated Centers</b>			
Center Application (CAC 7) (one per center) ( <b>Submit hard copy or Update in NCCARES</b> )			
Sponsored Centers Budget (CAC 9A) - may submit one budget per center or consolidate all center budgets on one 9A			
<b>For At Risk, Outside School Hours Care Center, Emergency Shelters</b>			
For State or Local Health and Safety Inspection or Current Occupancy Permit			
<b>For Sponsoring Organizations Updating Unaffiliated Centers</b>			
Center Application (CAC 7) (one for each center) ( <b>Submit hard copy or Update in NCCARES</b> )	# submitted:		
Sponsored Centers Budget (CAC 9A) - one per center			
Contractor Certification- one per center			
IRS letter of Tax exempt status ( for private non profit centers), if not previously submitted			
Annual Information Certification for Facilities			
<b>For Sponsoring Organizations Updating Day Care Homes</b>			
Day Care Home Provider Application (8B) ( <b>Submit hard copy or Update in NCCARES</b> )			
Annual Information Certification for Facilities			
Contractor Certification – (One per provider)			

Note: For Institutions receiving Catered Meals : See page 3

Note: Electronic budget tools can be downloaded from <http://www.nutritionnc.com/snp/forms.htm> . (2016 Forms)

2015-16 Annual Application Update for Sponsoring Organizations  
**CHECKLIST for SPONSORING ORGANIZATIONS OF CENTERS and HOMES**  
**FOR ADDING NEW CENTERS AND HOMES ONLY**

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Form	Institution Use	SNP Regional Consultant Use	Special Nutrition Programs Use
<b>For Sponsoring Organizations Adding <u>New</u> Affiliated Centers</b> (Submit one form for each center)			
Center Application (CAC 7)			
Current federal, state or local license			
Current sanitation report			
Participant Eligibility Information for New Centers Summary			
<b>For Sponsoring Organizations Adding <u>New</u> Unaffiliated Centers</b> (Submit one form for each center)			
Center Application (CAC 7)			
Current federal, state or local license			
Current Sanitation Report or Pre-operational visit (one for each facility)			
Agreement between Sponsoring Organization and Facility (CAC 8C)			
<b>Attachment A</b> -General Terms and Conditions Sponsored Centers			
<b>Attachment B</b> - Certifications Sponsored Centers			
<b>Attachment C</b> - Notice of Certain Reporting & Audit Requirements, Sponsored Centers (if applicable)			
<b>Attachment D – State Grant Certification</b> No Overdue Tax Debts, Sponsored Centers, if applicable <b>OR State Grant Certification</b> – for Individual Sub Grantees (if applicable)			
<b>Attachment E –Conflict of Interest Policy Sponsored Centers (if applicable)</b>			
Contractor Certification – (One per center)			
IRS letter of Tax exempt status ( for private non- profit centers)			
Sponsored Centers Budget (CAC 9A)			
Information on Owners and Principals – Facility			
Certification of Single Exclusive CACFP Agreement - Facility			
Participant Eligibility Information for New Centers Summary			
<b>For Sponsoring Organizations of <u>New</u> Day Care Homes</b>			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D)			
Day Care Home Application (CAC 8B) <b>(Submit hard copy or enter in NCCARES)</b>			
Current Day Care Home License			
Information on Owners and Principals-Facility			
Certification of Single Exclusive CACFP Agreement -Facility			
Contractor Certification – (One per provider)			

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Form	Institution Use ✓	SNP Regional Consultant Use	Special Nutrition Programs Use
<b>For Institutions Receiving Catered Meals</b>			
Food Service Contract Public Schools (CAC 16)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
	<b>Total Food Dollars:</b>		
Food Service Management Contract (CAC 17)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
	<b>Total Food Dollars:</b>		
<b>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</b>			
<b>Submit copies of bids for contracts over \$150,000 (School Food Authorities excluded)</b>			

**FOR STATE AGENCY USE ONLY:**

**Consultant**

**2<sup>nd</sup> Party Reviewer**

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

**To be completed by SNP Consultant:**

Reviewed NDL: \_\_\_\_\_ (date)  
 Reviewed Tax Revocation List: \_\_\_\_\_ (date)  
 Consultant Initials: \_\_\_\_\_