

North Carolina Department of Health and Human Services  
 Division of Public Health Nutrition Services Branch  
 Child and Adult Care Food Program

**2016-17 Annual Application Update  
 CHECKLIST for INDEPENDENT INSTITUTIONS**

Institution Name \_\_\_\_\_

Agreement Number \_\_\_\_\_

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			
Attachment A – General Terms and Conditions			
Attachment F - State Certifications			
Attachment H - Iran Divestment Act (Annual)			
Attachment I - FFATA Subawardee Reporting Form			
Institution Application <b>(Submit hard copy or Update in NCCARES)</b>			
Center Application (CAC 7) <b>(Submit hard copy or Update in NCCARES)</b>			
Independent Center Budget (CAC 9)			
Truth of Applications of Names and Addresses, if changed from previous year			
Media Release w/ income guidelines attached			
Media Release (Emergency Shelters, At-Risk After School)			
IRS Letter of Tax Exempt Status (private nonprofit), if not previously submitted			
Annual Information Certification for Institutions			
<b>For At Risk, Outside School Hours Care Center, Emergency Shelters (only)</b>			
State or Local Health and Safety Inspection or Current Occupancy Permit			
<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> – Federal Certifications			
<b>Attachment H</b> – Iran Divestment Act (Annual)			
<b>Total Amount: \$</b>			
<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			
<b>Attachment H</b> - Iran Divestment Act			
<b>Total Amount: \$</b>			
<b>- FOR STATE USE ONLY -</b>	SNP Regional Consultant Use	Special Nutrition Programs Use	<b>To be completed by SNP Consultant</b>  <b>Reviewed NDL</b> _____ (date and initials)  <b>Reviewed Tax Revocation List:</b>  _____ (date and initials)
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			
3 <sup>rd</sup> date returned if incomplete			
3 <sup>rd</sup> date received from institution			
Date to 2 <sup>nd</sup> party reviewer			
Date 2 <sup>nd</sup> party reviewer submitted for approval			