

North Carolina Department of Health and Human Services
 Division of Public Health Nutrition Services Branch
 Child and Adult Care Food Program
APPLICATION PROCESS CHECKLIST
 Independent Centers – New

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 Application Process Checklist			
Program Agreement (DHHS CAC 2)			
Attachment A – General Terms and Conditions			
Attachment B – Federal 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			
Attachment F – State Certifications: Contractor Certifications			
Attachment H – Iran Divestment Act			
Attachment I – FFATA Subawardee Reporting Form			
Institution Application			
Center Application (CAC 7)			
Management Plan (DHHS CAC 8G)			
Media Release			
Preaward Compliance			
Statement of Authority (DHHS CAC 18)			
Certification Regarding Other Publicly Funded Programs			
Certification Regarding Criminal Convictions			
Information on Owners and Principals			
Certification of Single Exclusive CACFP Agreement			
Truth of Applications and Names and Addresses			
CACFP Fact Sheet			
Nondiscrimination Policy			
Outside Employment Policy			
Free/Reduced Price Policy Statement			
Participant Eligibility Information for New Centers Summary			
Certification of Eligibility – for Profit Institutions			
Budget for Independent Centers (DHHS CAC 9)			
Provide copies of the following:			
IRS Letter of Tax Exempt Status (private nonprofits)			
Certificate of Attendance – Potential Institution Training			
Child and Adult Day Care ONLY			
Current federal, state or local license			
Current Sanitation Inspection Report			
Current Fire Inspection Report			
At Risk Afterschool Centers, Outside School Hours Care Centers, Emergency Shelters ONLY			
Institution Certification Regarding Dual Participation			
Participant Information New Centers Summary - At Risk Centers			
State or Local Health and Safety Inspection or Current Occupancy Permit			

**APPLICATION PROCESS CHECKLIST
Independent Centers – New**

FORM	Institution Use	SNP Regional Consultant Use	Special Nutrition Programs Use
For Institutions Receiving Catered Meals ONLY			
Food Service Contract Public Schools (CAC 16)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
Attachment H – Iran Divestment Act (Annual)			
	Total Food Dollars:		
Food Service Management Contract (CAC 17)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
Attachment H- Iran Divestment Act (Annual)			
	Total Food Dollars:		
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 contracts over \$150,000 (School Food Authorities excluded)			

Note: Electronic budget tools can be downloaded from <http://www.nutritionnc.com/snp/forms.htm> (2017 Forms)

You are not authorized to claim meal reimbursement until you receive the final approval letter from the NC Department of Health and Human Services

FOR STATE AGENCY USE ONLY:

	<u>Consultant</u>	<u>2nd Party Reviewer</u>
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 submitted	_____	_____

To be completed by SNP Consultant:

Verified DUNS Number: _____ (date)
 Reviewed NDL: _____ (date)
 Reviewed Tax Revocation List: _____ (date)
 Consultant Initials: _____