

Institution Name: _____

Agreement Number: _____

**CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST
Independent Centers**

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, including this checklist, may delay program approval.

Form (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
CACFP Checklist	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- 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	_____	_____	_____
Advance Payment Request	_____	_____	_____
Institution Application	_____	_____	_____
Center Application (CAC 7)	_____	_____	_____
Current federal, state or local license or certification	_____	_____	_____
Media Release, (if approved after Nov. 30)	_____	_____	_____
Statement of Authority	_____	_____	_____
Preaward Compliance	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
CACFP Fact Sheet for Participating Independent Institutions	_____	_____	_____

The following forms will need to be included ONLY if you will be receiving catered meals

Food Service Contract (DHHS CAC 16) (public schools only)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Food Service Contract (DHHS CAC 17) (Food Service Management Company)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Total Food Dollars \$ _____	_____	_____	_____

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

NC CARES FORMS (ELECTRONIC OR PAPER-CIRCLE ONE) YOU ARE ENCOURAGED TO ENTER THESE FORMS ELECTRONICALLY

- | | |
|--|--|
| <input type="checkbox"/> Site/Facility Application (CAC-7) | <input type="checkbox"/> Statement of Authority (CAC-18) |
| <input type="checkbox"/> Institution Application | <input type="checkbox"/> Certification of Eligibility for Title XIX/XX Institutions (CAC 1C) |

To be completed by SNP consultant:		
Date received	_____	_____
Date returned if incomplete	_____	_____
Reviewed NDL:	Date received from institution	_____
	2 nd Date returned if incomplete	_____
Consultant Initials: _____	2 nd Date received from institution	_____
	3 rd Date returned if incomplete	_____
Date: _____	3 rd Date received from institution	_____
	Date mailed to 2 nd party reviewer	_____
	Date 2 nd party reviewer mailed to Raleigh	_____