

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

Agreement #: \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST  
Small Sponsoring Organizations of Day Care Homes and Centers (Unaffiliated and Affiliated)**

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 (Form No.)	Institution (use only)	SNP Regional Consultant (use only)	Special Nutrition Programs (use only)
<b>CACFP Checklist</b>			
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	_____	_____	_____
Administrative Budget (DHHS CAC 8-Homes)	_____	_____	_____
Administrative Budget (DHHS CAC 8A-Centers)	_____	_____	_____
Media Release for SO's of Centers (if approved after Nov. 30)	_____	_____	_____
Media Release for ...SO's of Day Care Homes (if approved after Nov. 30)	_____	_____	_____
Statement of Authority (DHHS CAC 18)	_____	_____	_____
Preaward Compliance	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
Facility Renewal Certification	_____	_____	_____
Licensing Certification	_____	_____	_____
Training Certification	_____	_____	_____
CACFP Fact Sheet	_____	_____	_____
Participant Information Form for New Centers	_____	_____	_____
<b>For Sponsoring Organizations of Centers</b>			
Pre-operational visit (if Applicable) # submitted_____	_____	_____	_____
Agreement between Sponsoring Organization and Facility (CAC 8C) (unaffiliated new centers only) # submitted_____	_____	_____	_____
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	_____	_____	_____
Center Application (CAC 7)(one for each center)	_____	_____	_____
License (new center)	_____	_____	_____
Sponsored Centers Budget (CAC 9A) (unaffiliated centers)	_____	_____	_____
Certification of Eligibility for Title XIX/XX Institutions (DHHS CAC 1C) (new centers only)	_____	_____	_____
<b>For Sponsoring Organization of Day Care Homes</b>			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D) (new day care homes ) _____	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Day Care Home Application (CAC 8B)	_____	_____	_____
Current Day Care Home License (new day care homes)	_____	_____	_____
<b>The following forms will need to be included ONLY if you or your sponsored centers will be receiving catered meals</b>			
Food Service Contract Public Schools (CAC 16)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Food Service Management Contract (CAC 17)	_____	_____	_____
Attachment A-General Terms and Conditions	_____	_____	_____
Attachment B- Certifications	_____	_____	_____
Total Food Dollars \$ _____	_____	_____	_____
<b>NC CARES FORMS (ELECTRONIC OR PAPER-CIRCLE ONE) YOU ARE ENCOURAGED TO ENTER THESE FORMS ELECTRONICALLY</b>			
<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)	
<b>To be completed by SNP consultant:</b>			
Date received	_____	_____	_____
Date returned if incomplete	_____	_____	_____
Reviewed NDL:	Date received from institution	_____	_____
	2 <sup>nd</sup> Date returned if incomplete	_____	_____
Consultant Initials: _____	2 <sup>nd</sup> Date received from institution	_____	_____
	3 <sup>rd</sup> Date returned if incomplete	_____	_____
Date: _____	3 <sup>rd</sup> Date received from institution	_____	_____
	Date mailed to 2 <sup>nd</sup> party reviewer	_____	_____
	Date 2 <sup>nd</sup> party reviewer mailed to Raleigh	_____	_____