

**North Carolina Department of Health and Human Services
 Division of Public Health
 Women's & Children's Health Section
 Nutrition Services Branch
 Special Nutrition Programs
 CHILD AND ADULT CARE FOOD PROGRAM
 APPLICATION PROCESS CHECKLIST
 Independent Centers**

Institution Name: _____ **Agreement Number:** _____

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	_____	_____	_____
Program Agreement (DHHS CAC 2)	_____	_____	_____
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	_____	_____	_____
Management Plan (DHHS CAC 8G)	_____	_____	_____
Annual Budget for Independent Centers (DHHS CAC 9)	_____	_____	_____
Media Release (if approved after Nov. 30)	_____	_____	_____
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	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofit)	_____	_____	_____
Certification of Eligibility For-Profit Institutions	_____	_____	_____
Institutions (DHHS CAC 1C) (private for-profit)	_____	_____	_____
Computerized invoice from DSS or CCRI for the month prior to approval or using Free and reduced Priced applications: <i>Income eligibility applications, CACFP Participant Enrollment forms, and Worksheet for free, reduced priced and Paid classifications</i>	_____	_____	_____
–	_____	_____	_____
The following forms will need to be included <u>ONLY</u> 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.

FOR STATE AGENCY USE ONLY:	
Complete for new institution only	Date Received _____
Date of Pre-op visit _____	Date Returned if incomplete _____
Date of sanitation report _____	Date received from institution _____
Date of licensing report _____	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 _____
To be completed by SNP Consultant:	Date 2 nd party reviewer mailed to Raleigh _____

Reviewed NDL: _____
 Consultant Initials: _____
 Date: _____

DHHS CAC Checklist 06/10 -renewing