

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

Institution Name: _____

Agreement #: _____

CHILD AND ADULT CARE FOOD PROGRAM APPLICATION PROCESS CHECKLIST

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)
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	_____	_____	_____
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)	_____	_____	_____
Truth of Applications and Names and Addresses	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
CACFP Fact Sheet	_____	_____	_____
IRS Letter of Tax Exempt Status (private nonprofits)	_____	_____	_____
Participant Information for New Centers	_____	_____	_____
Training Certification	_____	_____	_____
Outside Employment Policy	_____	_____	_____
Facility Renewal Certification	_____	_____	_____
Licensing Certification	_____	_____	_____
For Sponsoring Organizations of Centers			
Pre-operational visit (if Applicable) # submitted _____	_____	_____	_____
Agreement between Sponsoring Organization and Facility (CAC 8C) (unaffiliated 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)	_____	_____	_____
Current federal, state or local license (One for each facility/center) # submitted _____	_____	_____	_____
Tax exempt letter for private non profit centers	_____	_____	_____
Sponsored Centers Budget (CAC 9A) (unaffiliated centers)	_____	_____	_____
Certification of Eligibility For-Profit Institutions <i>Computerized invoice from DSS or CCRI for the month prior to approval _or_</i> For centers meeting for-profit equirements using free and reduced priced applications: <i>Income eligibility applications, CACFP Participant Enrollment forms, and Worksheet for free, reduced priced and Paid classifications</i>	_____	_____	_____
Information on Owners and Principals-Facility	_____	_____	_____
Certification of Single Exclusive CACFP Agreement Facility	_____	_____	_____
For Sponsoring Organization of Day Care Homes			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D)	_____	_____	_____
Attachment A -General Terms and Conditions	_____	_____	_____
Attachment B - Certifications	_____	_____	_____
Day Care Home Application (CAC 8B)	_____	_____	_____
Current Day Care Home License	_____	_____	_____
Information on Owners and Principals	_____	_____	_____
Certification of Single Exclusive CACFP Agreement	_____	_____	_____
The following forms will need to be included ONLY if you or your sponsored centers will be receiving catered meals			
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 \$ _____			

FOR STATE AGENCY USE ONLY:

Complete for new institution only

Date of Pre-op visit _____

Date of sanitation report _____

Date of licensing report _____

Date Received _____

Date Returned if incomplete _____

Date received from institution _____

2nd Date Returned if incomplete _____

2nd Date received from institution _____

3rd Date Returned if incomplete _____

3rd Date received from institution _____

Date mailed to 2nd party reviewer _____

Date 2nd party reviewer mailed to Raleigh _____

To be completed by SNP Consultant:

Reviewed NDL: _____

Consultant Initials: _____

Date: _____