## 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.)

<table>
<thead>
<tr>
<th>CACFP Checklist</th>
<th>Institution (use only)</th>
<th>Regional Consultant (use only)</th>
<th>Special Nutrition Programs (use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A: General Terms and Conditions</td>
<td>___</td>
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<tr>
<td>Attachment B: Certifications</td>
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<tr>
<td>Attachment C: Notice of Certain Reporting and Audit Requirements, if applicable</td>
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<tr>
<td>Attachment D: State Grant Certification No Overdue Tax Debts, if applicable</td>
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<tr>
<td>Attachment E: Conflict of Interest Policy</td>
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</tbody>
</table>

### 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
- 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
- Computerized invoice from DSS or CCRI
- for the month prior to approval or
- For centers meeting for-profit requirements using free and reduced priced applications: Income eligibility applications, CACFP Participant Enrollment forms, and Worksheet for free, reduced priced and Paid classifications
- 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 9D)
- 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 $________
<table>
<thead>
<tr>
<th><strong>FOR STATE AGENCY USE ONLY:</strong></th>
<th>Date Received</th>
<th>Date Returned if incomplete</th>
<th>Date Received from institution</th>
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<tbody>
<tr>
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<td>Date of Pre-op visit</td>
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<td>Date of sanitation report</td>
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**Date of licensing report**

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**2nd Date received from institution**

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**3rd Date received from institution**

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**To be completed by SNP Consultant:**

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<th>Date 2nd party reviewer mailed to Raleigh</th>
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Consultant Initials:__________________  Date: __________________

DHHS CAC Checklist SO renewing - 06/10  Routing: Original SNP Files  Yellow: SNP Consultant