

North Carolina Department of Health and Human Services
 Division of Public Health Nutrition Services Branch
 Child and Adult Care Food Program
APPLICATION PROCESS CHECKLIST
SPONSORING ORGANIZATIONS OF CENTERS and DAY CARE HOMES – New

Institution Name _____ Agreement Number _____

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	Institution Use ✓	SNP Regional Consultant Use	Special Nutrition Programs Use
CACFP Application Process Checklist			
Program Agreement (DHHS CAC 2)			
Attachment A – General Terms and Conditions			
Attachment B – Federal 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			
Attachment F – State Certifications: Contractor Certifications			
Attachment H – Iran Divestment Act			
Attachment I – FFATA Subawardee Reporting Form			
Institution Application			
Administrative Budget (DHHS CAC 8A-Homes)			
Administrative Budget (DHHS CAC 8A-Centers)			
Management Plan (DHHS CAC 8G)			
Media Release for SOs of Centers w/income guidelines			
Media Release for SOs of Day Care Homes			
Statement of Authority (DHHS CAC 18)			
Preaward Compliance			
Certification Regarding Other Publicly Funded Programs			
Certification Regarding Criminal Convictions			
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)			
Nondiscrimination Policy			
Free/Reduced Price Policy Statement (for SOs of Centers)			
Free/Reduced Price Policy Statement (for SOs of Day Care Homes)			
Participant Eligibility Information for New Centers Summary			
Certification of Eligibility – for Profit Institutions			
Sponsor Training Certification			
Outside Employment Policy			
Certificate of Attendance – Potential Institution Training			
For Sponsoring Organizations of Affiliated Centers ONLY			
Current federal, state or local license (one for each facility/center) # submitted:			
Center Application (CAC 7) (one per center) # submitted:			
Sponsored Centers Budget (CAC 9A) - may submit one budget per center or consolidate all center budgets on one 9A			
Tax exempt letter (for private nonprofit centers)			
Sanitation Report (one for each facility/center)			
Fire Inspection Report (one for each facility/center)			

**APPLICATION PROCESS CHECKLIST
SPONSORING ORGANIZATIONS OF CENTERS and DAY CARE HOMES – New**

FORM	Institution Use ✓	SNP Regional Consultant Use	Special Nutrition Programs Use
At Risk Afterschool Programs ONLY (Additional Forms)			
Institution Certification Regarding Dual Participation			
Participant Information New Centers Summary - At Risk Centers			
State or Local Health and Safety Inspection or Current Occupancy Permit # submitted:			
For Sponsoring Organizations of Unaffiliated Centers ONLY			
Agreement between Sponsoring Organization and Facility (CAC 8C) (Unaffiliated Centers Only) # submitted:			
Attachment A – General Terms and Conditions- Sponsored Centers			
Attachment B – Federal Certifications – Sponsored Center			
Attachment C – Notice of Certain Reporting and Audit Requirements, if applicable, Sponsored Centers			
Attachment D – State Grant Certification –No Overdue Tax Debts, if applicable, Sponsored Center			
Attachment E – Conflict of Interest Policy – Sponsored Center			
Attachment F - Contractor Certifications – one per center			
Attachment H – Iran Divestment Act – one per center			
Current federal, state or local license (one for each facility/center) # submitted:			
Information on Owners and Principals - Facility			
Certification of Single Exclusive CACFP Agreement- Facility			
Center Application (CAC 7) (one for each center) # submitted:			
IRS letter of Tax exempt status (for private nonprofit centers)			
Sponsored Centers Budget (CAC 9A) - one per center			
Sanitation Report – one per center			
Fire Inspection Report – one per center			
At Risk Afterschool Programs ONLY (Additional Forms)			
Institution Certification Regarding Dual Participation			
Participant Information New Centers Summary - At Risk Centers			
State or Local Health and Safety Inspection or Current Occupancy Permit # submitted:			
For Sponsoring Organizations of Day Care Homes			
Agreement between Sponsoring Organization and Day Care Home Provider (CAC 8D)			
Day Care Home Application (8B) # submitted:			
Current Day Care Home License – one per home # submitted:			
Attachment A – General Terms and Conditions (one per provider)			
Attachment B- DCH Provider's Certifications (one per provider)			
Attachment F-State Certifications – Contractor Certifications (one per provider)			
Attachment H – Iran Divestment Act – (one per provider)			
Information on Owners and Principals-Facility			
Certification of Single Exclusive CAC Agreement- Facility			

**APPLICATION PROCESS CHECKLIST
SPONSORING ORGANIZATIONS OF CENTERS and DAY CARE HOMES – New**

FORM	Institution Use	SNP Regional Consultant Use	Special Nutrition Programs Use
For Institutions Receiving Catered Meals			
Food Service Contract Public Schools (CAC 16)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
Attachment H – Iran Divestment Act (Annual)			
	Total Food Dollars:		
Food Service Management Contract (CAC 17)			
Attachment A-General Terms and Conditions			
Attachment B- Certifications			
Attachment H- Iran Divestment Act (Annual)			
	Total Food Dollars:		
Submit three (3) quotes for all Food Service Contracts (School Food Authorities excluded) Quotes for contracts up to \$5000 may be phone quotes. Include copies of all written quotes for all contracts between \$5001-\$150,000			
Submit copies of bids for contracts over \$150,000 (School Food Authorities excluded)			

Note: Electronic budget tools can be downloaded from <http://www.nutritionnc.com/snp/forms.htm> (2017 Forms)

FOR STATE AGENCY USE ONLY:

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 submitted _____

Consultant

2nd Party Reviewer

To be completed by SNP Consultant:

Reviewed NDL: _____ (date)

Reviewed Tax Revocation List: _____ (date)

Consultant Initials: _____