North Carolina Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program



Sponsoring Organizations of Unaffiliated Centers Application Process Checklist for Adding New Providers/Centers

| Institution Name | Agreement Number | |
|-------------------------------------|------------------|--|
| Name of New Day Care Home Provider: | | |
| Name of New Sponsored Center: | | |

Check (✓) each item after completion in the <u>first column</u>. Failure to accurately complete all required documents and submit the required number of documents requested may delay program approval.

| number of documents requested may delay program approval. | Institution | CACED Bogional | CACED |
|---|--------------------|-------------------------------|--------------|
| Day Care Home Provider Forms | Institution Use | CACFP Regional Consultant Use | CACFP Use |
| Facility Pre-Qualification Application | <u> </u> | constitutiose | |
| Agreement CAC 8D | | | |
| Attachment F – Contractor's Certification | | | |
| Certification of Single Exclusive CACFP Agreement-Facility | | | |
| Information on Owners/Principals-Facility | | | |
| License or Letter of Operation | | | |
| *If provider's name is not listed on the license provide documentation from | | | |
| The Department of the Secretary of State | | | |
| Provider Application CAC 8B (Enter information in NC CARES) | | | |
| Sponsored Center | | | |
| Facility Pre-Qualification Application | | | |
| Center Application CAC-7 | | | |
| Agreement CAC 8C | | | |
| Attachment A – General Terms and Conditions | | | |
| Attachment B – Certifications | | | |
| Attachment D – State Grant Certification, No Overdue Tax Debts | | | |
| Attachment D – State Grant Certification – For Individual Sub Grantees | | | |
| Attachment E – Conflict of Interest | | | |
| Conflict of Interest Policy | | | |
| Attachment F – Contractor's Certification | | | |
| Certification of Single Exclusive CACFP Agreement – Facility | | | |
| Information on Owners/Principals - Facility | | | |
| License | | | |
| Current Sanitation Report OR Pre-Operational Visit Form | | | |
| AT-RISK/OUTSIDE SCHOOL HOURS/EMERGENCY SHELTERS ONLY | | | |
| State or Local Health/Safety Inspection OR Current Occupancy Permit | | | |
| Participants Eligibility Information for New Centers Summary Form | | | |
| Sponsored Centers Budget CAC 9A | | | |
| Non-Profit – IRS Letter 501 (c)(3) | | | |
| For Profit – Certification of Eligibility For-Profit CAC 1C | | | |
| Submit the following forms ONLY if you will be receiving catered meals | | | |
| Food Service Management Contract (CAC 17) | | | |
| Attachment A – General Terms and Conditions | | | |
| Attachment B – Federal Certifications | | | |
| Total Amount: \$ | | | |
| Food Service Contract Public Schools (CAC 16) | | | |
| Attachment A – General Terms and Conditions | | | |
| Attachment B – Certifications | | | |
| Total Amount: \$ | | | |

| FOR STATE USE ONL | – Approval Date: | |
|-------------------|------------------|--|
| | | |