

CACFP New Participant Onboarding Checklist

Online Document	Completed		COMMENTS
	YES	NO	
Application for Participation- CFS2113			*Budget Page
Application for Participation- SNP5			*Active Sites
Funds Received- SNP4			*All State & Federal Funds
Meal Policy Statement- FRPS1			
Pre-Award Compliance Review- SNP6			
Public Release Verification- SNP7			*Please upload a copy of SNP8 or Press Release
CACFP Agreement- CASA2			
Officers & Employees- SNP3			*Emails and DOB must be included
Adult Questionnaire (if applicable)- APQ1			
Disclosure of Lobbying Activities- SFLL			

Paper Document Must be completed & uploaded	Completed		COMMENTS
	YES	NO	
Certificate of Authority			*All Individuals that require access to the SNP APP must complete this form
Executive Order Disclosure Form- EO9804			*Pages one (1) & two (2) must be completed in their entirety by the provider
Food Service Contract (if applicable)			*Provide the Food Service Contract and page three (3) & four (4) of the Executive order must be completed by the Food Management company
W-9 Taxpayer ID Certification			
IRS Tax Exempt Letter (Non-Profits Only)			*501c3 form/ Non-Profit
Direct Deposit Form & Voided Check OR Letter from Bank on letterhead			
List of Enrolled Children Eligible for Free or Reduced Priced Meal Reimbursement-25% <i>(For-Profits Providers Only)</i>			Form must identify facility and the current year.
FDCH Current Enrollment List			Required for FDCH only: <ul style="list-style-type: none"> • The total # of Tier I & Tier II FDCHs that are sponsored • Total # of children enrolled in Tier I & Tier II • Total # of children in Tier II that have been identified as eligible for free/reduced meals
Child or Adult Care Center License(s) <i>(If Applicable)</i>			*Must upload your Child Care Center License Certificate(s).
Articles of Incorporation <i>(Non-Profit Providers Only)</i>			
Most recent IRS Tax Form 990 or 1040 (first page and signature page) and documentation of last 2 quarters of payroll taxes paid (941)			
ADH Food Establishment Inspection Report (2 pages) & Permit *For each site (At-Risk Providers Only)			Upload new inspection Report
Notice of Action *For each site; email to ADH and upload to SNP site (At-Risk Providers Only)			

CACFP New Participant Onboarding Checklist

Other Required Documents Must be completed & uploaded	YES	NO	COMMENTS
Not on NDL, DHS, or HNP Exclusion List			Application Coordinator will verify
Secretary of State Registration			*Must be in Good Standing Application Coordinator will verify
Area Eligibility			*Must identify the name of the closest school and the percentage of those who qualify for free & reduced lunch (SNP5, in the Directions Box)
Site Agreement *For each site (At-Risk Providers Only)			
Institution's Policies & Procedures including a policy on outside employment			
Institution's Financial Management Policies, Procedures, and Internal Controls			
Job Description and Duties of All Staff and/or Volunteers			
Board of Directors Bylaws			* Please upload Board of Director's Meeting Bylaws.
Board of Directors Meeting Minutes			*One year of Board Meeting Minutes is required, including the minutes regarding the participation in the food program for the coming fiscal year.
Financial Statements (3 most recent months - Entity wide and child nutrition programs)			
Supporting Source Documentation – Revenues			*This includes donations, contributions, and other grants.
Supporting Source Documentation –Expenditures			*Lease agreements, floor plans, copies of bills, etc.
DUNS or UEI Number			Please start the process of applying for an UEI number
Surety Bond			*Thirty-six (36) month surety bond for 25% of the estimated annual reimbursement.
Procurement documents			*See CFR 225.17, 2 CFR part 200, subpart D and 2 CFR part 400 and part 415.
City/Business License (If Applicable)			
City Fire Inspection *For each site (At-Risk Providers Only)			
Disclosure of Less-Than-Arms-Length Transactions			*Must be disclosed to DHS
Operational Cost Breakdown Form– Food Related Supplies located in CFS2113 Part B2 (For all CACFP Providers)			
Civil Rights Complaint Procedure Form			*Keep a copy in the file and upload a copy into SNP site
Public Release: SNP8 or Flyer			
Contracts, if applicable			*A copy of contracts of professional services such as janitorial services, bookkeepers, consultants, and any other services funded with program funds.

CACFP New Participant Onboarding Checklist

Upload a copy of submitted budget			*HNP Coordinator will upload a final copy of the approved budget in SNP site.
-----------------------------------	--	--	---

Training	Completed YES NO		COMMENTS
HNU Training Requirements Acknowledgement Addendum			*Must be completed annually. Sign, date, and upload into the SNP site.
CACFP New Participant Training			Certificate must be uploaded into the SNP site.
CACFP At-Risk New Participant Training			Certificate must be uploaded into the SNP site.
Arkansas Department of Health Training (At-Risk Providers Only)			Or substituted with a valid certificate from ServSafe, Prometric, National Registry of Food Safety Professionals, 360, Above Training-State FoodSafety.com
All providers are required to have Food Manager Certification			Valid certificate from ServSafe, Prometric, National Registry of Food Safety Professionals, 360, Above Training-StateFoodSafety.com Effective January 2021

Application Coordinators:

Linda Pippins, 501.320.8971
linda.f.pippins@dhs.arkansas.gov

Sandra West, 501.320.8969
sandra.west@dhs.arkansas.gov

Louise Fenton, 501.396.6361
louise.fenton@dhs.arkansas.gov

Aurora Blake, 501.320.6403
Aurora.Blake@dhs.arkansas.gov

Robert Majors, 501.396.6121
Robert.Majors@dhs.arkansas.gov

Jerrold Dorsey, 501.910.6429
Jerrold.Dorsey@dhs.arkansas.gov

Perry Hunter, 501.320.8967
perry.hunter@dhs.arkansas.gov