On-Line Documents	COMPLETED YES NO		COMMENTS
Application for Participation – CFS2113	1123		*Budget
Application for Participation – SNP5			
Funds Received – SNP4			*All State and Federal funds
Meal Policy Statement – FRPS1			
Pre-Award Compliance review – SNP6			
Public Release Verification – SNP7			*Please upload SNP8 or Press Release into SNP site
CACFP Agreement CASA2			
Officers and Employees – SNP3			
Adult Questionnaire – AQ1			
Disclosure of Lobbying Activities - SFLLL			

Paper Documents [Upload Documents]	YES	NO	COMMENTS
Certificate of Authority			*all new individuals that require access to the SNP APP must complete this form
Food Service Contract (if applicable)			*Pages three (3) & four (4) of the Executive Order Disclosure Form must be filled out in their entirety by the Food Management company
W-9 Taxpayer ID Certification			*ONLY if changes have occurred
IRS Tax Exempt Letter (Non-Profit Only)			
List of Enrolled Children eligible for Free or Reduced Prices Meal Reimbursement-25% required (For Profit ONLY)			*Form must identify the facility and the current year
FDCH Current Enrollment List *upload into SNP site annually			Must Include: 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
Direct Deposit			*ONLY if changes have occurred
Child or Adult Care Center License(s), if applicable			
Articles of Incorporation (Non-Profit ONLY)			
Most recent IRS Tax Form (first page and signature page) and documentation of last 2 quarters of payroll taxes paid			
Executive Order Disclosure Form			*Pages one (1) & two (2) must be completed in their entirety by the provider
Not on NDL, DHS, or HNP Exclusion List			Application Coordinator will verify
ADH Food Establishment Inspection Report (2 pages) & Permit *For each site (At-Risk Providers ONLY)			*upload annually

Notice of Action	
*New sites or every 3 years (At-Risk Providers ONLY)	
Supporting Source Documents-Expenditures	*Copies of lease agreements, utility bills, etc. paid with CACFP funds
Supporting Source Documents-Revenues	*Copies of monetary awards, grants, private donations
Board Meeting Minutes	*At least 6 months and MUST contain the minutes with Board Approval
City Fire Inspection	
*For each site (At-Risk Providers ONLY)	
Contracts	*Updated copies of professional services, bookkeepers, consultants, and any other services funded with CACFP funds
2022 Cost Allocation Addendum— Food Related Supplies located in CFS2113 Part B2	
Civil Rights Complaint Procedure Form	*Keep a copy in the file and upload a copy into SNP site
HNU Training Requirements Acknowledgement Addendum	*Must be completed annually. Sign, date, and upload into SNP site

Training Status	YES	NO	COMMENTS
CACFP or CACFP At-Risk Refresher Training			*Upload certificate into SNP site
Food Manager Certification (ServSafe, Prometric,			Effective January 2021
National Registry of Food Safety Professionals, 360,			*Upload certificate into SNP site
Above Training-StateFoodSafety.com)			

## **Application Coordinators:**

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

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

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

Aurora Blake, 501.320.6403 Aurora.Blake@dhs.arkansas.gov Chelsey Mitchell, 501.320.8974 <a href="mailto:chelsey.mitchell@dhs.arkansas.gov">chelsey.mitchell@dhs.arkansas.gov</a>

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