

**CACFP Application Checklist – Existing Participants – 2019**

<b>ONLINE MODULES – COMPLETE &amp; SUBMIT</b>			
	<b>Module Name</b>	<b>Module Number</b>	<b>Comments</b>
<input type="checkbox"/>	Application for Participation	CFS-2113	
<input type="checkbox"/>	Application for Participation	SNP-5	
<input type="checkbox"/>	Funds Received	SNP-4	
<input type="checkbox"/>	Meal Policy Statement	FRPS1	
<input type="checkbox"/>	Pre-Award Compliance Review	SNP-6	
<input type="checkbox"/>	Public Release Verification	SNP-7	
<input type="checkbox"/>	CACFP Agreement	CASA2	
<input type="checkbox"/>	Officers & Employees	SNP-3	
<input type="checkbox"/>	Adult Questionnaire (if applicable)	APQ1	
<input type="checkbox"/>	Disclosure of Lobbying Activities	SFLLL	
<b>PAPER DOCUMENTS – COMPLETE &amp; UPLOAD</b>			
<input type="checkbox"/>	Certificate of Authority		Only updated if changes are made.
<input type="checkbox"/>	Food Service Contract (if applicable)		If applicable, updated annually.
<input type="checkbox"/>	W-9 Taxpayer ID Certification		Only updated if changes are made.
<input type="checkbox"/>	IRS Tax Exempt Letter		Non-Profits upload annually.
<input type="checkbox"/>	Save a copy of the submitted budget		HNP staff will upload a copy of the original approved budget in SNP
<input type="checkbox"/>	List of Enrolled Children Eligible for Free or Reduced Priced Meal Reimbursement -25% Required		For-Profits upload annually.
<input type="checkbox"/>	Direct Deposit		Only updated if changes are made.
<input type="checkbox"/>	Child or Adult Care Center License(s) (if applicable)		Only updated if changes are made.
<input type="checkbox"/>	Articles of Incorporation (Non-Profits Only)		Only updated if changes are made.
<input type="checkbox"/>	Most recent IRS Tax Form (first page and signature page sufficient) and documentation of last 2 quarters of payroll taxes paid		For-Profits upload annually.
<input type="checkbox"/>	Executive Order	EO9804	Everyone upload annually.
<input type="checkbox"/>	Health & Safety Certification and Notice of Action (At-Risk Providers Only)		At-Risk Providers Upload Health Inspection and Notice of Action annually.
<input type="checkbox"/>	Other documents as required		Including copies of bills, board meeting mins for CACFP approval, etc.
<b>TRAINING</b>			
<input type="checkbox"/>	CACFP Refresher Training		
<input type="checkbox"/>	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-StateFoodSafety.com