

CACFP Application Checklist – New Participants – 2019

| ONLINE MODULES – COMPLETE & SUBMIT | | | |
|--|---|---------------|---|
| | Module Name | Module Number | Comments |
| <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 | |
| PAPER DOCUMENTS – COMPLETE & UPLOAD | | | |
| <input type="checkbox"/> | Certificate of Authority | | (Required for anyone who needs access to the app) |
| <input type="checkbox"/> | Food Service Contract (if applicable) | | |
| <input type="checkbox"/> | W-9 Taxpayer ID Certification | | |
| <input type="checkbox"/> | IRS Tax Exempt Letter (Non-Profits Only) | | |
| <input type="checkbox"/> | List of Enrolled Children Eligible for Free or Reduced Priced Meal Reimbursement -25% | | Required For-Profits Only |
| <input type="checkbox"/> | Direct Deposit | | |
| <input type="checkbox"/> | Child or Adult Care Center License(s) (if applicable) | | |
| <input type="checkbox"/> | Articles of Incorporation | | Non-Profits Only |
| <input type="checkbox"/> | Most recent IRS Tax Form (first page and signature page) and documentation of last 2 quarters of payroll taxes paid | | |
| <input type="checkbox"/> | Executive Order | EO9804 | |
| <input type="checkbox"/> | Health & Safety Certification and Notice of Action | | At-Risk Providers Only. |
| <input type="checkbox"/> | Not on NDL, DHS, or HNP Exclusion List | | HNU Applications staff will verify |

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|---|---|--|---|
| <input type="checkbox"/> | Area Eligibility | | |
| OTHER REQUIRED DOCUMENTS – COMPLETE & UPLOAD | | | |
| <input type="checkbox"/> | Institution's Policy's & Procedures | | |
| <input type="checkbox"/> | Institution's Policy must include a policy in regards to outside employment | | |
| <input type="checkbox"/> | Institution's Financial Management Policies, Procedures and Internal Controls | | |
| <input type="checkbox"/> | Board of Directors Meeting Minutes | | Full year with CACFP Board Approval |
| <input type="checkbox"/> | Financial Statements (3 most recent months - Entity wide and child nutrition programs) | | |
| <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"/> | IRS Form 990 (Prefer the last 3 years.) | | |
| <input type="checkbox"/> | Supporting Source Documentation – Revenues | | Including donations, contributions, and other grants. |
| <input type="checkbox"/> | Supporting Source Documentation – Expenditures | | Lease agreements, floor plans, copies of bills, etc. |
| <input type="checkbox"/> | Disclosure of Less-Than-Arms-Length Transactions | | |
| <input type="checkbox"/> | Job description and duties of all staff and/or volunteers | | |
| <input type="checkbox"/> | Detailed description of budget line items | | |
| <input type="checkbox"/> | DUNS Number | | |
| <input type="checkbox"/> | Surety Bond | | Thirty-six (36) month surety bond for 25% of the estimated annual reimbursement. |
| <input type="checkbox"/> | Procurement documents | | See CFR 225.17, 2 CFR part 200, subpart D and 2 CFR part 400 and part 415. |
| <input type="checkbox"/> | Secretary of State registration | | Must be in Good Standing. |
| <input type="checkbox"/> | City/Business License (if applicable) | | |
| TRAINING | | | |
| <input type="checkbox"/> | CACFP New Participant 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 |
| <input type="checkbox"/> | Application Training | | |