

Initial Application to Child and Adult Care Food Program (CACFP)

Date _____
 Person Making the Inquiry: _____ Title _____
 Phone _____ Fax# _____ Email _____
 Organization Name _____
 Address _____

For-profit Non-Profit 501 (c)(3) or religious affiliation under 1986 IRS code Government/Tribal Adult Day Care (ADC) For-profit (Medicaid)

Type of Entity: Partner Corporation Sole-Proprietor

How much Federal Funds does your organization spend annually? Less than \$500K \$500K-\$750K

Does your entity operate in a calendar year, from January 1 through December 31? Y N

If no, what is the entity's Fiscal Year Period? (ex: July 1-June 30 or Oct 1-Sept 30, etc.) _____

Name, title, phone, email address of person who prepares financial statements: _____

Adult Day Care (ADC) At Risk Afterschool Program (ARA) Area eligible for snacks or suppers? *School Zone > 50% Free/Reduced Students*
 Child Care Center (CCC) Day Care Home (DCH) Sponsor Emergency Shelter (ES)
 Head Start (HS) Outside School Hours Care Center (OSHC) (Not area eligible)

Unserviced Facilities and Participants:

Do any your facilities/centers currently participate in USDA Programs (Special Milk, Summer Meals, School Lunch, Child & Adult Care Food Program)? Y N

Licensed by _____ Licensed capacity _____ ADA _____
Average Daily Attendance

If not licensed, your facilities will need: Health inspection, Fire/Inspection and/or Building permit

Days and times of operation _____

Prepare your own meals and/or snacks? Y N Have a commercial (permitted) kitchen? Y N

Any restrictions from the Health Dept.? _____

Meals presently served: *(We will send a sample blank CACFP menu format to use.)*

Breakfast Lunch Supper Snack (**Circle am, pm, after-school, evening**)

Meals planned to be served:

Breakfast Lunch Supper Snack (**Circle am, pm, after-school, evening**)

How long has your business been in operation? _____

Secretary of State status active? (Not applicable to Government Agencies or Tribes)

You will be asked to send a yearly **Balance Sheet** (B/S) and **Profit & Loss Statement** (P&L) and a **Cash Flow Statement** that are in compliance to the Generally Accepted Accounting Principles (GAAP). For more information on GAAP refer to <http://www.fasb.org> or contact your entity's accountant.

If your business has been in operation less than 1 year, you will be asked to submit monthly comparative B/S and P&L.

If your business has been in operation for more than one year, you will be asked to submit the most current year completed B/S and P&L.

FOR STATE USE:			
Date Financial Stmt's Rec'd		Date Financials Stmt's to Audit	Auditor Assigned:

Save this form to your desktop, complete it and send as an attachment in an email. Email completed form to: Vickie Guy, vguy@agri.nv.gov For more information call: 702-668-4585