

FOR STATE USE:	
Date Fin Stmts rec'd	
Date Fin Stmts to Audit	
Auditor assigned	

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

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

☐ For-profit ☐ Private Non-Profit 501 (c)(3) ☐ Public/Tribal ☐ ADC For-profit (Medicaid)

Type of Entity: ☐ Partner ☐ Corporation ☐ Sole-Proprietor

What month does your FY end? _____

Do you spend > \$750,000 in Federal Funds annually? ☐ Y ☐ N If yes, a Single Audit required
 (formerly called A-133 audit.)

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

☐ Adult Day Care (ADC) ☐ Afterschool Care Program ☐ Area eligible for snacks or suppers?
 School Zone > 50% Free/Reduced Students
☐ Child Care Center ☐ Day Care Home (DCH) Org. ☐ Emergency Shelter
☐ Head Start ☐ Outside School Hours Care Center (Not area eligible)

Unserved Facilities and Participants:

Do any your facilities/centers current 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? (This may not be applicable to Tribal Organizations.)

You will be asked to send a balance sheet (BS), profit & loss statement (P&L) and cash flow statement that uses GAAP principles and complete the Application Internal Controls Questionnaire (ask Vickie Guy for one). For more information on GAAP refer to <http://www.fasb.org> or ask Vickie Guy for sample financial statements and Intro to GAAP Accounting Principles.

If your business has been in operation less than 1 year, you will be asked to submit P&L and BS month-to-month comparative financials.

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