

**Child and Adult Food Program (CACFP) /
Initial Application**
Division of Food and Nutrition



***All organizations are required to be in business in Nevada for at least one year. ***
***Family Day Care Homes/Day Care Homes call 775-337-9121 to participate in CACFP. ***

Contact Information

Date	
Name	
Title	
Organization Name	
Address	
Phone	
Email	

Business Information

How long has your business been operating in Nevada?	
Is Secretary of State active? (Not applicable to government agencies or tribes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select type of organization that best describes yours	<input type="checkbox"/> Government/Tribal <input type="checkbox"/> Religious affiliation under IRS code <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> School Food Authority
Select type of For-Profit Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partner <input type="checkbox"/> Sole-Proprietor
Is this business a Multi-State Sponsoring Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what other States have Centers and where is the Headquarters located?	
How much in federal funds does your organization spend annually?	<input type="checkbox"/> \$750K and above <input type="checkbox"/> Less than \$750K

This institution is an equal opportunity provider.

Record your operating Fiscal Year (e.g., July 1- June 30, October 1- September 30, etc.)	
Contact info of person who prepares financial statements <ul style="list-style-type: none"> • Name • Title • Phone • Email 	

Program Participation

Check all that apply	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Program <input type="checkbox"/> Child Care Center <input type="checkbox"/> Day Care Home Sponsor <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Head Start
Do any of your facilities participate in USDA feeding programs? (Check all that apply)	<input type="checkbox"/> Summer Food Service Program (SFSP) <input type="checkbox"/> National School Lunch Program (NSLP) <input type="checkbox"/> Special Milk Program (SMP)

All Applicants

Do you prepare your own meals and/or snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using a meal vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a commercial (permitted) kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meals presently served	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> *Snack <i>*Include all Snacks that apply:</i>
Meals planned to be served	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> *Snack <i>*Include all Snacks that apply:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> After-School <input type="checkbox"/> Evening

Required Documents

Please attach the following documents for the last complete fiscal year **Statement**. Please ensure that all documents are compliant with the **Generally Accepted Accounting Principles (GAAP)***.

- Balance Sheet (B/S)
- Profit & Loss Statement (P&L)
- Cash Flow Statement

Submission of Form

Complete and save this form to your desktop and then send as an attachment with the above noted financial documents in an email to: Jacob Felsing, jfelsing@agri.nv.gov.

**For more information on GAAP refer to <http://www.fasb.org> or contact your accountant.*