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. $\mbox{}$

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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)	□Yes	□ No	
Select type of organization	☐Government/Tri		
that best describes yours	□ Religious affilia	tion under IRS code	
	□Non-Profit 501((c)(3)	
	☐School Food Au	ıthority	
Select type of For-Profit	\Box Corporation	\Box LLC	
Entity	\square Partner	☐Sole-Proprietor	
Is this business a Multi- State Sponsoring Organization?	□Yes	□No	
If yes, what other States have Centers and where is the Headquarters located?			
How much in federal funds	□\$750K and above	ve	
does your organization spend annually?	☐Less than \$750H	ζ	

This institution is an equal opportunity provider.

^{*}Family Day Care Homes/Day Care Homes call 775-337-9121 to participate in CACFP. *

Record your operating Fiscal Year (e.g., July 1- June 30, October 1- September 30, etc.)	
Contact info of person who prepares financial statements Name Title Phone	
• Email	
Program Participation	
Check all that apply	□ Adult Day Care □ Afterschool Program □ Child Care Center □ Day Care Home Sponsor □ Emergency Shelter □ Head Start
Do any of your facilities participate in USDA feeding programs? (Check all that apply)	□Summer Food Service Program (SFSP) □National School Lunch Program (NSLP) □Special Milk Program (SMP)
All Applicants	
Do you prepare your own meals and/or snacks?	□Yes □ No
Are you currently using a meal vendor?	□Yes □ No
Do you have a commercial (permitted) kitchen?	□Yes □ No
Meals presently served	☐ Breakfast ☐ Lunch ☐ Supper ☐ *Snack *Include all Snacks that apply:
Meals planned to be served	□ Breakfast □ Lunch □ Supper □ *Snack *Include all Snacks that apply: □ AM □ PM □ After-School □ 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.