

**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
How much in federal funds does your organization spend annually?	<input type="checkbox"/> \$750K and above <input type="checkbox"/> Less than \$750K
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"> <li>• Name</li> <li>• Title</li> <li>• Phone</li> <li>• Email</li> </ul>	

**NDA is an Equal Opportunity Provider**

## 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> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> After-School <input type="checkbox"/> Evening
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: Vickie Guy, [vguy@agri.nv.gov](mailto:vguy@agri.nv.gov).

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