

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

Division of Food and Nutrition



Nevada  
Department  
of Agriculture

**All organizations are required to be in business in Nevada for at least 1 year.**  
**Family Day Care Homes and Day Care Homes call 775-337-9121 to participate in the CACFP.**

## Contact Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

How long has your business been operating in Nevada? \_\_\_\_\_

What **county** does your business operate in? \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Type of Agency:

- Government Agency       Educational Institution       Indian Tribe  
 For-Profit Organization       Private Non-Profit Organization  
 Military Installation       Other

Select all that apply:  Center    *and/or*     Day Care Home (DCH)

Is the Secretary of State active? (Not applicable to government agencies or tribes.)

Yes     No

Select type of organization that best describes yours:

- Government/Tribal       Religious affiliation under IRS code  
 Non-Profit 501(c)(3)       School Food Authority

Select type of For-Profit Entity:

- Corporation       LLC       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?

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This institution is an equal opportunity provider.

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2300 E. Saint Louis Ave.  
Las Vegas, NV 89104

405 South 21<sup>st</sup> St.  
Sparks, NV 89431

4780 East Idaho St.  
Elko, NV 89801

How much in federal funds does your organization spend annually?

- \$1 million and above                       Less than \$1 million

Record your operating Fiscal Year (e.g., July 1 – June 30, October 1 – September 30, etc.)

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Contact information 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  
 Day Care Home Provider

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:                       AM                       PM                       After-school                       Evening

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 and Loss Statement (P&L)
- Cash Flow Statement

### Submission of Form

Complete and save this form to your desktop then attach the file along with the above noted financial documents in an email to: Desiree Smith, [dsmith@agri.nv.gov](mailto:dsmith@agri.nv.gov)

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