

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?

This institution is an equal opportunity provider.

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

405 South 21st 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.)

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

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

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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