

**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"> • Name • Title • Phone • Email | |

This institution 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: Jacob Felsing, jfelsing@agri.nv.gov.

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