

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? _____

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?

How much in federal funds does your organization spend annually?

- \$750K and above Less than \$750K

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: _____

This institution is an equal opportunity provider.

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: 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.