

Initial Application
Child and Adult Care Food Program (CACFP)
Food and Nutrition Division



Family Day Care Homes, please call 775-337-9121 to participate in the CACFP.

***All organizations are required to be in business, in Nevada, for at least one year.**

Date _____

Person making the inquiry _____ Title _____

Organization Name _____

Phone _____ Fax# _____ Email _____

Address _____

How long has your business, in Nevada, been in operation?

Secretary of State is Active? (Not applicable to Government Agencies or Tribes) ☐ Yes ☐ No

Select what type of organization:

☐ Government Tribal ☐ Non-Profit 501 (c) (3) ☐ Religious affiliation under IRS code

Type of For-Profit Entity:

☐ Corporation ☐ Partner ☐ Sole-Proprietor

How much Federal Funds does your organization spend annually?

☐ Less than \$750K ☐ \$750K and above

Record your operating Fiscal Year (ex: July 1 - June 30th or October 1- September 30th, etc.)

Name, title, phone, email address of person who prepares financial statements:

NDA is an Equal Opportunity Provider

Check all that apply:

- ☐ Adult Day Care ☐ Afterschool Program ☐ Area Eligible – NDA will determine
☐ Child Care Center ☐ Day Care Home Sponsor ☐ Emergency Shelter ☐ Head Start

Do any of your facilities participate in USDA Programs (Special Milk, Summer Meals, School Lunch)?

☐ Yes ☐ No

The following area does not apply to Day Care Home Sponsors

Centers:

Licensed by _____ Licensed capacity _____ Attendance Average Daily _____

Shelters/Afterschool Programs – Check if you have any of the following:

☐ Building Permit ☐ Fire Inspection ☐ Health Inspection

Days and times of operation: _____

All Applicants:

Prepare your own meals and/or snacks? ☐ Yes ☐ No

Currently using a meal vendor? ☐ Yes ☐ No

Have a commercial (permitted) kitchen? ☐ Yes ☐ No

Meals presently served:

☐ Breakfast ☐ Lunch ☐ Supper ☐ Snack

Include all that apply (am, pm, after-school, evening) _____

Meals planned to be served:

☐ Breakfast ☐ Lunch ☐ Supper ☐ Snack

Include all that apply (am, pm, after-school, evening) _____

Please attach for the last complete fiscal year a **Balance Sheet** (B/S) and **Profit & Loss Statement** (P&L) and a **Cash Flow Statement** that are complying to the **Generally accepted Accounting Principles** (GAAP). For more information on GAAP refer to <http://www.fasb.org> or contact your accountant.

Complete and save this form to your desktop; send as an attachment with the financial documents in an email to: Vickie Guy, vguy@agri.nv.gov.