



New Institution Application Profile

Institution Name				DBA Name		
Physical Address						
Mailing Address						
Phone Number				Email address		
Contacts for NC CARES	Name				Date of Birth	
Program Contact						
Executive Director/Owner						
Claim Preparer						
Authorized Individual						
CACFP Institution Type: (Check all that apply):						
<input type="checkbox"/>	Independent Center		<input type="checkbox"/>	Sponsoring Org. of Day Care Homes		
<input type="checkbox"/>	Sponsoring Org. of Affiliated Centers		<input type="checkbox"/>	Sponsoring Org. of Affiliated & Unaffiliated Center		
<input type="checkbox"/>	Sponsoring Org. of Unaffiliated Center		<input type="checkbox"/>	School Food Authority - ARAM		
Has the institution ever participated in any USDA funded programs? (i.e. CACFP, SFSP, etc.)					Yes	No
Has the institution ever participated in the CACFP under a Sponsoring Organization?					Yes	No
If yes, Name of Sponsoring Organization:						
Organization Type: (Choose one option)		FEIN (##-#####)				
<input type="checkbox"/>	Local Government		UEI #			
<input type="checkbox"/>	State Government		Date of SAM Registration go to www.sam.gov			
<input type="checkbox"/>	Federal Government					
<input type="checkbox"/>	Non-Profit Organization		County			
<input type="checkbox"/>	For-Profit Organization		State (if other than NC)			
Owner/Board Chair Signature & Title					Date	

Send completed form with training certification and NC CARES Access Request to CACFP_NewApp@dhhs.nc.gov

STATE USE ONLY	License # (for ICs only)					
Verification	Date Verified	Initials	Notes			
NDL						
DUNS #						
SAM Registration						
Tax Revocation						
NC CARES Search						
SD Database						
If previously under SO, confirm termination letter received. Date and Initials						
NC CACFP Agreement Number		Date Granted		State Agency Signature		