



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.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the institution ever participated in the CACFP under a Sponsoring Organization?			<input type="checkbox"/> Yes <input type="checkbox"/> 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