

CACFP Application Process Checklist

Below is a list of items needed to complete the application process:

- [Application and Management Plan, 5 pages \(CACFP-1\)](#)
- [Application/Center Information, 4 pages \(CACFP-2\)](#)
- [Application Budget](#)
- Copy of 501(c) (3) approval letter from IRS, if applicable
 - Application for [501\(c\) \(3\)](#) - if needed
- Unlicensed institutions must:
 - Have a Fire Inspection
 - Have a Sanitation Inspection
 - Complete a [Program Evaluation Questionnaire](#) (MO500-3297) and fax to licensing at 573-526-5345; after receiving a letter from licensing a copy must be sent to us by either fax or email. **Your application cannot be approved without this letter from licensing.**
- Copy of [Overlap Request](#) Approval (MO500-3307) – if applicable
- [Network User Access Request](#)
- [Vendor Input/ACH-EFT](#) do not return per instructions on bottom of form, return as directed at the bottom of this check list
- Copy of Enrollment Roster [pdf](#) or [doc](#)
- 2 Weeks of Menus (choice of menu templates listed below at <https://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/appsforms.php>)
 - 3 Meal Menu Template (5 day)
 - USDA Requirements (5 day)
 - USDA Requirements (7 day)
 - 5 Meal Menu Template (5 day)
 - 5 Meal Menu Template (7 day)
 - At-Risk Snack & Supper Menu Template (7 day)
- Copy of Food Service Management Company or School Food Authority Contract, if vended
- Vendor No Tax Due letter from Mo Department of Revenue
- Annual Subrecipient Information Form (ASIF) – <https://health.mo.gov/information/asif/>
- E-Verify - <https://www.uscis.gov/e-verify>
- Orientation Class Certificate –If you have attended Orientation please provide a copy of your certificate that was provided the day of training. If you have not taken the training within the last 6 months please go to: www.health.mo.gov/cacfp to enroll in the mandatory orientation class. One on one training will be scheduled for Adult Day Care Centers, At Risk, Afterschool and Emergency/Homeless Shelters.

You may either fax or scan and email the needed items to me at:

Fax - 573-526-3679

Email – cacfp@health.mo.gov