



CACFP

2020 RENEWAL APPLICATION PROCEDURES



STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE

Please review the enclosed renewal application procedures provided to assist you in completing and submitting your 2020 CACFP renewal application for approval. Please contact your Specialist for assistance.

CHILD AND ADULT CARE FOOD PROGRAM COUNTY ASSIGNMENTS AND CODES												
NEW JERSEY DEPARTMENT OF AGRICULTURE												
DIVISION OF FOOD AND NURTITION												
P.O. BOX 334												
TRENTON, NJ 08625-0334												
CACFP (609) 984-1250 FAX (609) 984-0878												
COORDINATOR: STEPHANIE SUTTON-PAGE												
ASSISTANT COORDINATORS: DR. CARRIE FREEMAN-WRIGHT & LAURA INSLEY												
REBECCA FINK FAMILY DAY CARE (ALL COUNTIES) AND LARGE INSTITUTIONS (20 or More Facilities)	ESTHER IHEKUNA			MICHAEL SMITH			JUSTIN BLAKE			KRISTEN LENTO		
	CCFP CODE	AFP CODE	ASSIGNED COUNTIES	CCFP CODE	AFP CODE	ASSIGNED COUNTIES	CCFP CODE	AFP CODE	ASSIGNED COUNTIES	CCFP CODE	AFP CODE	ASSIGNED COUNTIES
	03	04	BERGEN	01	02	ATLANTIC	09	10	CAPE MAY	05	06	BURLINGTON
	07	08	CAMDEN	25	26	MONMOUTH	11	12	CUMBERLAND	21	22	MERCER
STEVEN KRAEMER ALL BOE/SFA AND PROGRAMS OPERATING IN NSLP	13	14	ESSEX	27	28	MORRIS	17	18	HUDSON	23	24	MIDDLESEX
	15	16	GLOUCESTER	29	30	OCEAN	19	20	HUNTERDON	33	34	SALEM
MARISSA WALDRON (ALL COUNTIES)				31	32	PASSAIC	41	42	WARREN	35	36	SOMERSET
CHELSEA SALTZMAN (ALL COUNTIES)				37	38	SUSSEX				39	40	UNION
CCFP = CHILD CARE FOOD PROGRAM AFP = ADULT FOOD PROGRAM												

NJDA CACFP SPECIALIST EMAIL ADDRESSES:

- Justin.Blake@ag.nj.gov
- Esther.Ihekuna@ag.nj.gov
- Steven.Kraemer@ag.nj.gov
- Kristen.Lento@ag.nj.gov
- Michael.Smith@ag.nj.gov
- Marissa.Waldron@ag.nj.gov
- Chelsea.Saltzman@ag.nj.gov
- Rebecca.Fink@ag.nj.gov

NJCARES HELP DESK (FOR SYSTEM TECHNICAL ASSISTANCE):

NJCARES@ag.nj.gov

CACFP DIVISION PHONE NUMBER: 609-984-1250

1. Please log into your CARES Application with your Agreement Number and click Select:



Welcome APPLE CORE 8/23/2019, 11:26:00 AM

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 5.0.1

[Enter Claims](#)
[Inspections](#)

[Home](#)
[Rates/Eligibility Scales](#)
[Resource Library](#)
[Training Calendar](#)
[Log Out](#)
[Privacy Statement](#)

CACFP Message -

Alerts for user:

Alerts: (Default view shows New and Open Alerts)

Select	Facility	Agreement #	SNP ID	Alert Status	Alert Reason	Open Date	View Date	Closed Date	Alert ID
Select	1408	29-1408	22906	In Process	Other	07/10/2018	09/05/2018		17184
1									

Businesses Associated with

Select	Agreement #	Federal ID	Name	Phone
Select	29-1408	111111111	TEST - CACFP CORE	609-984-1250
1				

b. **Select Applications button:**

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 5.0.1

Institution Business Maintenance

c. **Select your 2020 application:**

Existing Applications for:

29-1408 - TEST - CACFP CORE

123 FIRST AVE

TRENTON, NJ 08625 - 3802

Select	Fiscal Year	Start Date	End Date	Status
Select	2017	10/01/2016	09/30/2017	Approved
Select	2018	10/01/2017	11/30/2017	Pending Submission
Select	2019	05/01/2019	09/30/2019	Approved
Select	2020	09/30/2020	09/30/2020	Pending Submission
1				

STEP 1 – Review your Institution Business Maintenance Page (IBM)

See detailed instructions on the next pages (pages 5-7).

Institution Business Maintenance

Business Information

Institution Name	DUNS #:
TEST - CACFP CORE	333333330
Tax Exempt Status	SAMS Expire Date:
Non Profit Center Sponsor	05/01/2030
Non Profit Center Sponsor	Federal ID
	111111111
New Jersey Vendor ID:	Congressional District:
V5555555500	0
Status	Institution Fiscal Year End
ACTIVE	Day: 30 September

Contact Information for CACFP

Last Name	Institution Business Email Address
TRAINING	NJCARES@AG.NJ.GOV
First Name	Alternate Phone
STAFF	
Contact Title	FAX Number
MANAGER	
Telephone	
609-984-1250	

The assigned Specialist name is located at the bottom of the IBM page.

Assigned Office Staff

SPECIALIST NPS

Assigned Field Staff

SPECIALIST NPS

STEP 1 – Review your Institution Business Maintenance Page (IBM)

Please reference the CARES Manual User Guide pages 16-20 for additional information with the IBM.

1. Please review and update all sections of the IBM as needed. Please remember to click the save button at the bottom of the IBM page. If you need to make changes to the IBM information that is grayed-out, please contact your Specialist.

2. System Award Management (SAM) Registration/Expire Date – **UPDATE NEEDED:**
 - Your current SAM Registration must be “active” to be eligible to participate in CACFP.
 - A SAM expiration date must be listed in the CARES system.
 - If the SAM Registration expiration date listed in the system has passed and you have **not renewed** your SAM Registration, please begin the SAM Registration renewal process.
 - If the SAM Registration expiration date listed in the system has passed and you **have renewed** your SAM Registration, please contact your Specialist for assistance in updating the expiration date.

Business Information

DUNS #:
333333330

SAMS Expire Date:
05/01/2030

Federal ID
111111111

If your SAM Registration date has expired, please visit <https://www.sam.gov/SAM/> .

- The SAM.gov website should look just like the screenshot on the next page. Additionally, registering your institution SAM registration is **FREE!!**.
- If you need assistance with SAM updates, click on the “View Assistance for SAM.gov” button highlighted at the top of the page (shown in the screenshot on the next page).
- When updating your SAM registration, please select the option to have your SAM “visible to the public”. This will expedite the process by allowing your CACFP Specialist to view your details.
- Your institutions’ physical location and legal business name are required to match the physical location and legal name listed in your SAM Registration. If further assistance is needed, please contact your Specialist.

STEP 1 – Review your IBM – SAM Expiration Date\SAM.GOV Website

You activated your SAM Registration.....now what?

Once you have renewed your SAM Registration in the SAM.gov website and your registration is listed as “Active,” **please send a confirmation email to your Specialist with the new SAM Registration expiration date.** Your Specialist will then verify the new expiration date provided at the SAM.gov website. THEREFORE, you must enable your SAM Registration for public viewing and not set to private. Please contact the SAM Helpdesk for assistance with making the registration information public. This will enable your registration verification to be expedited.

STEP 1 – Review your IBM – Contact Information Update:

Please ensure all contact information is current. Make any updates as needed in the following highlighted fields:

- The “Telephone” number must be the institutions phone number, not a personal phone number. (A cell phone number may be entered under “Alternate Phone” field.)
- The person listed should be the “CACFP Responsible Person.” This is the person the State Agency will contact regarding your institution.

Contact Information for CACFP	
Last Name TRAINING	Institution Business Email Address NJCARES@AG.NJ.GOV
First Name STAFF	Alternate Phone
Contact Title MANAGER	FAX Number
Telephone 609-984-1250	

- Confirm institution operating hours are correct.

Time institution opens	06:00 AM	hh:mm AM/PM
Time institution closes	06:00 PM	hh:mm AM/PM
Directions		

- Click the save button on the bottom of the IBM page for each new update that is added to the system.

Save

Paper Application Checked

For Additional Information:
Child and Adult Care Food Program
Division of Food and Nutrition
Department of Agriculture
PO Box 334
TRENTON, NJ 08646-0334

STEP 2 – Review your Facility Maintenance page – Update the Information for Each Facility:

Reference the CARES Manual User Guide pages 21-39 for additional information with the Facility Maintenance page.

1. Facility Maintenance Instructions:

- On the institution IBM, select the tab “Facility Maintenance” as shown below.
- Update all facilities as needed. Your institution may have multiple facilities.

Applications Facility Maintenance Manage Users Generate Alert

Institution Business Maintenance

Facilities Assigned to Institution

TEST - APPLE CORE
123 FIRST AVE
TRENTON, NJ 08625
[Return to Institution](#)

Select	Remove	License Num	Business Name	Site Num	Phone	Status
Select	Remove		APPLECARE - 4	4	609-222-5555	ACTIVE
Select	Remove		NJDA CARES - 3	3	856-662-0485	ACTIVE
Select	Remove		NJDA CARES SITE AT RISK - 2	2	609-799-3015	ACTIVE

- Do not create a new facility on your own.** If your institution wishes to add a facility to an existing application, your institution must contact your specialist before making any changes.
- Update the “License/Registration Number” and “License Expiration Date” on the Facility Maintenance page seen below.

Previous Page Save Current Form Seriously Deficient

Sponsor Name TEST - APPLE CORE Agreement Number 29-1408

Facility Maintenance

Operating Name NJDA CARES

License / Registration Number

License Expiration Date: 02/01/2019

- Update the facility “Owner/Director Information” sections highlighted below if needed.

Owner/Director Information

Last Name REDDY First Name REKHA

Middle Initial

Title MANAGER Date of Birth 04/20/1966

CNP Approved Date 08/10/1997 Add Date 07/06/2017

CNP End Date 08/10/1998 Last Updated 03/28/2019

- Select the “Save Current Form” button at the top of the Facility Maintenance page as shown in the highlighted section below to ensure all new data has been retained.

Previous Page Save Current Form

Sponsor Name TEST - APPLE CORE Agreement Number 29-1408

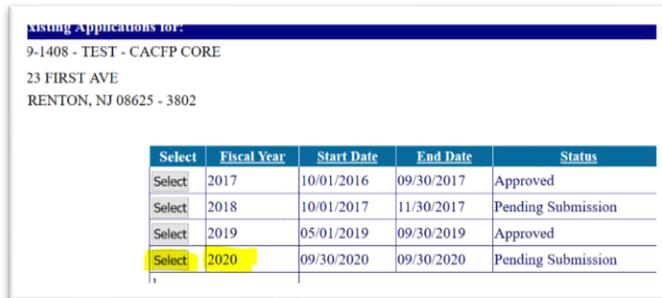
Facility Maintenance

STEP 3 – How to Navigate to the Application Checklist:

- Starting from the IBM page you must click the “Applications” button at the top of the page.



- Once the “Applications” button is selected a list of Applications from previous years will appear, you must select the 2020 Application (location of the 2020 application may vary).



- Once the Agreement Year is selected you will be taken to the Application Checklist shown below.

Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
1. Institution Management Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 08/15/2019	<input type="checkbox"/>	<input type="checkbox"/> Details
2. Responsible Parties/Principals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
3. Application Questionnaire - (Program Integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
4. Institution Administrative Budget (Please complete a facility maintenance form for each sponsored facility before completing this form.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
5. Pre-Award Civil Rights Questionnaire (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
6. News Release (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 05/11/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
7. Permanent Agreement (includes policy statement) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
8. Application for Center Facility Participation	<input type="checkbox"/>	<input type="checkbox"/> 0 of 3	<input type="checkbox"/>	<input type="checkbox"/> Details

Comments

Email text

Item Description	Uploaded	Completed	Approved By NPS	Additional Info Requested
9. 501(c)(3) Tax Exempt Status (Not for Profit New Institutions Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
10. Disclosure of Ownership and Certificate of Incorporation (New Proprietary Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details

STEP 4 – Review your Institution Management Plan (#1) – Update the Information as Needed:

Please reference the CARES Manual User Guide pages 46-54 for additional information with the Institution Management Plan.

1. **Institution Management Plan**
2. Once the 2020 Application is selected, CARES will bring you to the Institution Checklist (shown below), where you will continue your 2020 Renewal Application
3. Complete section 1 and update as needed. Complete the Responsible Person representative: First and last name, Title, and Phone.

1. (a) Sponsor Information:

Institution Name: TEST - CACFP CORE
Agreement Number: 29-1408
Physical Location: PO BOX 334
TRENTON, NJ 08625 - 3802

Telephone Number: 609-984-1250
County: MERCER COUNTY
Email: NJCARES@AG.NJ.GOV

(b) Mailing address:

Different Mailing Address

TEST - CACFP CORE
123 FIRST AVE
TRENTON NJ 08625 - 3802

Name and Title of CACFP Sponsoring Organization representative (individual to contact for program information)

Last Name

First Name

Title

Phone (If different from agency number)

STEP 4 – Review your Institution Management Plan (#1) – Update the Information as Needed:

- b. Verify the correct Tax-Exempt Status or For-Profit Status and “Contract for Meals” for your Institution are noted in Section 2.
- c. **Print the Institution Management Plan and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.**

2. Type of Tax Exemption:

Check one statement under the appropriate status of the institution.

Our agency certifies that the following document remains in our current file and supports the official legal name of our agency and the tax-exempt status, which must be available for review as long as it is required for audit purposes:

Tax Exempt Under Internal Revenue Code of 1954

- Our agency is federally tax-exempted by the Internal Revenue Service (IRS) and our name remains the same as it appears above. The IRS letter of determination is maintained in our current file (New Sponsors - Upload a copy of your IRS Letter of Determination)
- Our agency is federally tax-exempted by the Internal Revenue Service (IRS). However, our agency name has changed. Attached is a copy of our IRS Letter of Determination to support our name change.
- Our agency is no longer federally tax-exempted by the Internal Revenue Service. (Upload a signed copy of your Incorporation papers/Disclosure of Ownership)

For-Profit (Proprietary) Eligibility: (New sponsors must upload a copy of Incorporation Papers/Disclosure of Ownership)

- Proprietary 25% Title XX (social services block grant), Abbot or TANF
- Proprietary 25% Title XIX (Adult Day Care Only - Medicaid)
- Proprietary 25% Free/Reduced Provision (Child Care Only)
- Our agency is for-profit and our name remains the same as it appears above. The legal supporting documentation is maintained in our current file. Attached is the Proprietary Letter of Certification for each facility listed on the Schedule A.
- Our agency has changed from a for-profit (proprietary sponsor) to a not-for-profit agency with federal tax exemption.

Government Agency Sponsoring Organization (Specify)

Church Sponsoring Organization (Church Conference or Diocese) (New Sponsors Only- Submit Page from the Conference Directory Listing Church Information)

- Our agency is a government agency or church sponsoring organization. Enclosed is our sponsoring organization letter(s) with supportive documentation for the program(s) under our sponsorship.

Contract for Meals

- d. Enter the Name and Title of the individual responsible for training Institution staff, as well as the anticipated date each annual training topic will take place.

USDA RECORD KEEPING REQUIREMENTS.
Note: An overclaim will be assessed to your sponsorship for any meals for which proper documentation is not available.

A. Staff Training

Each sponsor must provide annual training for all of their food services and administrative personnel involved with the Child and Adult Care Food Program. The training must be conducted AFTER THE RECEIPT OF THIS APPLICATION PACKAGE. Written documentation of these sessions must be maintained on file.

REQUIRED TOPICS	NAME/TITLE OF TRAINER	TRAINING DATE(S) (Month/Day/Year)
Record Keeping	Jane Doe/Director	08/29/2019
Meal Service	Jane Doe/Director	09/16/2019
Sanitation	Jane Doe/Director	09/16/2019
USDA Meal Requirements	Jane Doe/Director	10/02/2019
Civil Rights	Jane Doe/Director	11/11/2019

STEP 4 – Review your Institution Management Plan (#1) – Update the Information as Needed:

- e. For Sponsoring organizations: Check all options that may apply in determining your Institution’s Organization Responsibility.

Organization Responsibility

A sponsoring organization is an agency that is responsible for the administration of the programs under the auspices of the organization.

Check all that apply

- Our agency has two or more day care centers or outside-school-hours centers at a different address.
- Our agency has combination of day care centers and outside-school-hours centers at a different address.
- Our agency has a day care center or outside-school-hours center that is legally distinct entity from our organization.
- Our agency has day care center(s) located at an address away from our administrative office.

- f. After reading the NJDA Institution Management Plan Certifications, be sure to select the **“I Certify All Above Conditions Are Met”** button to complete each check box.

I Certify That:

We have received the Child and Adult Care Food Program Monitoring Form

Attached is a copy of:

- Current and Completed Monitoring Form (Submit one day care facility reviewed this year.)
- Pre-planned Monitoring Schedule
- Current Employee Job Descriptions on file that include monitoring-related duties of each person on staff, and the number of hours and percentage of estimated time each staff member will spend on monitoring duties.
- When CACFP funds are disbursed to sites, our agency will ensure that funds are disbursed within 5 days.
- Dated menus, meal count records, daily attendance records, and eligibility information will be collected from sites, at least monthly, and the records will be maintained on file in a central location for review and audit purposes upon request.
- We have received the enclosed standard CACFP pre-approval form, which will be used to conduct pre-approval visits for each proposed day care facility. We will conduct a pre-approval visit and submit a copy of the completed pre-approval form with the program application for each proposed day care facility for state agency approval.
- We will conduct at least 3 reviews during the fiscal year for each program listed on our schedule a. Completed copies of the required monitoring form Will be maintained on file in a central location for review and audit purposes upon request. We understand that an employee of a management company may not conduct monitoring visits. Centers have also been informed of the rights of the sponsoring organization, the state agency, and other officials to make announced or unannounced reviews of their operations during normal hours of operations.

Read Each Statement Below and Click the Agreement Button at the Bottom Certifications / Responsibilities

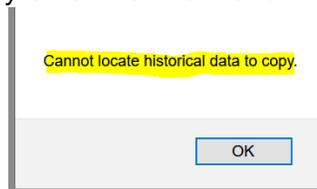
As part of this application, institutions must submit certifications regarding participation in the CACFP and other publicly funded programs. The required certification statements listed below must be completed. Institutions and individuals providing false certifications will be placed on a National Disqualified list maintained by the U.S. Department of Agriculture (USDA) and will be subject to any other applicable civil or criminal penalties.

- g. After reading and updating all information and completing each required field of the Institution Management Plan, be sure to select the “I agree to all conditions above” button at the bottom of the page, prior to “Saving” and “Submitting” the form.

STEP 5– Review your Responsible Principals and Responsible Individuals (#2) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 54-57 for additional information with the Responsible Principals and Responsible Individuals.

1. **Responsible Principals and Responsible Individuals:**
2. The responsible principals and individuals listed in the previous year’s application can be copied over to this current year’s application.
 - a. Select the “Copy Previous Year” button at the top of the page to insert these individuals.
 - b. If you select the “Copy Previous Year” button and the following message is displayed you must manually enter the information.



- c. If you choose the “Copy Previous Year” option, you must verify the information has been transferred by clicking the “Edit” button highlighted below. This will display all fields for that selection.

Edit	Delete	LastName	FirstName	MI	TitleDesc	Related	FAX	DOB	Phone
Edit	Delete	JUSTIN	BLAKE		Board Chair/ Owner / *Sole Proprietor / Military Installation Comander/ Public Agency Department Head	No		01/01/1977	609-292-3597

Title of Board Officer

Last Name

First Name

Middle Initial

3. The system may only transfer the Name, Position, and Date of Birth.
 - a. You must complete all fields with current information if this occurs.
 - b. Be sure to update all personal information that may have changed or did not carry over for each listed individual.

Responsible Principals and Responsible Individuals

STEP 5 – Review your Responsible Principals and Responsible Individuals(#2)– Update Information If Needed:

4. NOTE:

- a. Nonprofit Institutions are required to list, at a minimum, the “Board Chair”, “Board Vice Chair”, and “Treasurer” listed under the Board of Directors section of this page.
- b. For-Profit Institutions must list, at a minimum, the “Sole Proprietor” or owner/s of the Institution under the Board of Directors section of this page. If the institution has multiple owners, **all owners must be listed.**

Officers Board of Directors									
To demonstrate program accountability, sponsors must document that it has adequate oversight of the Program by its governing board of directors. Under the principles of corporation law, a board member must meet certain standards of conduct in carrying out responsibilities to the organization. These duties apply to board members through State corporation statutes for both profit-making and nonprofit corporations. Provide a Current List Your Agency Board Officers. The Address and Telephone Number Must Be Different from Agency Information. (*SOLE PROPRIETORS must provide home address)									
Select title of board officer from drop downlist, enter Officers Board of Directors Information Below and click "Save Board Member". To edit a board member, click "Edit", update the information in the fields below, and click "Save Board Member".									
Edit	Delete	LastName	FirstName	MI	TitleDesc	Related	FAX	DOB	Phone
Edit	Delete	██████	██████	K	Board Chair/ Owner / *Sole Proprietor / Military Installation Comander/ Public Agency Department Head	No		██████	██████
Edit	Delete	██████	██████		Board Vice Chair	No		██████	██████
Edit	Delete	██████	██████		Treasurer	No		██████	██████

- c. **ALL Institutions** must list the “Executive Director”, “Person Responsible for CACFP Records”, and “Substitute Person Responsible for CACFP Records” under the Responsible Principals/Individuals section of this page. If the institution has multiple owners, **all owners must be listed.**

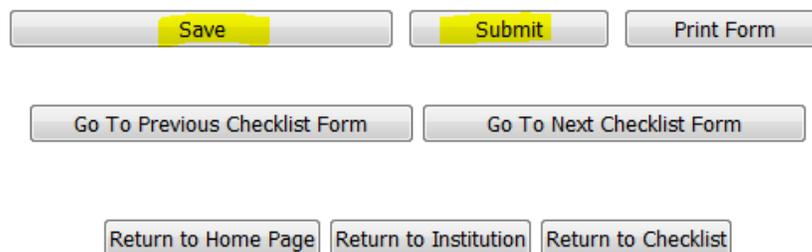
Responsible Principals/Individuals									
Each institution must submit to the State agency with its application with the name, mailing address, and date of birth of the institution’s administrative staff that meet the definition of "Principal" or "Responsible Individual". The address and telephone number must be different from agency information.									
Select position title from drop down list and enter information.									
Edit	Delete	LastName	FirstName	MI	TitleDesc	DOB	SecondJob	Phone	
Edit	Delete	██████	██████		Person Responsible for CACFP Records	██████	No	000-000-0000	
Edit	Delete	██████	██████		Substitute Person Responsible for CACFP Records	██████	No	999-999-9999	
Edit	Delete	██████	██████		Exec. Director / Department Head / County Exec. / Owner	██████	No	999-999-9999	

STEP 6 – Review your Application Questionnaire (#3) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 58-59 for additional information with the Application Questionnaire.

1. **Application Questionnaire (Program Integrity):**

- a. Please complete the questionnaire (Questions 1-5) with appropriate answers that pertain to your Institution **before** “Saving” and “Submitting” at the bottom of the page.



- b. **Print the Application Questionnaire and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.**

STEP 7 – Review your Institution Administrative Budget (#4) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 60-70 for additional information with the Institution Administrative Budget.

1. **Institution Administrative Budget:**

- a. Please complete the budget with accurate 2020 agreement year estimates.
- b. **Print the Administrative Budget and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.**

STEP 7 – Review your Institution Administrative Budget (#4) – Update the Information If Needed:

- c. Reimbursement rates listed in the CARES system do not reflect the 2020 reimbursement rates. Please complete the 2020 budget in the CARES system. Additionally, you will receive a PDF fillable budget which must be completed and submitted to your Specialist for review. The PDF fillable budget will provide the correct reimbursement rates for the 2020 agreement year.

- d. Once the budget has been completed, click the “Save” the document button, then click “Submit Form”.



- e. Reimbursement rates listed in the CARES system do not reflect the 2020 reimbursement rates. Please complete the 2020 budget in the CARES system. Additionally, you will receive an Excel budget which must be completed and submitted to your Specialist for review. The Excel budget will provide the correct reimbursement rates for the 2020 agreement year.

- f. Once the budget has been completed, click the “Save Form” button, then click “Submit Form”.



STEP 8– Review the Pre-Award Civil Rights Questionnaire (#5)
– Update the Information If Needed:

Please reference the CARES Manual User Guide pages 71-74 for additional information with the Pre-Award Civil Rights Questionnaire.

1. **Pre-Award Civil Rights Questionnaire:**

- a. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS highlighted below) are checked, you do not need to take additional action.
- b. If **all three** check boxes are not checked for item #5, please contact your Specialist for further assistance.

5.	Pre-Award Civil Rights Questionnaire (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
6.	News Release (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 05/11/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
7.	Permanent Agreement (includes policy statement) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details

STEP 9 – Review your News Release (#6) – Update the Information If Needed:

Please reference the CARES Manual User Guide page 75 for additional information with the News Release

1. **News Release:**

- a. If your institution is renewing an **existing agreement number only**, you may choose to participate in the state-wide public release by checking the box shown below.

USDA Regulations require that all Child Nutrition Program participants submit an annual public release to the media utilizing the [Public Release Statement](#). The media that the release is submitted to MUST be in the area from which the institution draws its attendance. **The State Agency does not require that the participant pay for the announcement; however, the public release must be submitted to the media. A COPY OF THE CORRESPONDENCE TO THE MEDIA REQUESTING PUBLICATION MUST BE ATTACHED WITH THIS FORM AS PROOF OF SUBMISSION.**

Institution wishes to participate in state-wide public release.

- b. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS) are not checked for item #6, please contact your Specialist for further assistance.

STEP 10 – Review your Permanent Agreement (#7) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 76-77 for additional information with the Permanent Agreement.

1. Permanent Agreement (Includes Policy Statement):

- a. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS highlighted below) are checked, you do not need to take additional action.

- b. If **all three** check boxes are not checked for item #5, please contact your Specialist for further assistance.

5.	Pre-Award Civil Rights Questionnaire (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
6.	News Release (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 05/11/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details
7.	Permanent Agreement (includes policy statement) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 02/27/2017	<input checked="" type="checkbox"/> 02/27/2017	<input type="checkbox"/> Details

STEP 11 – Review your Application for Center Facility Participation (#8) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 79-86 for additional information with the Application for Facility Participation.

1. Application for Center Facility Participation:

- a. In order to upload documents, you first must either complete Section 3, or input an “Effective Date” of 09/30/2020 as seen in the highlighted section below and then click the “Upload/View Uploaded Documents” button. **All documents must be formatted as PDF or they will not upload.**

The following documents must be uploaded.
You have uploaded 0 documents. [Upload/View Uploaded Documents](#)

C. Type of Food Service
▼

Section 3 - Operating Data and Revision

Effective Date

2. Completing Section 3, the date of 09/30/2020 must be entered for the “Effective Date” “Start” and “End” dates. Additionally, only the month of “September” must be selected in the month selection. The following screenshot has been added for clarification:

Section 3 - Operating Data and Revision

Effective Date

“Effective Date” only accepts date of 09/30/2020

A. Age Range of Enrolled Participants
(Enter infants under 1 year as 0):
From 0 to 0 years old.

B. Licensed Capacity 50

C. Hours of Operation:
From 12:00 AM to 12:00 AM (hh:mm AM/PM)

D. Dates of Operation (mm/dd/yyyy): Start End

“Dates of Operation: Start and End” only accepts date of 09/30/2020

E. Number of operating days per week? 0

F. Number of operating weeks per year? 0

G. Check all months in which the Child and Adult Care Food program will be operating:
 January February March April May June September July August October November December

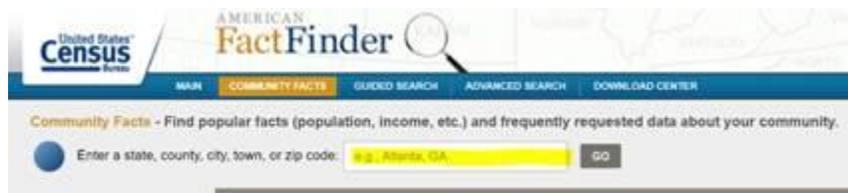
“Operating Month Selection” Only accepts the month of September

H. Please add data for each meal served, including shift meals
Meal Breakfast Type At Risk Meal Time 12:00 AM (hh:mm AM/PM) Number of Meals 0

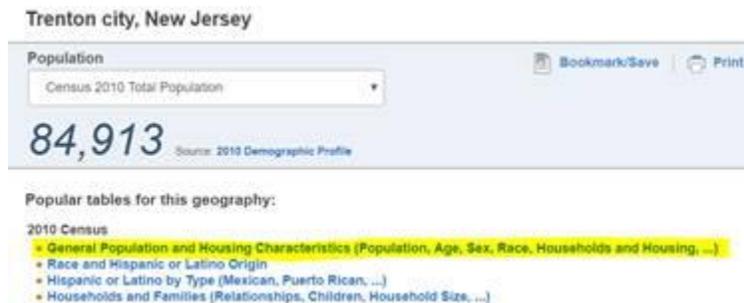
Add Meal Clear Fields

STEP 11 – Review your Application for Center Facility Participation (#8) – Update the Information If Needed:

- All fields must be completed before a new revision can be saved.
- Actual enrollment data must be collected from each corresponding facility and completed accordingly. The second section requiring geographic data can be gathered from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- Once on the website you will enter the zip code of the physical location of that facility in the highlighted area shown below.



- Once the zip code has been entered select the option that states “General Population and Housing Characteristics” as shown highlighted below.



- The required race and ethnicity fields to complete section 4 in the Center for Facility Participation (#8) have been highlighted below. You must use the number provided, not the percentage (this section will not accept a percentage).

RACE		
Total population	84,913	100.0
One Race	81,433	95.9
White	22,549	26.6
Black or African American	44,160	52.0
American Indian and Alaska Native	598	0.7
Asian	1,013	1.2
Asian Indian	238	0.3
Chinese	112	0.1
Filipino	68	0.1
Japanese	8	0.0
Korean	48	0.1
Vietnamese	41	0.0
Other Asian [1]	498	0.6
Native Hawaiian and Other Pacific Islander	110	0.1

HISPANIC OR LATINO AND RACE		
Total population	84,913	100.0
Hispanic or Latino	28,621	33.7
White alone	11,107	13.1
Black or African American alone	1,874	2.2
American Indian and Alaska Native alone	379	0.4
Asian alone	90	0.1
Native Hawaiian and Other Pacific Islander alone	80	0.1
Some Other Race alone	12,897	15.2
Two or More Races	2,194	2.6
Not Hispanic or Latino	56,292	66.3

1. The screenshot of Section 4 shown below identifies the two sections (Facility Enrollment and Geographic Potential Enrollment) which must be completed. All fields must have a number entered, if there are no participants of a certain race or ethnicity a 0 must be entered.

Section 4 - Ethnic / Racial Makeup

Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Institution's **actual enrollment data** by ethnic/racial category for each facility under its jurisdiction:

Data must be reported in whole numbers only.

Ethnic Break-down (actual enrollment)

Racial Break-down (actual enrollment)

- Hispanic
 - Not Hispanic

Racial Break-down (actual enrollment)

- American Indian/Alaskan Native
 - Asian
 - Black or African
 - Hawaiian or Pacific Islander
 - White

Potential eligible beneficiaries are those persons conceivably eligible to receive meals under the CACFP. **These are not the participants enrolled in your center but those living in the area from which you draw your attendance under the age of 12 for all facilities except the At-Risk Program.** At-Risk programs should include students up to the age of 19. Sources used to obtain this information might include census data or public school enrollment data. For adult day care, use the best information available. The estimate should include people over 60 as well as adults chronically impaired.

**Institution's estimated number of potential eligible beneficiaries by ethnic/racial category for the area(s) served:
DO NOT USE ACTUAL ENROLLMENT DATA**

Ethnic Break-down (estimated potential eligible)

- Hispanic
 - Not Hispanic

Racial Break-down (estimated potential eligible)

- American Indian/Alaskan Native
 - Asian
 - Black or African
 - Hawaiian or Pacific Islander
 - White

f.

STEP 12 – Review your Institution Document Uploads – Update the Documents If Needed:

Please reference the CARES Manual User Guide pages 87-94 for additional information with the Document Uploads.

1. Institution Document Uploads:

- a. Documents from the previous agreement year will carry over to the 2020 application. This can be verified by confirming there is a checkbox under the column labeled “Uploaded”. If there is no checkbox under this column, there is no document uploaded.
- b. Review / Update any uploaded documents that may have blank uploads, if that section applies to your institution.
- c. All documents that apply to your institution must be uploaded, including documents that specify “New Institution Only”.
- d. You must select the “Completed” column manually for Checklist numbers 9 - 23.

STEP 13 – Submission of an Application:

1. Submission of an Application:

- a. Once all sections of the 2020 application have been submitted scroll to the bottom of the application checklist and you will click the button labeled “Submit Application to NPS” as shown highlighted below.

<p>I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.</p>	
<p>Submit Application to NPS</p>	
<p>Coordinator Override Submit Date <input type="text"/></p>	
<p>Status <input type="button" value="Pending Submission"/></p>	<p><input type="button" value="NPS Approval"/> <input type="button" value="NPS UnApprove"/></p>
<p><input type="text"/></p> <p>Change Status to <input type="text"/></p>	
<p>Application Type</p> <p><input type="text" value="Non Profit Center Sponsor"/></p> <p><input type="button" value="Change Application Type"/></p>	<p><input type="button" value="Send Approval Notice Letter Email"/></p>
<p><input type="button" value="Schedule A Report"/></p>	

- b. If this button is not selected, your application will not be submitted for review.
- c. Your Specialist will contact you once the application has been reviewed if corrections are needed.

STEP 14 – Required Documents (Hard Copy to be Kept on File at the Institution):

1. Eligibility Applications & Enrollment Records:

- a. This section applies to **all institutions**. All institutions must complete a 2020 Eligibility Applications with the exception of At-Risk, Head Start, and Emergency Shelters. All institutions must keep Enrollment Records on file.

22.	Eligibility Applications & Enrollment Records (New Institutions Only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
23.	Proprietary Institutions Only a. Proprietary Cert. Letter (25% Eligibility) b. Purchase of Care Documentation, OR c. Free/Reduced Eligibility Documentation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details

- b. Eligibility Applications can be found at the following website: <https://www.nj.gov/agriculture/divisions/fn/childadult/food.html>
- c. The Eligibility Application (English and Spanish) can be found in the highlighted section below. Additionally, the Eligibility Record, At-Risk Enrollment Record and a link for the Eligibility Applications in 33 additional languages can be found below.
- d. Documents do not need to be uploaded to this section. However, CACFP regulations require these documents be kept on file and available for review at all times.

- **CACFP Meal Benefit (Eligibility Application) Forms**

[Meal Benefit Form Cover Letter](#)

[2020 CACFP Eligibility Application \(258K PDF\)](#)

[Parent Letter \(278K PDF\)](#)

[2020 CACFP Eligibility Application - Spanish \(417K PDF\)](#)

[Parent Letter - Spanish \(263K PDF\)](#)

[2019-2020 CACFP Household Size and Income Scale \(122K PDF\)](#)

[CACFP Eligibility Record \(176K PDF\)](#)

[At-Risk After School Program Enrollment Record](#)

Meal Benefit Form Translations (33 Languages):

www.fns.usda.gov/cnd/Application/Ispeak.pdf

www.fns.usda.gov/other-languages

STEP 15 – Proprietary Institutions Only:

1. Proprietary Institutions Only:

a. This section applies to all Proprietary institutions.

22.	Eligibility Applications & Enrollment Records (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
23.	Proprietary Institutions Only a. Proprietary Cert. Letter (25% Eligibility) b. Purchase of Care Documentation, OR c. Free/Reduced Eligibility Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details

b. The Proprietary Letter of Certification can be found on the same webpage as previously mentioned under the sectioned labeled “**CACFP Technical Assistance Forms**” letter “Y” as seen highlighted below.

[t-CACFP Sample OutsideEmploy POLICY \(176K PDF\)](#)

[u-CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST \(153K PDF\)](#)

[v-CACFP Train+ \(94K PDF\)](#)

[w-Federal Financial Accountability Transparency Act](#)

[x REMINDER SAM \(37K PDF\)](#)

[y-CACFP PROP. LETTER OF CERTIFICATION \(179K PDF\)](#)

[z-CACFP-PROGRAM APPLICATION](#)

[zz-CACFP PERMANENT Spon. Center Agreement](#)

[zzz-POLICY CACFP REQUIREMENTS - INDEPENDENT BOARD OF DIRECTORS](#)

[zzzz-CACFP APPEAL PROCEDURE](#)

c. Documents do not need to be uploaded to this section. However, CACFP regulations require these documents be kept on file and available for review at all times.

d. This document must be completed **every month** for each Proprietary Facility under an Institution’s sponsorship.

STEP 16 – Annual Training Documentation:

1. **Annual Training Documentation:**

- a. The annual required training documentation can be found at the following website:
<https://www.nj.gov/agriculture/divisions/fn/childadult/food.html>
- b. The Annual Training Documentation can be found under the sectioned labeled “CACFP Technical Assistance Forms” letter “V” as seen highlighted below.

[t-CACFP Sample OutsideEmploy POLICY \(176K PDF\)](#)

[u-CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST \(1](#)

[v-CACFP Train+ \(94K PDF\)](#)

[w-Federal Financial Accountability Transparency Act](#)

[x REMINDER SAM \(37K PDF\)](#)

- c. This document must be completed annually by **all institutions** taking part in the CACFP program.
- d. **All institutions** must provide training documentation showing all employees taking part in the CACFP program have been trained by a representative of the Institution.