

CARES

CACFP-Application-Reimbursement-Electronic-System



Application User Manual

New Jersey Department of Agriculture
Child and Adult Care Food Program (CACFP)

Child and Adult Care Food Program
Division of Food and Nutrition
Department of Agriculture
PO Box 334
Trenton, NJ 08625-0334
(609) 984-1250 fax: (609) 984-0878

Client Support:

(609) 984-1250

NJCARES@ag.nj.gov

CARES Application User Manual

Release 1.1 V17

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Chapter 1

Summary

The Child and Adult Care Food Program (CACFP) CARES user manual is a tool for businesses associated with the CACFP program, to use in conjunction with the CARES Web online software application. This user manual is a reference guide for users that will assist in navigating the web application as they complete their day-to-day tasks.

The CARES Online Application has been developed in ASP.Net using a SQL database.

- Session Cookies will be used to run the program; if Cookies are disabled, the user will be notified that cookies are required to utilize the program.
- If user receives a network error, they may have to add CARES as an allowable site to their network.

Overview

CARES is designed to help you organize CACFP applications, inspections and submit CACFP monthly claims for reimbursement. Because these objectives are so complex, CACFP includes numerous features that put you in control of managing your institutions, applications and facilities. The most common tasks you might perform are:

- ❖ Entering or editing information (e.g. name, address, phone number etc.) for the application
- ❖ Reviewing an existing facility or creating a new one
- ❖ Document Up loads of application data
- ❖ Institution Checklist - Sponsor of Center Facilities
- ❖ Using the screens to enter, review or edit application information, such as facilities, rate scales, and Sponsor Information
- ❖ Monthly submission of claims for reimbursement

Anatomy and Navigation of CARES

For the most part, CARES is a standard Windows\Web application, with standard Windows gadgets like menus and navigation buttons. CARES, though, provides a couple of unique tools, some described in this section.

1. Screen Navigation

A

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

Welcome FRAN CAMM Tuesday, February 09, 2016 12:29:51 PM
 Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1

ATTENTION!!
CACFP Message - Welcome CACFP

Alerts for user:

Alerts: (Default view shows New and Open Alerts)

Select	Alert Status	Alert Reason	Open Date	View Date	Closed Date
<input type="button" value="Select"/>	In Process	Adjusted Claim Submitted	01/28/2016	02/02/2016	
<input type="button" value="Select"/>	New	Adjusted Claim Submitted	01/28/2016		
<input type="button" value="Select"/>	New	Mass Alert	11/11/2015		
<input type="button" value="Select"/>	New	Mass Alert	02/04/2015		
<input type="button" value="Select"/>	New	Mass Alert	02/04/2015		

Businesses Associated with

Select	Agreement #	Federal ID	Name	Phone
<input type="button" value="Select"/>	11-1319	221000700	APPLE CORE DAY CARE CENTER	609-984-1250

For Additional Information:
 Child and Adult Care Food Program
 Division of Food and Nutrition
 Department of Agriculture
 PO Box 334
 Trenton, NJ 08625-0334

D

E

A. Side Menu Bar-

- a. **Home**- back to the CACFP Home Screen
- b. **Rate/Eligibility Scales** - current CACFP reimbursement rates
- c. **Resource Library** – On-line CACFP Documents for reference – This will take you out of the CACFP on-line system the user will need to re-login to return to CACFP On-line System.
- d. **Training Calendar**- Shows current CACFP trainings
- e. **Log Out**- Log Out of CACFP system
- f. **Privacy Statement**- CARES information
- g. **Enter Claims**- Access to the claims module
- h. **Inspections** – Access Inspections module

B. Navigation Buttons – Navigation buttons are used throughout the CARES system that serves many functions that are displayed on the button. These buttons can be located on the top or the bottom or middle of the screen

C. Alert Message grid – Displays any CACFP Institution system alerts

- App Approved
- App Received
- App Rejected
- App Reviewed
- Incomplete App
- Mass Alert
- Other

D. Contract Agreement grid – Will bring the user to Institution Business Maintenance Screen.

E. Additional Information – Provides CACFP contact information

Search Function

Throughout CARES you will be able to **Search** or **Add New** record following the criteria requested this will then display the requested information.

Below is an example for the search entry for Facilities.

Search for the facility using the fields below. If not found select "Add New".

License Type:

License Number:

Owner/Director:

Site Name:

Submitting Incomplete forms

If Items are not filled in correctly at time of Submitting/Saving a Form the system will generate error or errors to notify the user of what may have been entered wrong for correction.

❖ Example:

Please correct the items marked with a red "*".

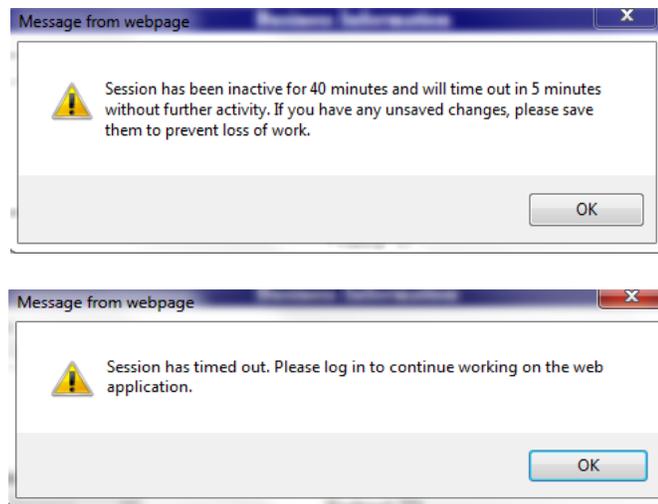
- Mailing ZIP Code suffix is Required.
- Text Box Hours of Operation To as standard time (hh:mm AM/PM)

Time Out

If the user is not active with in the system for 20 - 40 minutes, the system will automatically log the user off and the user will need to re-login. If a user is log off they will have to close the browser before login. If not they may receive a network error.

Not active, for CARES will mean the user will need to use a Navigation button for the system to know the user is active; entering information into fields without using a Navigation button will cause a log off, causing the user to lose information. It is recommended that the user **Save** frequently to avoid losing data.

❖ Example:



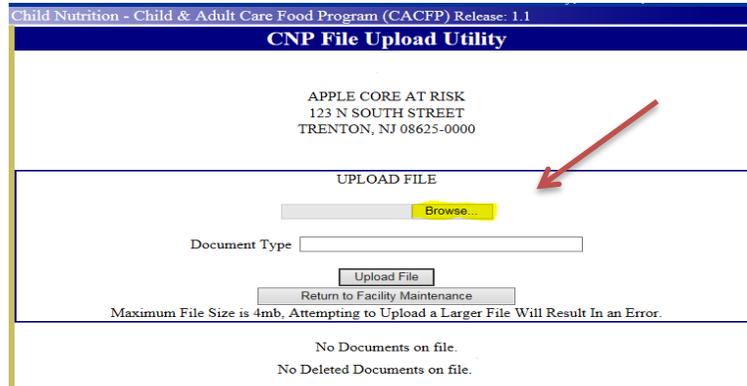
Document Upload

CARES provides the user with the ability to upload institution documents for review.

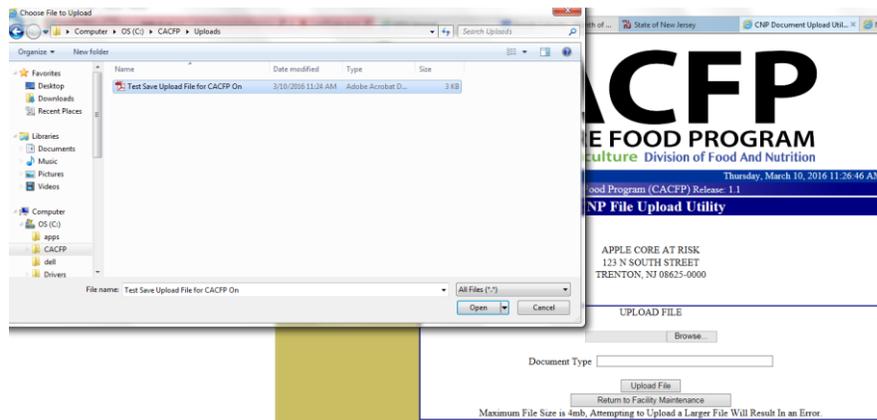
- ❖ Adding Documents to CARES using Upload File Utility
- ❖ Adding Documents tool is used throughout CARES this tool will allow the user to attach PDF files to their CACFP file.
- ❖ All files for upload into CARES will need to be accessible to the computer that the entry of the institution is using, either saved on the computer drive c:, or accessible network drive the institution user has access too.
- ❖ All files need to be saved as a PDF file, only PDF files are accepted as an upload file into CARES. If a file is not in a PDF file, the system will prompt an error message.
- ❖ Upload files Maximum File Size is 10mb, attempting to upload a larger file will result in an Error.

Example of File Upload Utility:

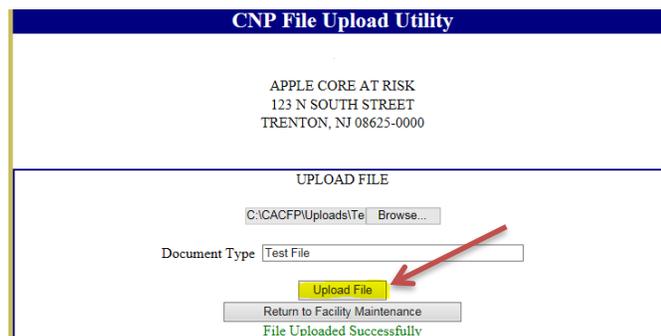
1. Select Browse Upload File **Browse** button



2. This will display “Choose File to Upload” window. Select the file and click on “Open” to attach the selected file.



3. This will attach the file for Upload once the document type is either selected from a drop down list or entered per our example the user can then select “Upload File”



- Once the file is uploaded, the system will display Documents on File grid so the user can **Select** the file for future preview or **Delete** the file.

CNP File Upload Utility

APPLE CORE AT RISK
123 N SOUTH STREET
TRENTON, NJ 08625-0000

UPLOAD FILE

C:\CACFPI\Uploads\Te Browse...

Document Type

File Uploaded Successfully

Documents on File			
	Document Name	Last Updated	
<input type="button" value="Select"/>	<input type="button" value="Delete"/>	Test File	3/10/2016 11:39:29 AM

No Deleted Documents on file.

- If a file is deleted the file will still display on the Deleted Documents File grid and can still be **Select** for preview or **Restore** to the Documents on File Grid

Documents on File			
	Document Name	Last Updated	
<input type="button" value="Select"/>	<input type="button" value="Delete"/>	Test File	3/10/2016 11:54:39 AM

Deleted Documents			
	Document Type	Last Updated	
<input type="button" value="Select"/>	<input type="button" value="Restore"/>	Test File 1	3/10/2016 11:54:55 AM
<input type="button" value="Select"/>	<input type="button" value="Restore"/>	Test File	3/10/2016 11:39:29 AM

- Upload files Maximum File Size is 10mb, attempting to upload a larger file will result in an Error.

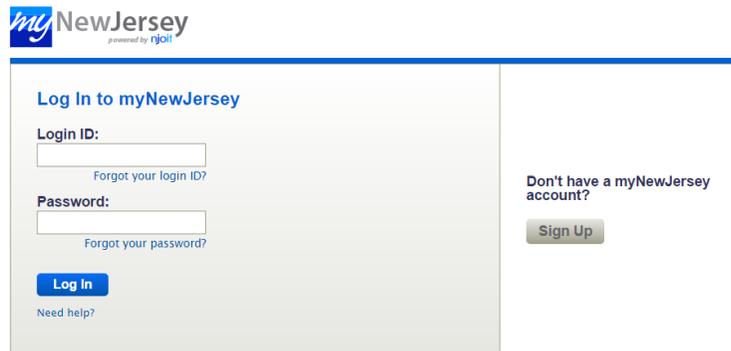
Chapter 2

Logging in to CARES

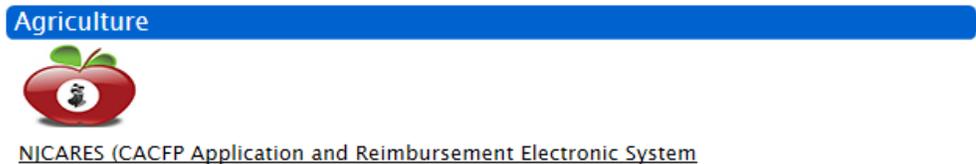
Users will need to have a log-in created for CARES, once access is granted the user will be notified and then will be able to access the system.

Starting CARES

1. Log On to CARES at NJ.Gov – Login information and instructions will be provided.
2. NJ.Gov – Login



3. Select



Setting up CARES Log-on ID

User will be notified by CACFP NPS Staff (Nutrition Program Staff) to setup Staff ID's for Institutions. Once notified, the Institutions will need to setup a CACFP Program ID for Per User. This is done one Per User to allow access to the State of NJ LDAP Login.

Each Institution should have a User for

- ❖ Claims Submission
- ❖ Claims Certifier/ Approval
- ❖ Application Setup
- ❖ Claims Entry

It is highly recommended that each Institution have at least 2 Users with separate Log-in ID's. This is for the protection of the Institution. Each of these users will play a type of administrator roll. Even if an Institution only has one staff member, it will need to have a Log-In Id for Users described so it will need to have separate information for the setup. This is especially true for claims submission one user will be able to submit claims and the other will be able to approve.

CARES 4 User Id's Rolls

Claims Submitter/Application this user will be able to submit claims and manage applications.
Required

Claims Certifier/Application this user will be able to certify a claims and manger applications.
Required *only 1 Certifier ID is allowed per institution.*

Application this user will be able to manage applications

Claims this user will be able to submit claims

New User ID Setup

To setup a new user, the user will have to access the site below and fill in the correct agreement information.

https://agcacfp.mwg.state.nj.us/AG_CACFPAOAPP/CACFPSelfRegistration.aspx

Version: 1.1.4.4 Wednesday, April 20, 2016 12:27:48 PM
Child Nutrition - Child & Adult Care Food Program (CACFP)

Step 1 - Please provide your client's information

Client First Name: Client Last Name:
Email: Confirm Email:
Business Name:
Tax ID # New Jersey Agreement #
Phone: Ext: Fax:
Address 1
Address 2
Zip - City State
County

For Additional Information:
Child and Adult Care Food Program
Division of Food and Nutrition
Department Of Agriculture
PO Box 334
Trenton, NJ 08625-0334
(609) 984-1250 fax: (609) 984-0878

- ❖ **First/ Last Name/Email** – Information of the user
- ❖ **Business Name**- Name of Institution
- ❖ **Tax/Federal ID #** - ID of the Institution
- ❖ **New Jersey Agreement #** - This number will be given to the Institution by NPS, The Institution will not be able to create a LOG-IN ID without this number.
- ❖ **Address** – of the institution
- ❖ **Request Access to CARES Program** – Select Button to bring user to State Of NJ CACFP creates Account for Log in.
- ❖ **Log-In Created** – State User NPS will be notified and changed ID to Active and give user the

State Of NJ CACFP Create Account Page



Welcome to New Jersey CNP Online

Child Nutrition - Child & Adult Care Food Program (CACFP)

1. Request access to CACFP 2. Link CACFP to your myNewJersey account 3. Use CACFP

Do you have a myNewJersey Logon ID?

Yes

No

Information To Create Your New myNewJersey Account:

Choose a myNewJersey Logon ID:

Choose a myNewJersey Password:

Retype the Password:

First name:

Last name:

If you forget your ID or password later, we'll ask you the following question. If you answer it correctly, we'll send your ID or a new password to your email address.

Question you want us to ask:

Your answer:

Email address:

Retype your email address:

Forgot the Logon ID to a myNewJersey account you already set up?
If you created a myNewJersey Logon ID before but forgot what it is, we can send it to you by [clicking here](#). Don't create another logon ID.

Forgot Your ID or Password?

If you already have a myNewJersey logon ID, more information is available when you answer "Yes" at left.

Why Do I Need a myNewJersey Logon ID?

Here are [answers](#) to common questions.

- ❖ **Do you have a New Jersey Logon ID – Select No**
- ❖ **Choose a NewJersey Logon ID – Choose a Logon name that the user will remember.** This logon ID will be the ID the User will use each time they log into CARES.
- ❖ **Choose a myNewJersey Password/Retype-** Choose a Password that the user will remember. This password will be the password the User will use each time they log into CARES.
- ❖ **Question/Answer –** If the user forgets their ID or Password, User will be prompt with security questions. User should enter information only they will know.
- ❖ **Email –** Will be an auto filled by the system.
- ❖ **Continue –** will submit the form to CARES. Once ID is received, NPS staff will be alerted to activate the account. Once the account is active NPS will inform the user that they are now able to log-in to CARES.

Version: 1.1.4.4 Monday, April 25, 2016 11:20:42 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Thank you for applying to participate in the New Jersey Child and Adult Care Food Program. Your information has been successfully submitted. We will review your submission and contact you at the e-mail address provided.

Chapter 3

Institution Business Maintenance Setup

Access CARES System Home Screen

Welcome FRAN CAMM Tuesday, February 09, 2016 12:29:51 PM

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1

[Enter Claims](#)
[Inspections](#)
Home
[Kates Eligibility Scales](#)
[Resource Library](#)
[Training Calendar](#)
[Log Out](#)
[Privacy Statement](#)

ATTENTION!!
CACFP Message - Welcome CACFP

Alerts for user:

Alerts: (Default view shows New and Open Alerts)

Select	Alert_Status	Alert_Reason	Open_Date	View_Date	Closed_Date
Select	In Process	Adjusted Claim Submitted	01/28/2016	02/02/2016	
Select	New	Adjusted Claim Submitted	01/28/2016		
Select	New	Mass Alert	11/11/2015		
Select	New	Mass Alert	02/04/2015		
Select	New	Mass Alert	02/04/2015		

1 2 3 4

Businesses Associated with

Select	Agreement #	Federal ID	Name	Phone
Select	11-1319	221000700	APPLE CORE DAY CARE CENTER	609-984-1250

1

For Additional Information:
Child and Adult Care Food Program
Division of Food and Nutrition
Department of Agriculture
PO Box 334
Trenton, NJ 08625-0334

- ❖ Click on “Select” next to your institution agreement number

Example: 11-1319 (to access the Institution Business Maintenance Screen for Apple Core Day Care Center)

Institution Business Maintenance Screen

The user will need to fill in all information on this page to setup the institution.

Applications and Facility Maintenance cannot be completed until this page is filled out and saved in its entirety. Once the Business Maintenance page and Facility Maintenance page is saved the User will need to come to this page and select Applications button to access the Application Checklist.

Top Banner: will allow the user to select Applications or Facility Maintenance Navigation Buttons, which are completed after the Institution Business Maintenance form below is completed.



Business Information: Fill in all the Business Information

**** Client will need to acquire :DUNS#, NJ Vendor ID and Federal ID to complete this page ******

- ❖ Consult with Fiscal Unit for “Vendor ID Number If Vendor ID Number is not yet available, screen can still be saved and updated when number becomes available.

Business Information	
Institution Name APPLE CORE DAY CARE CENTE	DUNS #: 150483782
Tax Exempt Status For Profit Center Sponsor	SAMS Expire Date: 12/31/2016
New Jersey Vendor ID: V22133678900	Federal ID 221000700
Status ACTIVE	Congressional District: 11
	Institution Fiscal Year End Day: 31 December

Institution Contact Information for CACFP:

Contact Information for CACFP	
Last Name CAMMUS	Institution Business Email Address NOEMAIL@TEST.COM
First Name FRED	Alternate Phone
Contact Title PERSON RESPONSIBLE	FAX Number 609-984-0878
Telephone 609-984-1250	

Mailing Address:

- ❖ Once the zip code is filled in State, City and County should automatically populate.
Zip Codes need the full zip code entered including the 4 digit extension.

Mailing Address	
Address Line1 33 WEST STATE STREET	
Address Line2 	
ZIP Code 08625 - 0345	
State NJ	
City TRENTON	
County MERCER	

Physical Location:

- ❖ If different then mailing address enter the correct information if same select Same as Mailing Address Navigation button to auto fill fields.
- ❖ You can select Fetch Coordinaties button but this is not nesscary

Physical Location (Must be NJ address)

Same as Mailing Address

Address Line 1

Address Line 2

ZIP Code
 -

State

City

County

Latitude

Longitude

Address Where Records are Kept:

*****Records must be kept at a NJ location*****

- ❖ If different then mailing or physical addresses enter correct information if not Select Same as Mailing or Physical Address Navigation button to auto fill fields.

Address Where Records Are Kept — (Must Be New Jersey Address)

Same as Mailing Address

Same as Physical Address

Address Line 1

Address Line2

ZIP Code
 -

State

City

County

Rec Phone

Rec Fax

General Information:

- ❖ Allow Adjustments, Institution is State-run Entity and Assigned Staff will be selected by State Staff.
- ❖ Time institution opens and Time institution closes should be entered exactly as system format suggest. hh:mm
- ❖ Directions to institutions can be entered to assist NJ State staff in finding locations if needed.

General Information

Allow Adjustments
 Institution is State-run Entity

Assigned Office Staff
TEST CLIENT

Assigned Field Staff

Assignment History

No Training Records

Time institution opens
08:30 AM hh:mm
AM/PM

Time institution closes
04:30 PM hh:mm
AM/PM

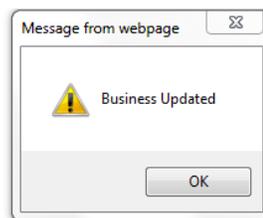
Directions

Save

Paper Application Unchecked

- 9. Save** Once completed the user will press the Save Navigation button on the bottom of the screen to save the Institution Business Maintenance information.

Click "Save"



Chapter 4

Facility Maintenance

Once Business Maintenance Page has been updated, new facility records must be created using the “Facility Maintenance Button”. Facility records must be completed in order to create the application checklist, from which institution records will be entered.

Facility Maintenance: Click on “Facility Maintenance” Navigation button at top of Business Institution Screen.



If Facilities are already entered, the system will display the Facilities Assigned to Institution Grid.

Select – Will bring the user to the Facility Maintenance page.

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Facilities Assigned to Institution

APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625

Select	Remove	License Num	Business Name	Site Num	Phone	Status
<input type="button" value="Select"/>	<input type="button" value="Remove"/>	123123123	APPLES AND BANANAS CHILD CARE - 1	1	609-882-1234	ACTIVE
<input type="button" value="Select"/>	<input type="button" value="Remove"/>	321321321	CARROTS AND RAISINS CHILD CARE - 2	2	609-882-1234	ACTIVE

Adding/Selecting/Removing a Facility

Click “**Add New**” button at the bottom of the page to add a new Facility. Once a Facility is created, it will be listed on the Facility Grid to access for changes or review by clicking “**Select**” or delete the Facility by selecting “**Remove**”. User will need to repeat this process if you need to add more than one Facility. *Independent centers will not have the **Add New** option to add another facility.*

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1

Facilities Assigned to Institution

APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625

Select	Remove	License Num	Business Name	Site Num	Phone	Status
<input type="button" value="Select"/>	<input type="button" value="Remove"/>	123123123	APPLES AND BANANAS CHILD CARE - 1	1	609-882-1234	ACTIVE
<input type="button" value="Select"/>	<input type="button" value="Remove"/>	321321321	CARROTS AND RAISINS CHILD CARE - 2	2	609-882-1234	ACTIVE

Search for the facility using the fields below. If not found select "Add New".

License Type:

License Number:

Owner/Director:

Site Name:

Recovering a Removed Facility

Please be aware once you select “**Remove**” there is no warning that the Facility will be deleted from the system and it will be gone from the CARES system and will need to be re-covered.

- ❖ To **recover** a removed facility the user will use the search function. Enter the search criteria for the removed facility.
- ❖ Select removed facility from the search grid and select Add this will re-cover the removed facility.

Search for the facility using the fields below. If not found select "Add New".

License Type:

License Number:

Owner/Director:

Site Name:

Add	Sponsor Agreement #	License	Business Name	Site Num	Phone	Status
<input type="button" value="Add"/>		9999989999	APPLECORE EMERGENCY	4	609-456-7890	INACTIVE
1						

Facility Maintenance Form

The user will need to fill in all information on this page for the Facility being entered to setup. If an Institution has more than one Facility then all Facilities need to be entered separately by using the “Add New” button on the Facilities Assigned to Institution page.

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Previous Page Save Current Form

Sponsor Name: APPLE CORE DAY CARE CENTER Agreement Number: 11-1319

Facility Maintenance

Operating Name: APPLES AND BANANAS CHILD CARE

License / Registration Number: 123123123

License Expiration Date: 1/31/2020

Facility Type: Childcare Center

Tax Exempt Status: Not For Profit

License Type: INP- Infant/Preschool

Facility Characteristics: (select all that apply)

Head Start Military Infant Preschool Outside School Hours Care

a. Facility Operating Name

b. Facility License Number and Expiration Date of the Facility

c. Facility Type – Select correct type on drop down list

Ex.

- Childcare Center
- At Risk(School Age - 18)
- Emergency Shelter (0-12)
- Family Day Care
- Adult Day Care

d. Tax Exempt Status – see ex. below

e. License Type – Select correct type depending on Facility list will change.

Ex. Child Care

-
- INP- Infant/Preschool
- OSH- Outside School Hours
- PRE- Preschool
- RISK- After School At Risk
- SHEL- Homeless Shelters

Ex. Adult Day Care

DHSSP- For Profit Div of Health and Senior Services
-
DDD- DIV of Developmental Disabilities
DDDP- For Profit DIV of DEV Disabilities
DHSS- Div of Health and Senior Services
DHSSP- For Profit Div of Health and Senior Services
DMAH- DIV of Medical Assistance and Health Services
DMAHP- For Profit DIV of Medical Asst and Health Services
DMHH- DIV of Mental Health and Hospitals
DMHHP- For Profit DIV of Mental Health and Hospitals
DOH- DEPT of Health
DOHP- For Profit DEPT of Health
DYFS- DIV of Youth & Family Services
DYFSP- For Profit DIV of Youth and Family Services

f. Facility Characteristics (Select all that apply)

Facility Characteristics: (select all that apply)

Head Start Military Infant Preschool Outside School Hours Care

Facility Type

- ❖ **Child Care/Family Day Care** – Needs only the displayed information.
- ❖ **Adult Day Care** – Child and Adult Care Food Program Supplementary Eligibility Information form (Below)
- ❖ **At Risk (School Age – 18)** Need to fill out the At Risk After School Snack Program – Child And Adult Care Food Program Supplementary Eligibility Information Form. (Below)
- ❖ **Emergency Shelter (0-12)** Need to fill out Emergency Shelter – Child and Adult Care Food Program Supplementary Eligibility Information form (Below)

Adult Day Care Form

ADULT DAY CARE - CHILD AND ADULT CARE FOOD PROGRAM SUPPLEMENTARY ELIGIBILITY INFORMATION

THIS FORM MUST BE COMPLETED FOR EACH FACILITY THAT WILL OPERATE UNDER YOUR CACFP SPONSORSHIP. ALSO, SUBMIT A COPY OF A BROCHURE OR OTHER SUCH DOCUMENT DESCRIBING EACH FACILITY THAT WILL OPERATE UNDER YOUR CACFP SPONSORSHIP.

To qualify for participation in the CACFP, the primary purpose of the Adult Day Care Center must be the nonresidential care of functionally impaired adults. "Functionally impaired adult" means chronically impaired disabled persons, 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently. If the primary purpose of the facility is the care of functionally impaired adults, then non-functionally impaired adults 60 years of age or older, who are also enrolled at the center, may participate in the CACFP.

Adult Day Care Center Enrollment:

Number of Functionally Impaired Adults:

Number of Non-Functionally Impaired Adults Over the Age of 60 Years:

1. PRIMARY PURPOSE OF ADULT DAY CARE FACILITY

In order to qualify to participate in the CACFP, institutions must certify that the primary purpose of the Adult Day Care Center is to provide nonresidential care of functionally impaired adults.

Yes, we certify that the primary purpose of this Adult Day Care Center is to provide nonresidential care of functionally impaired adults.

No, this is not the primary purpose of this Adult Day Care Center as described below.

2. STRUCTURED COMPREHENSIVE PROGRAM

To qualify for participation in the CACFP, an Adult Day Care Center must provide a structured, comprehensive program of health, social and related support services. This is intended to mean a program that provides a regular daily schedule of specific activities, both group and individual. They should include health, social and related support services and should provide both physical and mental stimulation. These activities should vary to accommodate the needs of the participants and their individual plans of care.

Yes, we certify that this Adult Day Care Center provides a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.

No, this Adult Day Care Center does not provide a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.

3. INDIVIDUAL PLAN OF CARE

In order to qualify to participate in the CACFP, Adult Day Care Centers are required to develop and maintain an individual plan of care for every enrolled functionally impaired participant. An individual plan of care (IPC) is a plan designed to maintain the participant at his/her current level or restore the participant to a level of self-care. The plan must be written and should at a minimum, contain the following components:

ASSESSMENT: An assessment of the individual's strengths and needs based on information obtained from the participant and/or his/her family members, caregivers, physician, etc. Such information should include areas such as a health profile, mental and emotional status, daily living skills, support services available to the individual, possible need for services from other service providers and a current medical examination.

PLAN OF SERVICE:

A written plan, based on the assessment discussed above, which specifies:

1. the goals and objectives of the planned care,
2. the activities to achieve the goals and objectives,
3. recommendations for therapy,
4. referrals to and follow-up with other service providers as needed, and
5. provisions for periodic review and renewal

Yes, we certify that this Adult Day Care Center maintains a written individual plan of care that is periodically reviewed and renewed for every enrolled functionally impaired participant, which includes an assessment of the individual's strengths and needs based on information obtained from the participant, family members, caregivers, physician, etc.

No, this Adult Day Care Center does not maintain an individual plan of care for every enrolled functionally impaired participant.

At Risk (School Age -18)

**AT RISK AFTER SCHOOL SNACK PROGRAM – CHILD AND ADULT CARE FOOD PROGRAM
SUPPLEMENTARY ELIGIBILITY INFORMATION**

THIS FORM MUST BE COMPLETED FOR EACH FACILITY THAT WILL OPERATE UNDER YOUR CACFP SPONSORSHIP.

School Official school verifying the attendance zone boundary where the center is located:
Name: [Applecore At Risk] Title: [Applecore] Telephone: [609-222-2222]

Is licensing of this center required? (If yes, attach a copy of license.) Yes No
 List the age range of eligible participants served at the facility: From: [12] To: [18]
 List the Maximum Capacity listed on the License: [200]
 List the License Expiration Date: [09/30/2016]
 If the facility is not licensed, attach a copy of:
 1. Current Local Health/Sanitation inspection report for the facility, and Date of Certificate: [01/01/2015]
 2. Current Local Fire/Safety inspection report for the facility. Date of Certificate: [01/01/2015]

In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.

Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.
 [Arts]
 This program does not meet the program requirements for an afterschool setting with . regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

- ❖ Enter Official Name/Title/Telephone number of the At-Risk Facility
- ❖ If Yes, then Maximum Capacity and License Expiration Date will also, need to be entered.
- ❖ If No, proceed to List the At-Risk Facility age range, and use upload utility section of saved screen to upload PDF file for the health/sanitation inspection report and fire/safety inspection report.
- ❖ **Attached Documents will be added after all the At-Risk Facility information entered, saved and the Facility is added to the CACFP system.**
- ❖ Certify by selecting checking the qualify box of Yes, if the program is certify and type in the list of regularly schedule activities or this program does not meet the requirements.

Attached Documents Uploading files Select Browse Upload File Browse button

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CNP File Upload Utility

APPLE CORE AT RISK
123 N SOUTH STREET
TRENTON, NJ 08625-0000

UPLOAD FILE

[Browse...]

Document Type [_____]

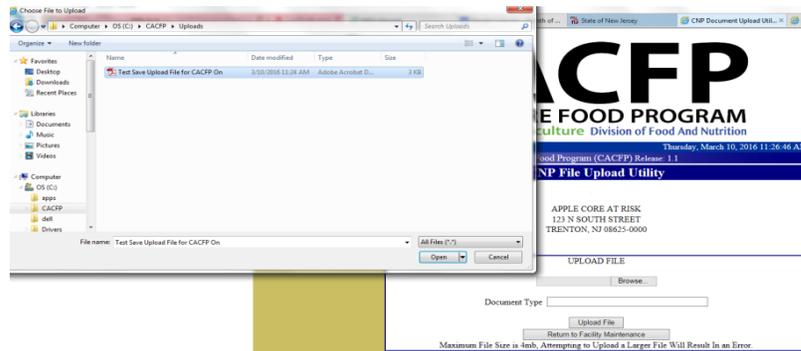
[Upload File]

[Return to Facility Maintenance]

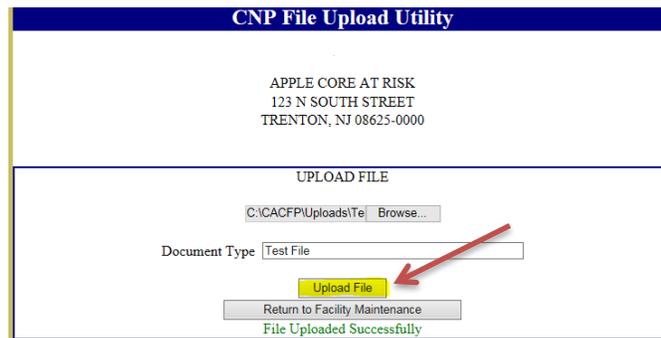
Maximum File Size is 4mb, Attempting to Upload a Larger File Will Result In an Error.

No Documents on file.
No Deleted Documents on file.

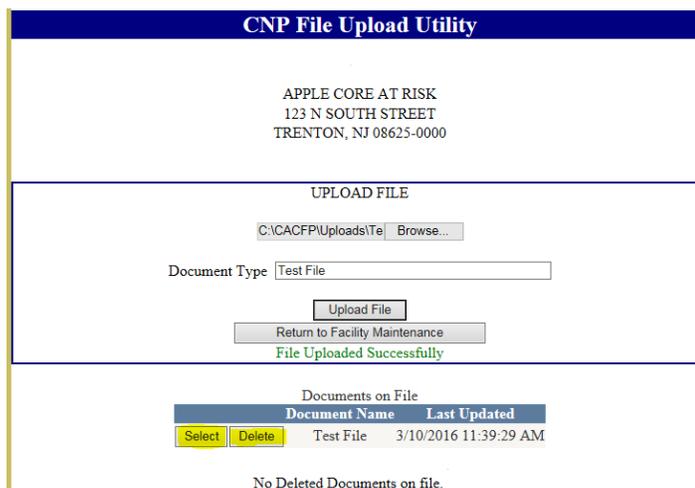
This will display “Choose File to Upload” window. Select the file and click on “Open” to attach the selected file.



This will attach the file for Upload once the document type is either selected from a drop down list or entered per our example the user can then select “Upload File”



Once the file is uploaded the system will display Documents on File grid so the user can select the file for future preview or delete the file.



If a file is deleted the file will still display on the Deleted Documents File grid and can still be Selected for preview or Restore to the Documents on File Grid

Documents on File			
		Document Name	Last Updated
Select	Delete	Test File	3/10/2016 11:54:39 AM

Deleted Documents			
		Document Type	Last Updated
Select	Restore	Test File 1	3/10/2016 11:54:55 AM
Select	Restore	Test File	3/10/2016 11:39:29 AM

Emergency Shelter form

EMERGENCY SHELTER – CHILD AND ADULT CARE FOOD PROGRAM
SUPPLEMENTARY ELIGIBILITY INFORMATION

Age range of eligible participants served at the shelter:

In order to qualify to participate in the CACFP, institutions must certify that the primary purpose of an emergency shelter must be to provide temporary residence to homeless children and their families.

- Yes, we certify that the primary purpose of an emergency shelter is to provide temporary residence to homeless children and their families.
 No, this is not the primary purpose of this shelter, as described below.

We certify that is this shelter will ensure the CACFP reimbursement is claimed only for meals served to eligible children that reside at the center.

Current Certifications for the shelter are attached:

- Local health/sanitation inspection report, and Local fire/safety inspection report.

- ❖ Enter age range of eligible participants served in the text box
- ❖ Certify the purpose of the shelter if by checking the box Yes or No, if No enter the primary purpose of the shelter.
- ❖ Upload Current Certifications by selecting Attach Documents (Refer above for At-Risk form on the upload process)
 - ❖ **Attached Documents will be added after all the At-Risk Facility information entered, saved and the Facility is added to the CACFP system.**

- ❖ Certify the purpose of the Adult Day Care if by checking the box Yes or No, if No enter the primary purpose of the center.
- ❖ Certify the written individual plan of the Adult Day Care if by checking the box Yes or No, the center does not maintain and individual plan.

Tax Exempt Not For Profit and Tax Exempt Public

❖ **Tax Exempt Proprietary (For-Profit)** – Needs to fill out the For Profit Sites Only form. For Profit Sites Only” Eligibility screen will be displayed and must be completed because “Tax Exempt Status” field on “Facility Business Maintenance” is selected as “Proprietary (For Profit)”.

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Previous Page Save Current Form

Sponsor Name: APPLE CORE DAY CARE CENTER Agreement Number: 11-1319

Facility Maintenance

Operating Name: APPLES AND BANANAS CHILD CARE

License / Registration Number: 123123123

License Expiration Date: 1/31/2020

Facility Type: Childcare Center

Tax Exempt Status: **Proprietary (For-Profit)**

License Type: -

Facility Characteristics: (select all that apply)

Head Start Military Infant Preschool Outside School Hours Care

**FOR PROFIT SITES ONLY
COMPLETE ONE SIDE ONLY**

<p><input type="radio"/> Title XX/XIX Eligibility</p> <p>Number Receiving Title XX/XIX: <input type="text" value="0"/> + Total Enrollment / License Capacity (Whichever is Less): <input type="text" value="0"/></p>	<p><input type="radio"/> Free/Reduced-Price Eligibility</p> <p>Free: <input type="text" value="0"/> + Red.: <input type="text" value="0"/> Paid: <input type="text" value="0"/> + <input type="text" value="0"/></p> <p>Number of Approved Free/Reduced-Price Paid Eligibles: <input type="text" value="0"/> ÷ Total Enrollment / License Capacity (Whichever is Less): <input type="text" value="0"/></p> <p align="center">= <input type="text" value="0"/> %</p> <p align="center"><small>Note: Save application to update disabled fields (for profit only).</small></p>
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Complete “For Profit Sites Only” screen.

❖ Select Free/Reduced-Price Eligibility radio button

Enter amount of Facility Free Meals severed

Enter amount of Facility Reduced Meals severed

Enter amount of Facility Paid Meals severed

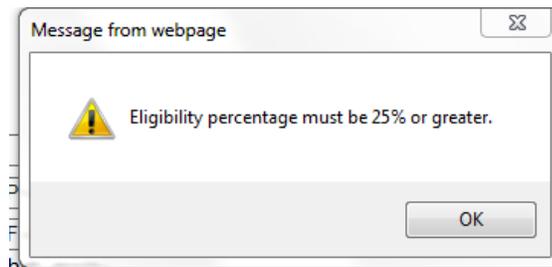
Enter the Facility Total Enrollment

Once the Facility Maintenance is saved =% will be automatically entered

FOR PROFIT SITES ONLY
COMPLETE ONE SIDE ONLY

<p><input type="radio"/> Title XX/XIX Eligibility</p> <p><input type="text" value="0"/> ÷ <input type="text"/></p> <p style="font-size: small;">Number Receiving Title XX/XIX Total Enrollment / License Capacity (Whichever is Less)</p>	<p><input checked="" type="radio"/> Free/Reduced-Price Eligibility</p> <p>Free <input type="text" value="25"/></p> <p>+ Red. <input type="text" value="0"/></p> <p>Paid <input type="text" value="75"/></p> <p><input type="text" value="75"/> ÷ <input type="text" value="100"/></p> <p style="font-size: small;">Number of Approved Free/Reduced-Price/Paid Eligibles Total Enrollment / License Capacity (Whichever Is Less)</p>
<p>= <input type="text" value="0"/> %</p> <p style="font-size: x-small;">Note: Save application to update disabled fields (for profit only).</p>	

If percentage is < 25% <new facility number 7>, the system will generate the following message:



Affiliation

Select if the Facility is an Affiliated or Unaffiliated- explained below
Affiliated

Affiliation:
Unaffiliated

Affiliation:

- a) "Affiliated" means a sponsored facility that shares the non-profit status of the sponsoring organization.
- b) "Unaffiliated" means a sponsored facility that is legally distinct from the sponsoring organization, and has its own non-profit status separate from that of the sponsoring organization.

Unaffiliated

An Unaffiliated sponsor will need to **Upload/View Center Agreement**

Affiliation:

- a) "Affiliated" means a sponsored facility that shares the non-profit status of the sponsoring organization.
- b) "Unaffiliated" means a sponsored facility that is legally distinct from the sponsoring organization, and has its own non-profit status separate from that of the sponsoring organization.

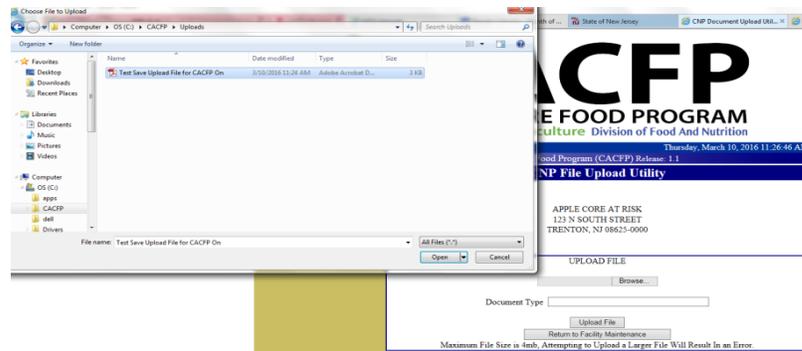
⚠️ ALERT! Be sure to click SAVE on this form before uploading documents or leaving this page to avoid loss of data entered.

Number of Documents Uploaded: 0

Attached Documents Uploading files

Select Browse Upload File Browse button

This will display “Choose File to Upload” window. Select the file and click on “Open” to attach the selected file.



This will attach the file for Upload once the document type is either selected from a drop down list or entered per our example the user can then select “Upload File”

Once the file is uploaded the system will display Documents on File grid so the user can select the file for future preview or delete the file.

Saving the Facility form

It is recommended that after this information is filled out you should save the form as to not lose any data. To save this form the save button is on the top of the Facility Maintenance form.

 **ALERT!** Be sure to click **SAVE** on this form before uploading documents or leaving this page to avoid loss of data entered.

Number of Documents Uploaded: 0

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1			
<input type="button" value="Previous Page"/>		<input type="button" value="Save Current Form"/>	
Sponsor Name	<input type="text" value="APPLE CORE DAY CARE CENTER"/>	Agreement Number	<input type="text" value="11-1319"/>
Facility Maintenance			

Licensed Capacity

Enter the number of the Facility Licensed Capacity

Licensed Capacity	<input type="text"/>
Status	<input type="text" value="ACTIVE"/>

Physical Address

The Address information of the Facility being entered

- ❖ Address of the Facility
- ❖ Zip Code: Zip Codes needs the full zip code entered including the 4 digit extension on this field you will need to enter with the first 5 digits – last 4 digits within the same field. Ex. 08625-0000
- ❖ Telephone number can be entered
- ❖ Latitude you can select Fetch Coordinaties button but this is not nesscary

Physical Address			
Address Line 1	<input type="text" value="34 STATE STREET"/>		
Address Line 2	<input type="text"/>		
ZIP Code	<input type="text" value="08625-0000"/>	City	<input type="text" value="TRENTON"/>
State	<input type="text" value="NJ"/>	County	<input type="text" value="MERCER"/>
Telephone	<input type="text" value="609-882-1234"/>		
Latitude	<input type="text" value="0.00000000000000"/>	Longitude	<input type="text" value="0.00000000000000"/>
<input type="button" value="Fetch Coordinates"/>			

Owner/Director Information

The Owner/Director information of the Facility being entered

- ❖ Last Name/First Name of the Facility Owner/Director
- ❖ Organization title of the Facility Owner/Director
- ❖ Date of Birth of the Owner/Director used for ID purpose
- ❖ CNP Approval Date/End Date/Add Date/Last Updated will be auto filled by the system once CACFP staff reviews this record.

Owner/Director Information			
Last Name	<input type="text" value="THOMAS"/>	First Name	<input type="text" value="PAUL"/>
Middle Initial	<input type="text"/>		
Title	<input type="text" value="VP"/>	Date of Birth	<input type="text" value="10/01/1970"/>
CNP Approved Date	<input type="text"/>	Add Date	<input type="text"/>
CNP End Date	<input type="text"/>	Last Updated	<input type="text" value="3/9/2016 11:37:23 AM"/>

Directions

This is an open text box to enter any extra information like directions that may be helpful to CACFP staff for review of this Facility

Directions

Notes

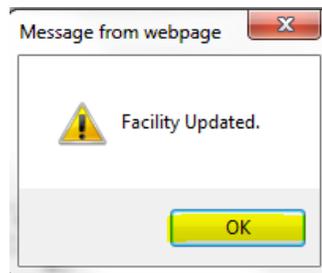
Save Current form

It is recommend that after this information is filled out you should save the form as to not lose any data. To save this form the save button is on the top of the Facility Maintenance form.

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1

Sponsor Name: Agreement Number:

Facility Maintenance



System will display Facility Updated window select OK to bring the user back to the Facility Maintenance screen which then the user can **Previous Page** button to bring them back to the Facilities Assigned Grid where they **Add New** to add another facility or select or Institution window.

Notice this grid now displays all Facilities Assigned to Institution. The User will have to return to the Facilities Maintenance page to add another Facility.

The user can then select **Return to Institution** which will bring them back to Institution Business Maintenance page. User can now select **Application** to complete the Application form.

Facilities Assigned to Institution

APPLE CORE DAY CARE CENTER
 33 WEST STATE STREET
 TRENTON, NJ 08625

[Return to Institution](#)

Select	Remove	License Num	Business Name	Site Num	Phone	Status
Select	Remove	787878787	APPLE CORE ADULT DAY CARE - 5	5	609-555-1212	ACTIVE
Select	Remove	2321212121	APPLE CORE AT RISK - 3	3	609-222-2222	ACTIVE
Select	Remove	9999989999	APPLECORE EMERGENCY - 4	4	609-456-7890	ACTIVE
Select	Remove	123123123	APPLES AND BANANAS CHILD CARE - 1	1	609-882-1234	ACTIVE
Select	Remove	321321321	CARROTS AND RAISINS CHILD CARE - 2	2	609-882-1234	ACTIVE

Search for the facility using the fields below. If not found select "Add New".

License Type:

License Number:

Owner/Director:

Site Name:

[Search](#) [Add New](#)

Chapter 5

Application Check List

After Facilities are created the system creates an “Application Checklist” this is to help CACFP and the User to keep track of the application process.

The three types of check list:

- ❖ Independent Center Application Checklist
- ❖ Sponsor of Centers Application Checklist
- ❖ Sponsor of Family Day Care Checklist

Each Checklist has five sections:

- ❖ On-Line Documents
- ❖ Institution Document Uploads
- ❖ Paper Documents
- ❖ Training Status
- ❖ Certification and Submission

Accessing the Application Check List

User will select Applications from the Institution Business Maintenance screen to access the Applications check list



If no application is associated with an Institution enter Fiscal Year, Fiscal Start and Fiscal End then select Add New/Renewal Application this will bring you to the Application Check List.

No Applications Associated with this Institution.

(Applications Cannot be deleted if claims exist for the application year.)

Complete the information below to add a new application or renewal application:

Fiscal Year

Fiscal Start

Fiscal End

Deleted Applications

No Deleted Applications Associated with this Institution.

If an application already exists or added, the user will click **Select** to bring them to the Application Check List

Existing Applications for:
 11-1319 - APPLE CORE DAY CARE CENTER
 33 WEST STATE STREET
 TRENTON, NJ 08625 - 0345

Select	Fiscal Year	Start Date	End Date	Status
<input type="button" value="Select"/>	2016	10/01/2015	09/30/2016	Pending Submission
1				

Complete the information below to add a new application or renewal application:

Fiscal Year

Fiscal Start

Fiscal End

Application Navigation

❖ Application Check List Navigation

Is broken out in 6 Sections

1. Application Navigation
2. On-Line Documents
3. Institution Document Uploads
4. Independent Center Paper Only Documents
5. Training Status
6. Certification and Submission

Navigation buttons

Top of the page

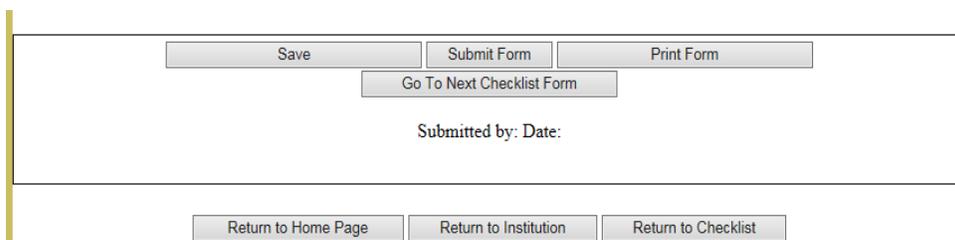


Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1

Return to Home Page Return to Institution Return to Checklist

Return to Facility Maintenance

Bottom of the page



Save Submit Form Print Form

Go To Next Checklist Form

Submitted by: Date:

Return to Home Page Return to Institution Return to Checklist

- ❖ **Return to Home Page:** will bring user back to CACFP Home
- ❖ **Return to Institution:** will bring user back to the Business Institution
- ❖ **Return to Checklist:** will bring user back to the Application Check list
- ❖ **Return to Facility Maintenance:** will bring the user back to the Facility Maintenance
- ❖ **Save:** will save the current form (it is suggested to save the form often to avoid system time out)

*****Note: After 20 minutes of no activity/submitting forms the CACFP system will time out and bring the user to the page. It is suggested to save forms as the user enters information.*****

- ❖ **Submit Form:** Once the form is completed submit will apply it as complete to the Application check list. If Items are not filled in correctly at time of Submit Form the system will generate error or errors to notify the user of what may have been entered wrong for correction.

Example:

Please correct the items marked with a red "**".

- Mailing ZIP Code suffix is Required.
- Text Box Hours of Operation To as standard time (hh:mm AM/PM)

Print Form: Will print the current form.

Go to Next Checklist Form: Will bring user to the next form on the check list.

Institution Checklist will display the

Institution Checklist - Sponsor of Center Facilities			
For Profit Sponsor can only sponsor Affiliated Centers			
11-1319 - APPLE CORE DAY CARE CENTER			
Contract Period	10/1/2015	9/30/2016	<input type="button" value="Update"/>

- ❖ Check list type
 - Independent Center Application Checklist
 - Sponsor of Centers Application Checklist
 - Sponsor of Family Day Care Checklist
- ❖ Contract name and agreement number
- ❖ Contract Period here the user can change the Contract Period date and select Update

Check List Navigation

	Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
	On-Line Documents				
1.	Institution Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details

Item Description is the List of Check List Items that the User will need to complete for approval.

1. On-Line Documents
2. Institution Document Uploads
3. Paper Documents
4. Training Status
5. Certification and Submission

❖ **Started** is check once the Check List Item is started so the User knows they have started the check list item but it may not be completed

❖ **Completed by Entity** is selected once that check list item is complete and submitted

	Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
	On-Line Documents				
1.	Institution Management Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/14/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

❖ **Approved by NPS** is selected by CACFP once the check list item has been reviewed and approved

❖ **Addition Info Requested** is check by CACFP when checklist item may need more information for approval. Details hyperlink

❖ **Sponsor of Centers Application Checklist On-Line Documents Check List**

Chapter 6

On-Line Documents for Sponsor of Centers/Independent Facility

There are 8 sections

1. Institution Management Plan
2. Responsible Parties/Principals
3. Application Questionnaire
4. Institution Administrative Budget
5. Pre-Award Civil Rights Questionnaire
6. News Release
7. Permanent Agreement
8. Application for Center Facility Participation

- 1. Institution Management Plan** – Click on the Institution Management Plan hyperlink. This will bring up the Child and Adult Care Food Program Sponsor Management Plan form for the user to complete.

Institution Checklist - Sponsor of Center Facilities					
For Profit Sponsor can only sponsor Affiliated Centers					
11-1319 - APPLE CORE DAY CARE CENTER					
Contract Period		10/1/2015	9/30/2016	<input type="button" value="Update"/>	
Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested	
On-Line Documents					
1.	Institution Management Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/14/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
2.	Responsible Parties/Principals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/15/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
3.	Application Questionnaire - (Program Integrity)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/16/2016	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
6.	News Release (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
7.	Permanent Agreement (includes policy statement) (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
8.	Application for Center Facility Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0 of 5	<input type="checkbox"/>	<input type="checkbox"/> Details
Comments					

Sponsor Management Plan

- ❖ **Sponsor Information** will automatically fill in from the Business Institution Business Maintenance page.

CHILD AND ADULT CARE FOOD PROGRAM SPONSOR MANAGEMENT PLAN

1. (a) **Sponsor Information:**

Institution Name: APPLE CORE DAY CARE CENTER
 Agreement Number: 11-1319
 Physical Location: 33 WEST STATE STREET
 TRENTON NJ 08625 - 0345

Telephone Number: 609-984-1250
 County: MERCER COUNTY
 Email: NOEMAIL@TEST.COM

(b) Mailing address: Different Mailing Address

APPLE CORE DAY CARE CENTER
 35 WEST STATE STREET
 TRENTON, NJ 08625 - 0345

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)

Federal ID #: (assigned by IRS): NJ Vendor ID #: (refer to Schedule A):

DUNS #: SAMS Expire Date:

Agency's Fiscal Year End Date (FYE): Day:

- ❖ If sponsor mailing address is different select Different Mailing Address checkbox. The system will display an editable address field so the user can update the mailing address

(b) Mailing address: Different Mailing Address

Address 1

Address 2

Zip - City State

- ❖ **Name and Title of CACFP Sponsoring Organization representative** are editable fields if Name and Title need to update.
- ❖ **Federal ID, NJ Vendor ID, DUNS, SAMS Expire Date and Agency's FYE Day** automatically filled in from the Business Institution Business Maintenance page.

Tax Exemption Certification

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

- <10,000
- <150,000
- BID**
- HOSPITAL
- N
- SCHOOL

- ❖ **Type Tax Exempt** user will check the checkbox to certify the agency Tax status if the user selects For-Profit then they will also, need to select corresponding Proprietary agreement type.
- ❖ **Government & Church** check box and Specify Organization name in provided text box.
- ❖ **Our Agency**
- ❖ **Contract for Meal** select correct contract from the drop down box

Sponsor Agency Information

Is this a Multi-state agency (Operates the CACFP in one or more states besides New Jersey)? ▼

If Yes, list the affiliated and/or unaffiliated facilities under this multi-state sponsoring organization and the state(s) in which they operate.

Is this agency a Multi-purpose organization (i.e., does the sponsor only operate CACFP, or is it part of a larger organization with other activities, such as Resource and Referral Services or programs such as Head Start, The Emergency Food Assistance Program (TEFAP), National School Lunch Program (NSLP), Summer Food Service Program (SFSP), etc.)? ▼

If Yes, list the other program(s) that you currently administer.

Please add a reason for special meals

▼

Please select whether you would like to receive cash in lieu of commodities, or commodity foods:

▼

- ❖ **Multi-state agency** select yes or no from the drop down list. If yes, then type the list of facilities in the text box.
- ❖ **Multi-purpose organization** select yes or no from the drop down list. If yes, then type the list of programs in the text box.
- ❖ **Special Meals Reasons** select from the drop down list Field Trip, Holidays, School Closed or Weekends
- ❖ **Cash or Commodities** all new Institution will select Cash in Lieu of Commodities

CACFP Record Keeping Requirements

Staff Training

3. CACFP 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	<input type="text" value="Fran Camm\Owner"/>	<input type="text" value="01/01/2016"/>
Meal Service	<input type="text" value="Fran Camm\Owner"/>	<input type="text" value="01/01/2016"/>
Sanitation	<input type="text" value="Fran Camm\Owner"/>	<input type="text" value="01/01/2016"/>
USDA Meal Requirements	<input type="text" value="Fran Camm\Owner"/>	<input type="text" value="01/01/2016"/>
Civil Rights	<input type="text" value="Fran Camm\Owner"/>	<input type="text" value="01/01/2016"/>

B. Eligibility Records

Each sponsor must annually collect eligibility information for each enrolled participant in the free or reduced category, which reports household size and income and social security data. The sponsor must also monitor eligibility information and report the monthly figures on the CACFP reimbursement voucher.

If all participants are claimed in the paid category, enrollment statements must be collected ANNUALLY. Therefore, only complete the line for the title of the person responsible for collecting and evaluating the enrollment statement for complete information.

Procedures for Collecting Eligibility Information	Title of Person Responsible
Collects and evaluates each eligibility application for complete information.	<input type="text" value="Program Manager"/>
Makes determinations for free, reduced or paid using household size and income scale	<input type="text" value="Program Manager"/>
Summarizes eligibility information for all enrolled participants by completing an eligibility record.	<input type="text" value="Program Manager"/>
Monitors new enrollments and withdrawals and reports summary to CACFP on the monthly reimbursement voucher	<input type="text" value="Program Manager"/>

- ❖ **Staff Training** Enter the Name or Names\Title and dates of food service and administrative personal for the Require Topics.
- ❖ **Eligibility Records** Enter the Title of Person Responsible for Procedures for Collection Eligibility Information.

CACFP Program Records

C. CACFP Program Records

Each sponsor must maintain on file, daily food records for enrolled participants to support the number of meals claimed for reimbursement. The required records include a pre-planned dated menu, a record of Meal Counts Taken At The Point Of Each Meal Service and daily attendance records. LIST THE PERSON RESPONSIBLE FOR THE PROGRAM RECORDS LISTED BELOW.

Required Record	Must Be Updated	List Person Responsible
Dated Menus	Monthly (at a minimum)	Fran Camm
Meal Counts	Taken at the Point of Service for Each Meal	Fran Camm
Attendance	Daily	Fran Camm

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.

DISBURSEMENT OF FUNDS

A sponsoring organization must disburse Child and Adult Care Food Program reimbursements to sites within 5 days of receipt from the CACFP office.

MAINTENANCE OF SITE RECORDS

A sponsoring organization must maintain Dated Menus, Meal Counts at the point of meal service, Daily Attendance Records and Eligibility Information for each approved program/site. These records must be made available in a central location for review and audit purposes upon request.

PRE-APPROVAL VISITS TO PROPOSED DAY CARE FACILITIES

A sponsoring organization must conduct a preapproval visit to each proposed day care facility to determine the site's ability to administer the Child and Adult Food Program. This is a one time only requirement. Once a facility participates in the CAF, the annual monitoring reviews meet the requirement to evaluate the ability to continue the food service operation for the new agreement year.

MONITORING

Each sponsoring organization must ANNUALLY conduct the required number of monitoring reviews for each site under its sponsorship. As part of its monitoring plan, a sponsoring organization of centers must document that, to perform monitoring. It will employ the equivalent of one full-time staff person for each 25 to 150 centers it sponsors. & 226.16(d) requires sponsors to "devote adequate supervisory and operational personnel for management and monitoring of the program. Center sponsors are required to devote one FTE to monitoring for every 25-150 of their sponsored centers as a condition of sponsor eligibility and a key part of meeting compliance for "Administrative Capability." Reviews must be made at least three times each year at each center. In addition, at least two of the three reviews must be unannounced and must include observation of a meal service. An employee of a management company may not conduct monitoring visits.

NJDA Institution Management Plan Certifications

- The Institution certifies that it will accept final administrative and financial responsibility for total CACFP operations at all approved facilities and will comply with 7 CFR Part 226 CACFP regulations (<http://www.fns.usda.gov/cnd/Care/Regs-Policy/policy.htm>), as well as all USDA and NJDA program policy, guidance, and instructions.
- The Institution certifies that, during the past seven years, neither the institution nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that program's requirements.
- The Institution certifies that neither the institution nor any of its principals has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency.
- The Institution certifies that all information on the application is true and correct, along with the name, mailing address, and date of birth of the institution's executive director and chairman of the board of directors or, in the case of a for-profit center that does not have an executive director or is not required to have a board of directors, the owner of the for-profit center.

I Certify All Above Conditions Are Met

- ❖ **Program Records** Enter the Name of the Person Responsible for the Require Records
- ❖ **Organization Responsibility** Check all that applies. Once any item is check you will have to certify compliance by selecting the "I Certify All above Conditions are Met" button. Once this is done the NJDA Institution Management Plan Certifications will fill in automatically.

Staff Monitoring

- ❖ **Staffing Standards** If an Agency has more than 25 Centers check the box, if not fill in the amount Center Monitoring fields.

Monitoring Full Time Equivalent Staffing Standards

Sponsoring organizations must "employ an appropriate number of monitoring personnel based on the number and type' of the facilities operated by the sponsor. Each center must be monitored to verify meal service compliance with federal regulations and assess training needs by devoting one **full-time equivalent (FTE)** to monitor every 25-150 of their sponsored centers. Reviews must be conducted at least 3 times a year for each center with no more than 6 months apart. An FTE is the amount of work that one person, working full-time (40 hours per week) would perform in a year.

Our Agency Has 25 or More Day Care Centers.

Position / Name	# CACFP Monitoring hrs/day	# Days/YR	# Centers
Centers	8	240	3
Homes	0	0	0

Net Hours / monitor = 2080 Hours - Average monitoring for 1 home (3 review/year) = 12 to 15 hours - No. Centers/monitor (12 hrs/center) = 153 centers -
No. Centers/monitor (15 hrs/center) = 123 centers

Estimated Number of Potential Eligible Beneficiaries by ethnic/racial

- ❖ This information will be automatically entered when the user completes the Application for Center Facility Participation forms.

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

Certify Form

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.

Sponsoring Organization Certification

Each program/site of the Child and Adult Care Food Program must submit evidence of tax-exempt status in order to participate in the program. Government agencies and School- sponsored agencies do not need to submit an IRS letter of determination, however they must certify that the program/site is a part of the organization and that the organization accepts final administrative and financial responsibility for the program's participation and all activities related to the Child and Adult Care Food Program. For-profit agencies are not eligible to sponsor proprietary title XIX or title XX centers which are legally distinct from the organization.

Tax-exempt organizations sponsoring program(s) / site(s) listed on the Schedule A that are separate legal entities must complete the Sponsor-Center Agreement and submit evidence of tax-exempt status or items listed for for-profit centers.

- The names of the program/site listed on the Schedule A differ from the sponsor's legal name.

Business Integrity Certification

I Certify that, during the preceding seven year, neither the agency, principals or the facilities and their principals under our sponsorship is on the USDA National Disqualified list; has been convicted of any activity that indicated a lack of business integrity, or declared ineligible to participate in any publicly funded program by reason of violating that program's requirements. (You may submit documentation that your agency and/or the principal(s) previously declared ineligible were later fully reinstated in, or determined eligible for, the program, including the payment of any debts owed.)

Board Member Certification

I Certify that the foregoing Board member information in this Sponsor Management Plan is true and correct, and **all board members are aware** of their fiduciary responsibilities to the organization, which includes the final financial and administrative responsibility for all activities related to the Child and Adult Care Food Program.

Outside Employment Certification

Each sponsor must have a policy in place to monitor outside employment of all CACFP staff to ensure that outside employment will not conflict with CACFP responsibilities, duties and other ethical issues. The policy must restrict other employment by employees that interferes with an employee's performance of Program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest. (New Sponsors Only) Attach a copy of your agency's Outside Employment Policy.

I Certify that our agency has developed and reviewed our policies with each staff member regarding outside employment to restrict employment interference with the responsibilities and duties of the Child and Adult Care Food Program.

Field Trip Certification (See Technical Assistant Forms for Policy Amendment)

Each sponsor must certify that staff have been trained so that the requirement outlined in the field trip policy will be met each time meals are served away from the facility.

I Certify that the field trip policy has been reviewed in trainings with all staff and that when field trip meals are claimed for reimbursement, meals served contain all of the required components, portion size and are consumed under the supervision of appropriate program staff, meals are properly transported as prescribed by Chapter 12 of the Health Department; and meal count records are properly maintained. I also certify that when our child nutrition specialist schedules an administrative review, we will notify our specialist if a field trip is scheduled for the day of the review.

CACFP regulations require that all institutions are financially viable, have internal controls to ensure accountability, and administratively capable (VAC) to operate the Program in accordance with "performance standards" in order for the State agency to approve the application.

I Certify that our agency understands and will operate in conformance with the required CACFP performance standards (VAC):

1. **Financial Viability:** all institutions must have adequate resources to operate the Program, and must document their viability through audits and/or financial statements, and submit budget in which costs are reasonable, necessary, and allowable. Sponsors must establish a "need for their services," and use appropriate recruiting practices.

CACFP reimbursement will not cover all costs necessary to operate the food program (e.g. food, non-food supplied, food service labor, administrative labor, purchased services, etc.) CACFP reimbursement claimed for Other Food Service Costs cannot exceed food purchases. I Certify that our agency is Financially Viable to operate the Program in accordance with & 226.6, and with the performance standards set forth therein. We have adequate financial resources to operate the CACFP on a daily basis, adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the institution, and can document financial viability (for example, through audits, financial statements, etc.)

2. **Accountability Controls:** all nonprofit institutions must have adequate oversight by a Board of Directors. I Certify that our agency has financial management systems in place and appropriate recordkeeping practices; we will ensure facility compliance with regulatory requirements.
3. **Administrative Capability:** I Certify that our agency has adequate staff to perform Program responsibilities. We will meet the monitoring staffing standards required by law and established in this rule

By clicking below, I Certify that our agency will operate in accordance with the Child and Adult Care Food Program Agreement and all provisions of 7CFR Part 226. I also understand that information contained in this management plan and the attachments to the application are being given in connection with the receipt of Federal funds; that Department officials, may, for cause, verify information; that the information provided on this form is true to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution or civil action under applicable State and Federal criminal or civil statutes. We also understand that the State agency, the Department, and other State and Federal officials may make announced or unannounced reviews of our operations during the normal hours for which no prior notification may be given to the facility or institution. Therefore, if required records are not available on-site at the time of the visit, an overclaim will be assessed to our sponsorship for any meals for which proper documentation is not available.

I agree to all conditions above

Certify Agreement by selecting "I agree to all conditions above" will complete the Sponsor Management Plan.

- ❖ **Submit Form:** Once the form is completed submit will apply it as complete to the Application check list. If Items are not filled in correctly at time of Submit Form the system will generate error or errors to notify the user of what may have been entered wrong for correction.

Example:

Please correct the items marked with a red "*".

- Mailing ZIP Code suffix is Required.
- Text Box Hours of Operation To as standard time (hh:mm AM/PM)

Once form is submitted, the system will display “Successfully Submitted message” user can now select Next Checklist item or choose Return to Checklist to continue

Responsible Principals and Responsible Individuals

Responsible Principals and Responsible Individuals

11-1319 - APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625 - 0345

Principal means any individual who holds a management position within, or is an officer of, an institution or a sponsored center, including all members of the institution's board of directors or the sponsored center's board of directors. Responsible principal or responsible individual means: (a) A principal, whether compensated or uncompensated, who the State agency or FNS determines to be responsible for an institution's serious deficiency; (b) Any other individual employed by, or under contract with, an institution or sponsored center, who the State agency or FNS determines to be responsible for an institution's serious deficiency; or (c) An uncompensated individual who the State agency or FNS determines to be responsible for an institution's serious deficiency.

Board of Directors

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".

Title of Board Officer: Board Chair/ Owner / *Sole Proprietor / Military Installation Comander/ Public Ager

Last Name: THOMAS

First Name: PAUL

Middle Initial:

Address Line 1: 35 WEST STATE STREET

Address Line 2:

ZIP Code: 08625-0000
(City and State can be auto populated by entering a valid ZIP Code)

City: TRENTON

State: NJ

Phone Number: 609-123-8585

FAX Number:

Email Address: Noreply@ag.state.nj.us

Date of Birth: 10/01/1970

Related to any Other Board Member or Agency Principal? No

If Yes, Explain Relationship:

Buttons: Save Board Member, Add New Board Member

❖ Select the Title of Board Officer from the drop down list

- Board Chair/ Owner / *Sole Proprietor / Military Installation Comander/ Public Agency Department Head
- Board Vice Chair
- Treasurer
- Other

- ❖ Last Name/Address/Email of the Officer
- ❖ Date of Birth of the Owner/Director used for ID purpose
- ❖ Select Yes or No if the Officer is Related to another Board Member or Agency if Yes, Explain Relationship in Text box.
- ❖ Save Board Member, once saved the Board Member will be add to the Board Member list so the user can edit or delete this Board Member.

Edit	Delete	LastName	FirstName	MI	TitleDesc	Related	FAX	DOB	Phone
Edit	Delete	THOMAS	PAUL		Board Chair/ Owner / *Sole Proprietor / Military Installation Comander/ Public Agency Department Head	No		10/01/1970	609-123-8585

- ❖ Add New Board Member if more than one Board Member, this should be done after you save the first Board Member. If a Non-Profit three board members must be entered (Board Chair, Broad Vice Chair and Treasurer). If Proprietary, enter “owner” in both Board Member Section and Responsible Individual Section.

Responsible Principals/Individuals

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.

Position Title	<input type="text" value="Employee"/>
Last Name	<input type="text" value="Camm"/>
First Name	<input type="text" value="Fran"/>
Middle Initial	<input type="text"/>
Address Line 1	<input type="text" value="123 North Street"/>
Address Line 2	<input type="text"/>
ZIP Code	<input type="text" value="08753-0000"/> <i>(City and State can be auto populated by entering a valid ZIP Code)</i>
City	<input type="text" value="TOMS RIVER"/>
State	<input type="text" value="NJ"/>
Phone Number	<input type="text" value="908-233-5555"/>
FAX Number	<input type="text"/>
Date of Birth	<input type="text" value="01/06/1990"/>
Email Address	<input type="text" value="Noreplay@ag.us.state.nj"/>

Does this individual have a second job (outside or within the institution)?

If Yes, please provide an explanation

Does this outside employment constitute a real or apparent conflict of interest to CACFP duties?

Select the Title of Responsible Principals/Individuals from the drop-down list. Each institution will need to have a **Person Responsible for CACFP Records** and **Substitute Person Responsible for CACFP Records**.

Position Title	Employee
Last Name	Employee
First Name	Exec. Director / Department Head / County Exec. / Owner
Middle Initial	Person Responsible for CACFP Records
	Substitute Person Responsible for CACFP Records
	Other

- ❖ Last Name/Address/Email of the Principals
- ❖ Date of Birth of the Principals used for ID purpose
- ❖ Select Yes or No if the Principal is Related to another Board Member or Agency if Yes, Explain Relationship in Text box. Save Board Member, once saved the Board Member will be add to the Board Member list so the user can edit or delete this Board Member
- ❖ Last Name/Address/Email of the Officer
- ❖ Date of Birth of the Owner/Director used for ID purpose
- ❖ Select Yes or No if the Principal have second job outside or within the institution if Yes, explain in Text box.
- ❖ If yes, select Yes or No from the drop down list if conflict of duties.
- ❖ Save Principal, once saved the Board Member will be add to the Board Member list so the user can edit or delete this Board Member

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
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	CAMM	FRAN		Employee	01/06/1990	Yes	908 233-5555

- ❖ Add New Principal/Individual if more than one, this should be done after you save the first Principal/Individual.
 - ❖ **Submit Completed Form:** Once the form is competed submit will apply it as complete to the Application check list. If Items are not filled in correctly at time of Submit Form the system will generate error or errors to notify the user of what may have been entered wrong for correction.

Example:

Please correct the items marked with a red "*".

- Mailing ZIP Code suffix is Required.
- Text Box Hours of Operation To as standard time (hh:mm AM/PM)

Once the form is submitted the system will display "Successfully Submitted message" user can now select **Next Checklist** item or choose **Return to Checklist** to continue

Application Questionnaire – (Program Integrity)

**Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
Application Questionnaire - CACFP/FDCH-1**

Name of Institution

11-1319 - APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625 - 0345

(Institution means a sponsoring organization, child care center, outside-school-hours care center, at-risk, emergency shelter, or adult day care center which enters into an agreement with the State Agency to assure final administrative and financial responsibility for program operations.)

1. Has your institution or any of its principals or responsible persons been convicted of any activity that indicates a lack of business integrity within the past seven (7) years? A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.
- Yes No

If Yes, List Names:

Last Name: First Name: MI:

2. Has your institution or any of its principals or responsible persons participated in any USDA Food and Nutrition Programs within the last seven (7) years?
- Yes No

If Yes, which programs:

- Child and Adult Food Program
 National School Lunch Program
 Summer Food Service Program
 School Breakfast Program

3. Has your institution or any of its principals or responsible persons been terminated from any federal, state or locally funded programs (other than a USDA Food and Nutrition Food Program) in the past 7 years?
- Yes No

If Yes, provide explanation, termination date and name of program:

4. Does your institution owe money to any Federal and/or State Agency?
- Yes No

5. This certifies that the publicly funded programs (federal, state, or locally funded) listed below are all the programs in which the institution or any of its principals has participated.

	Currently Participating?	If No, why is the institution or its principals no longer participating in this program?
Title XX (Child Care Centers)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Title XIX (Adult Day Care Centers)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Commodities	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

I certify to the best of my knowledge and belief that these statements are 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.

- ❖ Select Yes or No for principals or responsible party integrity within the institution if Yes, List Names in Text box.
- ❖ Select Yes or No if you institution or persons participated in any USDA Food and Nutrition programs if yes, choose which programs.
- ❖ Select Yes or No if you institution or persons have been terminated from any federal, state or local funded programs, if yes explain with name and dates of the program in the Text box
- ❖ Select Yes or No If your institution owe money to any Federal or State Agency
- ❖ Select Yes or No Certify the publicly funded programs of the agency, if no explain why in text box. Title XX, Title XIX and Commodities need a selection.
- ❖ For this form by selecting Submit button on the bottom of the screen will certify the institutions integrity and add completed by on the checklist.
- ❖ Then Select Next Checklist item or choose Return to Checklist to continue

CHILD AND ADULT CARE FOOD PROGRAM BUDGET FOR INDEPENDENT CENTERS AND SPONSORS OF 9 CENTERS OR LESS

Institution Administrative Budget

Budgets are used as a tool for Institution to be able to have a resource for **projection of cost**.

Before a Budget form can be created the user will need to complete all Facility Maintenance forms for each sponsor facilities.

- ❖ **Note: it is recommended that the form be saved after each section of the Budget form. You can find the Save Navigation Button at the bottom of the page.**

Three Types of Administrative Budgets:

There are three versions of the administrative budget screen:

- Independent/Sponsor of Centers Nine or less Facilities
 - Independent Center Checklist
 - Sponsor of Centers Checklist
- Sponsor of Centers Ten or more Facilities
 - Sponsor of Centers Checklist
- Sponsor of Family Day Care
 - Sponsor of Family Day Care Checklist

For institutions with 9 Centers or less

Institution Information

Users should manually check that “estimated administrative expenses is less then or equal to 15% of “Anticipated Reimbursement”

Child Nutrition Programs
CHILD AND ADULT CARE FOOD PROGRAM BUDGET FOR INDEPENDENT CENTERS AND SPONSORS OF 9 CENTERS OR LESS

Name of Institution	Agreement #
11-1319 - APPLE CORE DAY CAF	11-1319

Independent Center

Sponsoring Institution of Centers

Cash in-Lieu of Commodities (from Sponsor Management Plan)

Commodities (from Sponsor Management Plan)

Number of Facilities

Each institution receives a single rate of reimbursement for each meal, which is designed to cover both their operating costs and their administrative costs. Excessive amounts of money used for administrative costs jeopardize the center’s ability to provide participants with high-quality, nutritious meals that meet the USDA’s meal patterns. Typically, CACFP reimbursement does not cover all costs necessary to operate the food program. CACFP reimbursement claimed for Other Food Service Costs should not exceed the edible portion food purchases. **Administrative costs cannot exceed 15% of CACFP reimbursement, unless written justification is approved by the CACFP office. The best practice model is illustrated below.**

Pursuant to Financial Management Instruction 796-2, certain costs require *“specific prior written approval.”* Such costs included in the detail supporting your proposed administrative budget have been approved as part of the budget. However, any changes or additions regarding such items must be submitted to this office for review and approval prior to incurring any costs to be charged to the CACFP

It is not necessary to complete the remainder of this form if the cost of food plus non-food expenses equals or exceeds the Anticipated Reimbursement.

- ❖ Name of Institution/Agreement # is auto filled by the Business Maintenance page
- ❖ Number of Facilities is auto filled from the Facility Maintenance page and should not be changed here. If correct number of facilities is not displayed enter/delete facilities from the Facility Maintenance page
- ❖ It is not necessary to complete the remainder of this form if the cost of food plus non-food expenses equal or exceeds the Anticipated Reimbursement

Anticipated Food Service Reimbursement

ANTICIPATED FOOD SERVICE REIMBURSEMENT					
Meal Type	Total # Days		Current Rate	Avg. # Meals/Day	Anticipated Reimbursement
Breakfast	260	x F	\$1.66	300	\$129,480.00
	260	x R	\$1.36	50	\$17,680.00
	260	x P	\$0.29	50	\$3,770.00
A.M. Snack	0	x F	\$0.84	0	\$0.00
	0	x R	\$0.42	0	\$0.00
	0	x P	\$0.07	0	\$0.00
Lunch	260	x F	\$3.07	300	\$239,460.00
	260	x R	\$2.67	50	\$34,710.00
	260	x P	\$0.29	50	\$3,770.00
P.M. Snack	260	x F	\$0.84	300	\$65,520.00
	260	x R	\$0.42	50	\$5,460.00
	260	x P	\$0.07	50	\$910.00
Supper	0	x F	\$3.07	0	\$0.00
	0	x R	\$2.67	0	\$0.00
	0	x P	\$0.29	0	\$0.00
LINE A. TOTAL ESTIMATED REIMBURSEMENT FOR AGREEMENT YEAR (Sponsor of Centers)					\$500,760.00

- ❖ **Meal Type** – user should fill only for the type of meals the institution plans on serving daily. If no meal is served leave 0 for that field.
- ❖ **Total # Days** – are the number of days a year an institution serves a meal type. Ex: 5 days a week for 52 weeks = 260 meals a year.
- ❖ **Current Rate** – Rate set for each Meal Reimbursement type Free, Reduce, Paid. This information is set by CACFP per the Rates set from the Reimbursement Rates and Income Eligibility Scales, which can be viewed by selecting the Rates Eligibility link on the side menu bar.

- ❖ **Avg. # Meals/Day** - Number of Meal Type/Meal Rate for all Facilities for the Institution.
- ❖ **Anticipated Reimbursement** - Total Days X Current Rate X Avg. # Meals/Day will give the Anticipated Reimbursement for that Meal Type line item.

- ❖ **Line A. Total Estimated Reimbursement Agreement Year** – Total amount of all Anticipated Reimbursement for all Meal Types for the Institution.

Estimated Food Cost

This will allow an Institution to Estimate the Food cost for all facilities/sponsors

ESTIMATED FOOD COST

Non-food includes items used directly for food service (i.e. dishwashing detergent, disposable paper goods such as napkins, cups and plates, small kitchen equipment, or utensils, cleaning supplies, or storing non-food supplies etc.); purchased services such as janitorial, trash removal, etc.

Meal Type	*Average Cost / Meal		Average # Of Meals/ Day		# Days / Yr.		ESTIMATED COST OF FOOD
Breakfast	\$1.50	x	400	x	260	=	\$156000.00
A.M. Snack	\$0.00	x	0	x	0	=	\$0.00
Lunch	\$2.00	x	400	x	260	=	\$208000.00
P.M. Snack	\$0.75	x	400	x	260	=	\$78000.00
Supper	\$0.00	x	0	x	0	=	\$0.00
LINE B. TOTAL ESTIMATED FOOD COST FOR YEAR:							\$442000.00

- ❖ **Meal Type** - meal the institution plans on serving daily.
- ❖ ***Average Cost/Meal** – enter estimate of how much the Average Cost/Meal for the Institution plans on spend per daily meal. If no meal is served leave \$0.00 for that field.
- ❖ **Average # of Meals/Day** – the amount of Meal Type served per day for the institution.
- ❖ **# Days/ (Per) Yr.** - are the number of days a year an institution serves a meal type. Ex: 5 days a week for 52 weeks = 260 meals a year.
- ❖ **Estimated Cost of Food** - Average Cost/Meal x Average # of Meals/Day x Days/yr.
= Estimated Cost of Food for 1 year for the institution per Meal Type
- ❖ **Line B. Total Estimated Food Cost For Year** – Estimated Total amount of all Meal Types for the institution.

Estimated Non-Food Cost

This will allow an Institution to Estimate the Non - Food cost for all sponsors per year

Non-food includes items used directly for food service (i.e. dishwashing detergent, disposable paper goods such as napkins, cups and plates, small kitchen equipment, or utensils, cleaning supplies, or storing non-food supplies etc.); purchased services such as janitorial, trash removal, etc.

ESTIMATED NON-FOOD COST

Description	Cost
Food purchase, delivery or transportation of foods (Shopping)	\$0.00
Non food (disposable plates, cups, cleaning supplies, etc.) ...	\$17000.00
Purchase Services (trash removal, etc.)	\$1000.00
Equipment (rental, lease, purchase, etc.)	\$1000.00
Other (Kitchen rent or utilities)	\$1000.00
Other	\$0.00

LINE C. TOTAL ESTIMATED NON-FOOD EXPENSES FOR YEAR:

\$20000.00

It is not necessary to complete the remainder of this form if the cost of food *plus* non-food expenses equals or exceeds the Anticipated Reimbursement.

- ❖ Enter all the estimated non-food cost information.
- ❖ **Line C. Total Estimated Non-Food Expenses for the Year** – Total of Estimated Non- Food Cost line items.
- ❖ Note: It is not necessary to complete the remainder of this form if the cost of food plus non-food expenses equals or exceeds the Anticipated Reimbursements.

Estimated Food Service Labor Cost

This will allow an Institution to Estimate the Food Service Labor cost for all sponsors per year.

ESTIMATED FOOD SERVICE LABOR COST

Position	# Persons	Hrs./Day	Hourly Wage	# Days/Year	Labor Costs
Cook	1	x 4	x \$9.00	260	= \$9360.00
Asst Cook	1	x 4	x \$7.00	260	= \$7280.00
Food Service Worker 1	0	x 0	x \$0.00	0	= \$0.00
Food Service Worker 2	0	x 0	x \$0.00	0	= \$0.00
Food Service Worker 3	0	x 0	x \$0.00	0	= \$0.00
Other	0	x 0	x \$0.00	0	= \$0.00

LINE D. TOTAL FOOD SERVICE LABOR COSTS FOR YEAR:

\$16640.00

It is not necessary to complete the remainder of this form if the cost of food plus non-food expenses plus the cost of food service labor equals or exceeds the Anticipated Reimbursement.

- ❖ **Position** – Labor type
- ❖ **# Persons** – How many people for that institution do that position
- ❖ **Hrs. / Day** – How many hours the person spends on that job for the institution per/day.
- ❖ **Hourly Wage** - How much per hour that person is paid for the required job.
- ❖ **# Days/Year** – How many days per year that job is performed.
- ❖ **Labor Cost** – Total of all Food Service Labor Cost
- ❖ **Line D. Total Food Service Labor Cost For Year-** Total of all Food Service Labor Cost
- ❖ **Note:** It is not necessary to complete the remainder of this form if the cost of food plus non-food expenses equals or exceeds the Anticipated Reimbursements.

Estimated CACFP Administrative Expenses

This will allow an Institution to Estimate the Administrative Expenses cost for all sponsors per year.

ESTIMATED CACFP ADMINISTRATIVE EXPENSES

Position	# Persons	Hrs./Day	Hourly Wage	# Days/Year	Labor Costs
CACFP Coordinator	1	x 6	x \$20.00	260	= \$31200.00
Executive Director	1	x 1	x \$30.00	156	= \$4680.00
CFO/Accountant	0	x 0	x \$0.00	0	= \$0.00
Auditor	0	x 0	x \$0.00	0	= \$0.00
Monitor 1	0	x 0	x \$0.00	0	= \$0.00
Monitor 2	0	x 0	x \$0.00	0	= \$0.00
Monitor 3	0	x 0	x \$0.00	0	= \$0.00
Other	0	x 0	x \$0.00	0	= \$0.00
LINE E. TOTAL ADMINISTRATIVE LABOR COSTS FOR YEAR:					\$35880.00

- ❖ **Position** – Labor type
- ❖ **# Persons** – How many people for that institution do that position
- ❖ **Hrs./Day** – How many hours the person spends on that job for the institution per/day.
- ❖ **Hourly Wage** - How much per hour that person is paid for the required job.
- ❖ **# Days/Year** – How many days per year that job is performed.
- ❖ **Labor Cost** – Total of all Administrative Labor Cost
- ❖ **Line D. Total Food Service Labor Cost For Year-** Total of all Administrative Expenses

Estimated CACFP Administrative Expenses

This will allow the user to itemize the Administrative Expenses for review.

This Form has different form types depending on the institution type our example below is for institutions with 9 centers or less. If an institution has more than 9 centers the system will display the form with the option to enter Total Agency Cost and % Allocated to CACFP.

If an institution having 9 Center or less would like to fill in the Administrative Cost they can select the check box at the top of the page. “We have additional CACFP Administrative Cost and choose to complete budget form for Sponsors of 10 or more centers.” This will bring up the 10 or more centers form.

ESTIMATED CACFP ADMINISTRATIVE EXPENSES (Independent and Sponsor of 9 Centers or Less):

We have additional CACFP Administrative Cost and choose to complete budget form for Sponsors of 10 or more centers. Changing this grid to the different format will clear any values that are currently entered/saved.

LINE ITEM-FNS Instruction 796 -2	Page #	Total Agency Cost	% Allocated to CACFP	Annual Cost Funded by CACFP	Specific Prior Written Approval Required	State Use Only Modified Amount	Comment
Administrative Labor – Benefits and Other Compensation:	43-58						
Fringe Benefits		\$0.00	0	\$1,500.00		\$1,000.00	
Equipment (Upload copies of all lease agreements)	68-75						
Equipment		\$0.00	0	\$1,500.00		\$1,000.00	
Computer		\$0.00	0	\$1,500.00		\$1,000.00	
Office Space (Main)		\$0.00	0	\$1,500.00		\$1,000.00	
Office Space (Sub-offices)		\$0.00	0	\$0.00		\$0.00	
Materials and Supplies	62						
Office Supplies		\$0.00	0	\$0.00		\$0.00	
Equipment - Direct Expensing	33-34						
All		\$0.00	0	\$0.00	<input checked="" type="checkbox"/>	\$0.00	
Communications Expense	23						
Telephone – Local		\$0.00	0	\$1,500.00		\$1,000.00	
Telephone – Long Distant		\$0.00	0	\$0.00		\$0.00	
Fax		\$0.00	0	\$0.00		\$0.00	
Postage		\$0.00	0	\$0.00		\$0.00	

- ❖ **Line Items** – Administrative cost line items per the FNS Instruction
- ❖ **Page #** - Page # of the item from FNS
- ❖ **Total Agency Cost** –
- ❖ **% Allocated to CACFP**
- ❖ **Annual Cost Funded by CACFP**
- ❖ **Specific Prior Written Approval Required**
- ❖ **State Use Only Modified Amount**
- ❖ **Comment**

Total of all Estimated Administrative Cost

Subtotal of Direct Costs	\$5000.00
Percentage Rate To Be Applied to Direct Costs	0
Indirect Cost	\$0.00
Grand total of Direct + Indirect costs	\$5,000.00
LINE F. TOTAL ESTIMATED CACFP ADMINISTRATIVE EXPENSES FOR THE YEAR:	\$5,000.00
Upload Indirect Cost Rate Agreement	
<input type="text"/> Browse...	
<input type="button" value="Upload File"/>	

- ❖ **Subtotal of Direct Costs** – Show subtotal of Estimate Administrative Cost
- ❖ **Percentage Rate to Be Applied to Direct Costs** -
- ❖ **Indirect Cost**
- ❖ **Grand Total of Direct + Indirect Costs** – Total of Direct and Indirect Cost
- ❖ **Line F. Total Estimated CACFP Administrative Expenses** – Total of all Administrative Cost
- ❖ **Upload Indirect Cost Rate Agreement** – Use the CACFP upload procedure to upload an Indirect Cost Agreement if required.

Comparing CACFP Estimated Expenses to Anticipated Reimbursement

Guide of breakdown of all Estimated Expenses

COMPARING CACFP ESTIMATED EXPENSES TO ANTICIPATED REIMBURSEMENT:

ANTICIPATED REIMBURSEMENT FOR THE YEAR: (From Line A)	\$500760.00
ESTIMATE OF FOOD COSTS (EDIBLE PORTION ONLY) (Line B)	\$442000.00
ESTIMATE OF NON-FOOD EXPENSES (Line C)	\$20000.00
ESTIMATE OF FOOD SERVICE LABOR COST (Line D)	\$16640.00
<i>a) TOTAL ESTIMATE OF FOOD SERVICE COST (Line B+C+D)</i>	\$478640.00
ESTIMATE OF ADMINISTRATIVE LABOR COST (Line E)	\$35880.00
ESTIMATE OF OTHER ADMINISTRATIVE EXPENSES (Line F)	\$5000.00
<i>b) ESTIMATE OF CACFP ADMINISTRATIVE EXPENSES (Line E+F)</i>	\$40880.00
LINE G. ESTIMATED PROGRAM COST FOR AGREEMENT YEAR: (Total of Items a + b Above)	\$519520.00
DIFFERENCE (-) OVER BY (\$) EXTRA:	(\$18760.00)

- ❖ **Anticipated Reimbursement For The Year:** Total of Anticipated Food Service Reimbursement
- ❖ **Estimate of Food Costs –** Total Estimate of Food Cost
- ❖ **Estimate of Non- Food Expenses –** Total Estimate of Non- Food Expenses
- ❖ **Estimate of Food Service Labor Cost –** Total Estimate of Food Service Labor Cost
 - **Total Estimate of Food Service Cost –** Total of Estimate of Food Cost + Non-Food + Food Service Labor Cost
- ❖ **Estimate of Administrative Labor Cost –** Total Estimate of Administrative Labor Cost
- ❖ **Estimate of Other Administrative Expenses –** Estimate of Other Administrative Expenses
 - **Estimate of CACF Administrative Expenses –** Total of Estimate of Administrative Labor Cost + Estimate of Other Administrative Expenses
- ❖ **Line G. Estimated Program Cost For Agreement Year –** Total of Estimated Food Service Cost + Administrative Expense
- ❖ **Difference–** Difference between the Cost of the program and the amount of expected reimbursement.

Saving and Submitting Form

THE CACFP RESERVES THE RIGHT TO CONDUCT UNANNOUNCED VISITS TO EVALUATE CORRECTIVE ACTIONS TAKEN.

If your Total Estimated CACFP Operating Costs are more than your Anticipated CACFP Reimbursement, then your agency must use additional, non-CACFP funds to help pay for your operating costs.

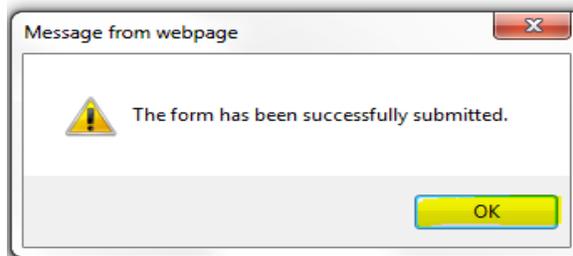
If your Total Estimated CACFP Operating Costs are less than your Anticipated CACFP Reimbursement, then your agency must document how you will utilize the additional funds in your food service operation.

You are being notified of this assessment so that you reevaluate your agency's food service operation and administrative cost records. Should you need assistance, please call your NutritionProgram Specialist at (609) 984-1250. Family Day Care Sponsoring Organizations should call (609) 984-1148.

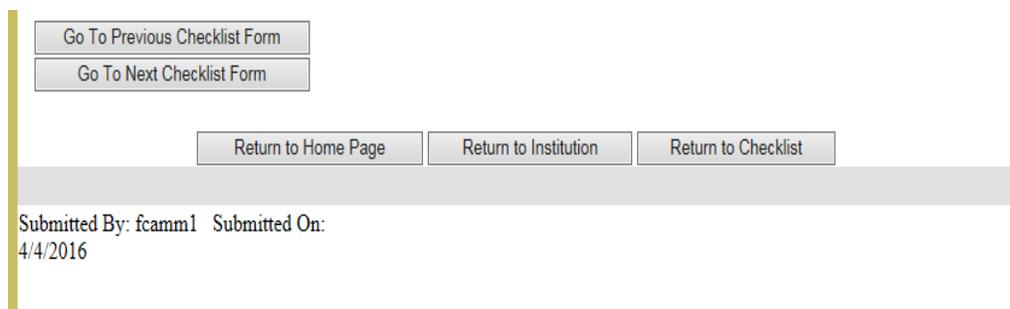
Save Form

Submit Form

- ❖ **Save Form** - It is recommend that this formed be saved often using the Save button on the bottom of the screen.
- ❖ **Submit Form** - Once this formed is completed, the user should Submit Form. A Submit form message will display the user should select OK.



- ❖ At this point, the Administrative form is complete and the user can continue with the completion of the Application



- ❖ **Submitted By** – Once the user submits the form the system will display who submitted the form and the date of submission.

Civil Rights Assurance/Compliance Review - CACFP/FDCH-5

Civil Rights Assurance/Compliance Review - CACFP/FDCH-5

11-1319 - APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625 - 0345

The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28 CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it must immediately take any measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a Consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose electronic signatures appear on the Certificate of Authority have authorized this assurance on the behalf of the Program applicant.

Save

Next Page

- ❖ To complete the Assurance/Compliance Review form the user must first the select SAVE button to accept assurance for the program, the user will then be able to select the Next Page which will take the user to page 2 for completion of the form. *The Next Page button will not display active until the user does an initial selection with the Save Button.*

Page 2 of the Civil Rights Assurance/Compliance Review – form

Civil Rights Assurance/Compliance Review - CACFP/FDCH-5

Page 2

1. Indicate the method(s) used to recruit participants:

- Open Enrollment
- Applications
- Referrals (social service agency, court, etc.)
- Other (Please Explain)

- ❖ Select all methods of how the institutions recruit participants if other, explain in text box.

2. Are the services and benefits of the agency offered to all without regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities)?

- Yes
 No

3. Is membership in any organization required as a prerequisite for admission into any program offered?

- Yes
 No

If Yes:

a. List the name of the organization:

b. Is the organization open to all persons without regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities)?

- Yes
 No

c. Does the organization have minority members?

- Yes
 No

4. Have public announcements been made (through the media, e.g., newspapers, radio, television, etc.) indicating that the services and benefits of the agency are available to all persons regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities.)?

- Yes
 No

a. If yes, give date(s) when media were used and attach copies, for review, of any materials used by your agency for public notification purposes.

b. If no, would your agency be willing to comply with the public notification requirement?

- Yes
 No

5. Access:

a. Does the present location of your facility deny access to any person on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities.)?

- Yes
 No

b. Are there any plans to move the facility in the near future whereby any person would be denied access on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities.)?

- Yes
 No

If yes, provide explanation below

❖ Select Yes or No for the all questions on the form if text box is provided for the question enter the correct information for that question in the text box.

6. What racial composition does the area serviced by your agency most nearly represent:

- All White
- All Black
- Racially Mixed

7. Does your agency currently have minorities participating in any program offered?

- Yes
- No

8. Give a breakdown, by racial/ethnic category, of all enrolled participants:

ETHNICITY:

	Hispanic or Latino	Not Hispanic or Latino
Enrolled Participants	100	500
Geographic Area	100	500

RACE:

	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Enrolled Participants	0	90	200	50	250
Geographic Area	0	90	200	50	250

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Term such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

9. Planning / Advisory Committee:

a. Does your agency have a planning or advisory committee functioning as a part of the organization?

- Yes
- No

b. If yes, does this committee reasonably represent program participation by race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted for funded by the department. (Not all prohibited bases will apply to all programs and/or employment activities.)?

- Yes
- No

c. Give a breakdown, by racial/ethnic category, of this committee:

White (Not Hispanic)	Black (Not Hispanic)	Hispanic	American Indian or Alaskan	Asian or Pacific Islander
2	3	1	0	0

10. Employee Practices:

a. Does your agency employ minority persons in its operation?

- Yes
- No

b. If no, would your agency be willing to hire minority persons?

- Yes
- No

c. Give a breakdown, by racial/ethnic category, of all employees:

White (Not Hispanic)	Black (Not Hispanic)	Hispanic	American Indian or Alaskan	Asian or Pacific Islander
3	3	3	0	0

❖ Complete the racial composition information and Ethnicity breakdown for your institution.

11. Complaints/Lawsuits (federal programs only)

a. Has a complaint or civil rights lawsuit ever been filed against your agency?

- Yes
 No

b. If yes:

1) Were the proper federal authorities notified?

- Yes
 No

2) Explain the nature of the complaint/lawsuit below.

12. Does your agency have a pending or approved application for federal assistance with another federal agency?

- Yes
 No

If yes, list the name of the agency:

13. Noncompliance

a. Has your agency ever been found in noncompliance with any civil rights requirement?

- Yes
 No

b. If yes:

1) List the name of the agency that found you in noncompliance:

2) Explain the reasons for the noncompliance finding.

3) Has corrective action been taken on the deficiency?

- Yes
 No

Save

Submit Form

❖ Select Yes or No for the all questions on the form if text box is provided for the question enter the correct information for that question in the text box.

❖ Once complete select Submit button on the bottom of the screen will add completed form on the checklist. Then Select Next Checklist item or choose Return to Checklist to continue

News Release (New Institution Only)

- ❖ For the first on-line application all Institution will need to complete this form. Use the data below if the user does not have access to the information for their institution.

Public Release Verification - CACFP/FDCH-6

11-1319 - APPLE CORE DAY CARE CENTER
 33 WEST STATE STREET
 TRENTON, NJ 08625 - 0345

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.

On the date indicated below, a public release was submitted to the news media:

Date	<input type="text" value="01/01/2016"/>
Name of Media	<input type="text" value="Newspaper"/> x
Type of Media	<input type="text" value="Other"/> v
Location of Media	<input type="text" value="Trenton"/>

CACFP is not required to send a copy of the actual release to CNP for approval before submitting it to the media.

Clicking the Submit button below affirms that the recommended public release was provided to the media indicated.

- ❖ Check the check box Institution wishes to participate in state-wide public release.
- ❖ Once complete Select Save Release this will add the Release to the Release Grid so the user can Edit or Delete the Release. The user can also, Clear Fields or Print Form.

Edit	Delete	Release Date	Media Name
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	01/01/2016	ONLINE

- ❖ Once complete select Submit button on the bottom of the screen will add completed form on the checklist. Then Select Next Checklist item or choose Return to Checklist to continue.

Permanent Agreement (includes policy statement) (New Institutions Only)

❖ *User should read the whole on-line agreement*

**Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
State Agency/Institution Agreement - CACFP/FDCH-7
Page 1**

Name and Address of Institution

11-1319 - APPLE CORE DAY CARE CENTER
33 WEST STATE STREET
TRENTON, NJ 08625 - 0345

Agreement Approval Dates

From 10/1/2015 To 9/30/2016

In order to accomplish the purpose of the Child and Adult Care Food Program, authorized by Section 17 of the National School Lunch Act and the Child Nutrition Act of 1966 and the Amendments to the above acts, and regulated by 7 CFR Part 226 (current regulations may be found at: <http://www.fns.usda.gov/cnd/care/Regs-Policy/Regulations.htm>), the New Jersey State Department of Agriculture, (Division of Food and Nutrition), hereinafter referred to as the Department, and the Institution whose name and address appear above, hereinafter referred to as the Institution, contract and agree to the following:

CERTIFICATION STATEMENT

CERTIFICATION STATEMENTS - As part of this agreement, institutions must certify the following:

THE PERSON WHOSE SIGNATURE APPEARS BELOW IS AUTHORIZED TO SIGN THIS ASSURANCE ON BEHALF OF THE AGENCY.

*I CERTIFY THAT our agency nor any of its principals are on the USDA National Disqualified list, and have not been disqualified from participation in any other *publicly-funded program for violating that program's requirements; and that and that no agency employee or board member has been associated with an organization terminated from CACFP for failure to correct serious deficiencies. *Publicly funded means any program or grant funded by Federal, State, or local government.*

*I CERTIFY THAT our agency nor any of its principals or board members have been convicted of any criminal offense or activity that occurred during the past seven years that indicated a lack of *business integrity. *Lack of Business Integrity includes, but is not limited to fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice.*

I CERTIFY THAT our agency has developed and reviewed our policies with each staff member regarding outside employment to restrict employment interference with the responsibilities and duties of the Child and Adult Care Food Program.

I FURTHER CERTIFY THAT all information connected with this application is true to the best of my knowledge, and any amendments to the operation must be in accordance with regulations and reported to the Department for approval prior to implementing the change in the operation; that our agency will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations at all facilities under our sponsorship; and that reimbursement will only be claimed for meals served to enrolled participants at the approved food service facilities and that these facilities have the capability for the meal service planned for the number of participants anticipated to be served. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Further, providing false certifications will result in placement on the National Disqualified list maintained by the U.S. Department of Agriculture (USDA) and will be subject to any other applicable civil or criminal penalties.

[Agreement Terms and Conditions](#)

UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT

- ❖ Once the user reads the whole agreement they will select **I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT** button. This will also, submit the form.
- ❖ Then Select Next Checklist item or choose Return to Checklist to continue.

Application for Center Facility Participation

All participating Facilities will need to have a completed Application for Participation form. The two versions of Facility Applications: one for centers and one for homes.

Facility Application Checklist Grid and Navigation

All Facilities created through Facility Maintenance will be displayed for edit on the Applications for participation.

Select	Last Updated	Submitted	Approved	Name	Status
Select				APPLE CORE ADULT DAY CARE - 5	ACTIVE
Select				APPLE CORE AT RISK - 3	ACTIVE
Select				APPLECORE EMERGENCY - 4	ACTIVE
Select	02/11/2016			APPLES AND BANANAS CHILD CARE - 1	ACTIVE
Select				CARROTS AND RAISINS CHILD CARE - 2	ACTIVE

- ❖ Users will click **Select** to the corresponding Facility to update that Facility's Applications for participation. This will need to be done for all Facilities in order to complete the application for review.
- ❖ **Last Updated** the date of the Last Update.
- ❖ **Submitted** date when that Facility Application is submitted by the user
- ❖ **Approved** date once that Facility is Approved by NPS
- ❖ **Name** of the facility
- ❖ **Status** Active/Inactive

Once selected the Application for Participation – Window will display facility Navigation buttons

APPLE CORE ADULT DAY CARE - Site 5
Fiscal Year: 2016

- ❖ **Copy Pervious Year** will copy the Application from year to year so the user will have to modify the application.
- ❖ **Return to Facility Listing** will bring the user back to the Facility Application Grid
- ❖ **Go to Facility Maintenance** will bring the user back to the Facility Maintenance if changes are needed to the Facility Application.

Application for Participation Form

Section 1 - General

Section 1 - General	
Institution Agree#: 11-1319 A. Name and Address of Center: CARROTS AND RAISINS CHILD CARE 36 WEST STEET TRENTON, NJ 08625-0000 MERCER COUNTY	Facility Identifier Agree#: 2 B. Name of Person Responsible at Center: PAUL THOMAS Title <input type="text" value="Owner"/> Phone: 609-882-1234
C. Does your center now participate or have you ever participated in program(s) funded through The Food and Nutrition Service or any other Federally Funded Programs in the past seven years? <input type="button" value="Yes"/> <input type="button" value="No"/>	
If Yes, provide name of program(s) and operation dates. <input type="text" value="Summer Food Service 2013"/>	
License Type: Infant/Preschool Childcare Center	
License Number: <input type="text" value="321321321"/> License Expires: <input type="text" value="1/1/2020"/> License Capacity: <input type="text" value="100"/>	
Facility Characteristics: <input type="text" value="Infant, Preschool"/> Upload/View License	
The following documents must be uploaded.	
You have uploaded 0 documents. <input type="button" value="Upload/View Uploaded Documents"/>	

- ❖ Enter Title of the Facility Identifier
- ❖ Select Yes or No from the drop down, if the center has ever participated or is now participating in a funded program. If yes, provide name of the program and operation dates.
- ❖ License Type is automatically filled in from the Facility Maintenance
- ❖ Hyper Link Upload/View License is used with the Upload/View Uploaded Documents to display what documents will be needed for the Facility Upload

Facility Document Upload

The Facility Document Upload Utility works just like the entire Upload utility's in CARES system.

Application for Participation will only be able to be submitted unless all required documents for that Facility type are uploaded.

Note: CARES requires all documents to be loaded even if that document is not required for you facility type. The user should upload a blank .pdf file to attach a document type so the system can complete the application.

CNP File Upload Utility

CARROTS AND RAISINS CHILD CARE
36 WEST STEET
TRENTON, NJ 08625-0000

Required Documents	Adult Care Child Care	Emergency Shelter	At Risk	Family Day Care
Facility 501(c)3 Tax Exempt Status (If seperate Legal Entity)	X	X	X	
Facility Organization Letter (If Facility Name different from License)	X	X	X	
Sponsor-Facility Agreement (Unaffiliated Facilities Only)	X	X	X	
Pre-Approval Visit Form (New Facilities Only)	X	X	X	X
Central Sanitation Certificate	X	X	X	
Current Health Inspection Report		X	X	
Current Fire/Building Inspection Report		X	X	
Certificate of Occupancy		X	X	
Attendance Zone Letter (At-Risk Facilities Only)			X	
Registration Certificate Home				X
Sample Menu				X
Sponsor/Home Agreement (New Only)				X
Proof of Tiering Documentation - update as needed				X
Income Eligibility Statement - as needed as part of Tiering Documentation				X

UPLOAD FILE

Document Type Facility 501(c)3 Tax Exempt Status ▼

Maximum File Size is 4mb, Attempting to Upload a Larger File Will Result In an Error.

No Documents on file.

No Deleted Documents on file.

- ❖ This Utility will display the listing of upload documents required per Facility Type: Adult Care/Child Care, Emergency Shelter, At Risk, Family Day Care

- ❖ Document Type will need to be selected for each upload file.

Facility 501(c)3 Tax Exempt Status
Facility Organization Letter
Sponsor-Facility Agreement
Pre Approval Visit Form
Central Sanitation Certificate
Other
License

Adult Care/Child Care

Emergency Shelter

At Risk

Family Day Care

- ❖ Once all documents for that Facility are uploaded a Documents file window will display for review.

You have uploaded 6 documents. Upload/View Uploaded Documents

Documents on File

Document Name	Last Updated
License	3/17/2016 11:16:15 AM
Central Sanitation Certificate	3/17/2016 11:16:04 AM
Pre Approval Visit Form	3/17/2016 11:15:57 AM
Sponsor-Facility Agreement	3/17/2016 11:15:48 AM
Facility Organization Letter	3/17/2016 11:15:38 AM
Facility 501(c)3 Tax Exempt Status	3/17/2016 11:11:03 AM

- ❖ To modify Facility Upload documents the user will need to select Upload/View License Hyperlink to display Documents on File editable file grid.

Facility Characteristics: Infant, Preschool

[Upload/View License](#)

		Documents on File	
		Document Name	Last Updated
Select	Delete	License	3/17/2016 11:16:15 AM
Select	Delete	Central Sanitation Certificate	3/17/2016 11:16:04 AM
Select	Delete	Pre Approval Visit Form	3/17/2016 11:15:57 AM
Select	Delete	Sponsor-Facility Agreement	3/17/2016 11:15:48 AM
Select	Delete	Facility Organization Letter	3/17/2016 11:15:38 AM
Select	Delete	Facility 501(c)3 Tax Exempt Status	3/17/2016 11:11:03 AM

No Deleted Documents on file.

- ❖ Once the file is uploaded the system will display Documents on File grid so the user can select the file for future preview or delete the file.

For this upload there is no Delete file grid to recover a deleted document, once a document is deleted the document will need to be re-uploaded before submitting the application.

- ❖ Return to Facility Application to complete the Facility Application.

Type of Food Service

C. Type of Food Service

Satellite from Central Kitchen ▾

Please enter address for Central Kitchen below:

Addr1 Addr2

City , State Zip

- ❖ Select Type of Food Service Drop down list

Self Prep
Satellite from Central Kitchen
Vended
Self Prep/Vended

- ❖ If Self Prep or Self Prep/Vended selected no other information needed.
- ❖ If Satellite From Central Kitchen enter Central Kitchen Address
- ❖ If vended select Vended type from the drop down list.

Bid – \$150k & over
Small Purchases (under \$150k)
School Food Service Contract

SECTION 3 - Operating Data and Revision

This section should be completed by the user for initial submission of the application, once the application is approved users should make revisions by selecting the **New Revision** button.

This process is similar to the Schedule A. If changes to the program are needed the user will need to create a New Revision for NPS to approve for payment.

Section 3 - Operating Data and Revision

Select Revision:
 ▼

Effective Date

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

B. Licensed Capacity

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

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

E. Number of operating days per week?

F. Number of operating weeks per year?

G. Check all months in which the Child and Adult Care Food program will operate

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input type="button" value="Select All"/>
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June	
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September	<input type="button" value="Select None"/>
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December	

- ❖ **Select Revision** from the drop down box, if new revision click New Revision type the New Revision Date in the date box.
- ❖ **Effective Date** the date the revision is in effect
- ❖ **Age Range** enter the age range of the Facility Participants
- ❖ **Licensed Capacity** will auto fill from the Facility Maintenance form.
- ❖ **Hours of Operation** enter the hours that Facility is open for operation.
- ❖ **Number of Operating days per week/per year** enter for that Facility
- ❖ **Check all months the Child and Adult Care Food program** Select All Button will select all the months/ Select None will clear all fields

H. Please add data for each meal served, including shift meals

Meal Type Meal Time (hh:mm AM/PM) Number of Meals

I. Please add data for special meals

Meal Date Comment

Breakfast Count AM Snack Count Lunch Count

PM Snack Count Dinner Count

J. Do you serve meals to participants in shifts?

If Yes, Explain

- ❖ **Adding data for each meal served** Select from the Meal drop down list each meal served Breakfast, AM Snack, Lunch, PM Snack, Supper or Late Snack, at the facility the Type, enter Meal Time and the Number of meals served for that meal. For multiple meals, Select **Add Meal** button to add multiple meals. This will create the Meal Grid where the user can delete meals if needed.

Delete	Type	MealTime	MealName	MealNum
<input type="button" value="Delete"/>	CC	07:00 AM	Breakfast	100
<input type="button" value="Delete"/>	CC	12:00 PM	Lunch	100
<input type="button" value="Delete"/>	CC	03:00 PM	PM Snack	50

- ❖ **Add Special Meal** enter special meal facility information, this will create Special Meal Grid where the user can delete meals if needed.

Delete	Meal Date	Comment	Breakfast Count	AM Snack Count	Lunch Count	PM Snack Count	Supper Count
<input type="button" value="Delete"/>	3/17/2016	HOLIDAYS	200	0	0	0	0

- ❖ **Serve Meals in Shift** if yes, explain in text box.

Section 4 - Ethnic/Racial Makeup

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

- ❖ **Actual Enrollment** enter the ethnic breakdown of the actual enrollment
- ❖ **Estimated** enter the estimated potential eligible

Facility Directions

Section 5 - Directions

Please provide detailed directions to this center, starting from nearest major intersection:

- ❖ **Directions** Enter directions to the facility or any other information that may be needed for approval in the text box.
- ❖ Once complete select Submit button on the bottom of the screen will add completed form on the checklist.
- ❖ **Submit Completed Form:** Once the form is completed submit will apply it as complete to the Application check list. If Items are not filled in correctly at time of Submit Form the system will generate error or errors to notify the user of what may have been entered wrong for correction.

Example:

Please correct the items marked with a red "*".

- Mailing ZIP Code suffix is Required.
- Text Box Hours of Operation To as standard time (hh:mm AM/PM)

Once form is submitted the system will display “Successfully Submitted message” user can now select

- ❖ Select Next Checklist item or choose Return to Facility Application Checklist to continue enter all the Facility Application for Approval.
- ❖ All the institutions facilities need to be entered and submitted for approval before the application can be reviewed.

Chapter 7

Institution Document Uploads

Document Upload

CARES provides the user with the ability to upload institution documents for review on-line. Even though these files are uploaded to the Institution application, the institution should keep a hard copy for on-site reviews.

- ❖ Adding Documents to CACFP System using Upload File Utility
- ❖ Adding Documents tool is used throughout the CACFP system this tool will allow the user to attach PDF files to their CACFP file.
- ❖ All files for upload into the CACFP system will need to be accessible to the computer that the entry of the institution is using, either saved on the computer drive c: or accessible network drive the institution user has access too.
- ❖ All files need to be saved as a PDF file only PDF files are accepted as a upload file into the CACFP system. If a file is not in a PDF file the system will prompt an error message.

Note: CACFP requires all documents to be loaded even if that document is not required for you facility type. The user should upload a blank .pdf file to attach a document type so the system can complete the application.

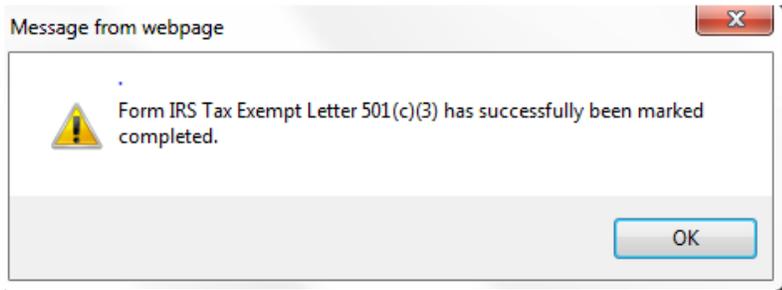
Institution Document Uploads					
	Upload or View Uploaded Documents	Uploaded	Completed	Approved By NPS	Additional Info Requested
9.	501(c)(3) Tax Exempt Status (Not for Profit New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<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
11.	Sponsoring Organization Letter (If Institution Name is different than Legal Name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
12.	W-9 Form (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
13.	ACH Electronic Funds Transfer (Bank Information) (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
14.	Outside Employment Policy (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
15.	Monitoring Schedule for this fiscal year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
16.	Current Completed Monitoring Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
17.	Job Descriptions for CACFP Staff (New or Modified CACFP Job Positions/Descriptions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
18.	Small Purchase Contract (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
19.	Food Service Management Company Contract (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
20.	Sanitation Certificate of Food Service Management Company (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
21.	Sample Daily Dated Menu with Agency Name (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details

❖ Once the file is uploaded the Application Check list will show a check in the Upload box

Institution Document Uploads					
	Upload or View Uploaded Documents	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

❖ The User will then have to check the Completed box to attach the file to the application.

Once the user selects the completed the user will receive a system message confirming the file has been marked completed.



Select **OK** to return to the Application check checklist.

The Application checklist will now display the completed box check and the date the document was attached to the application.

Institution Document Uploads		Uploaded	Completed	Approved By NPS	Additional Info Requested
	Upload or View Uploaded Documents				
9.	501(c)(3) Tax Exempt Status (Not for Profit New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

Document Upload Utility:

For All documents 9-21 each one on the check list will need to be uploaded then checked complete.

To upload documents using the Upload Utility the user will have to select the **Upload or View Upload Documents** Navigation button

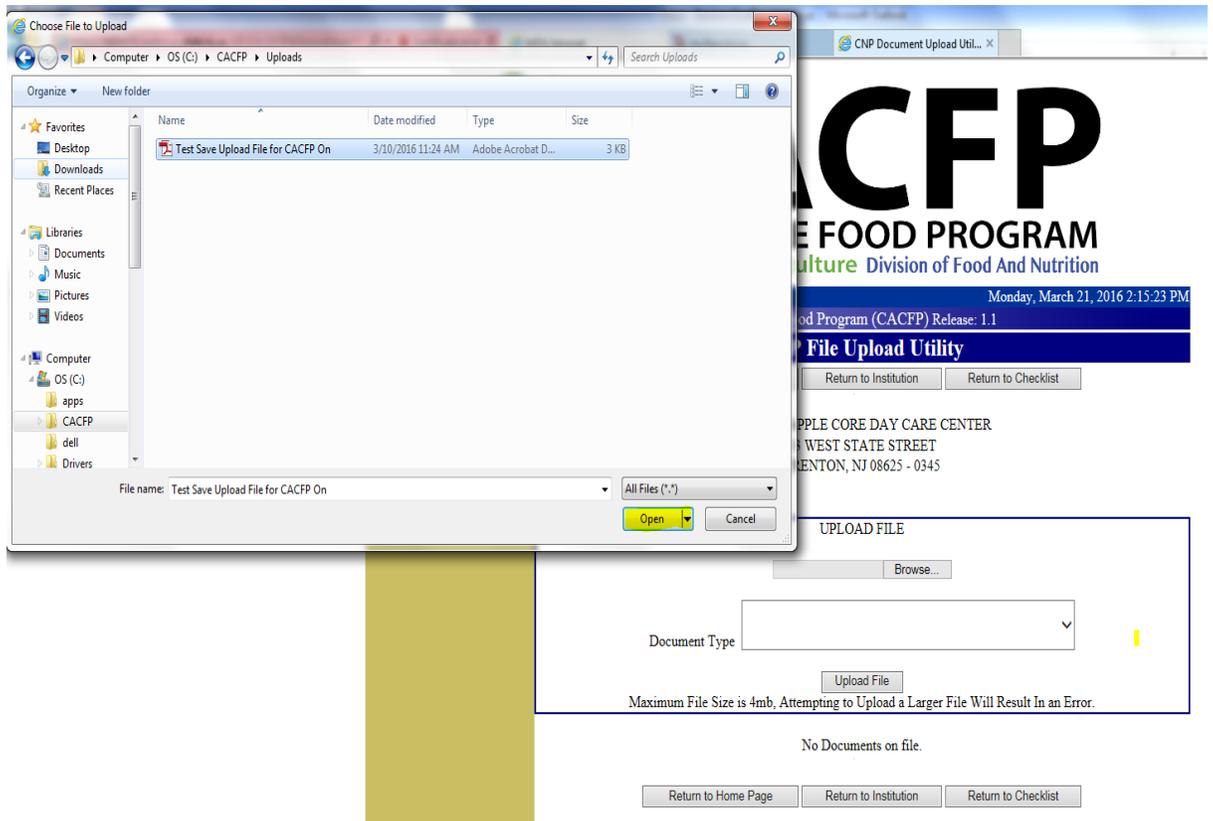
Institution Document Uploads		Uploaded	Completed	Approved By NPS	Additional Info Requested
	Upload or View Uploaded Documents				
9.	501(c)(3) Tax Exempt Status (Not for Profit New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

Once selected the User will be brought to the CNP File Upload Utility

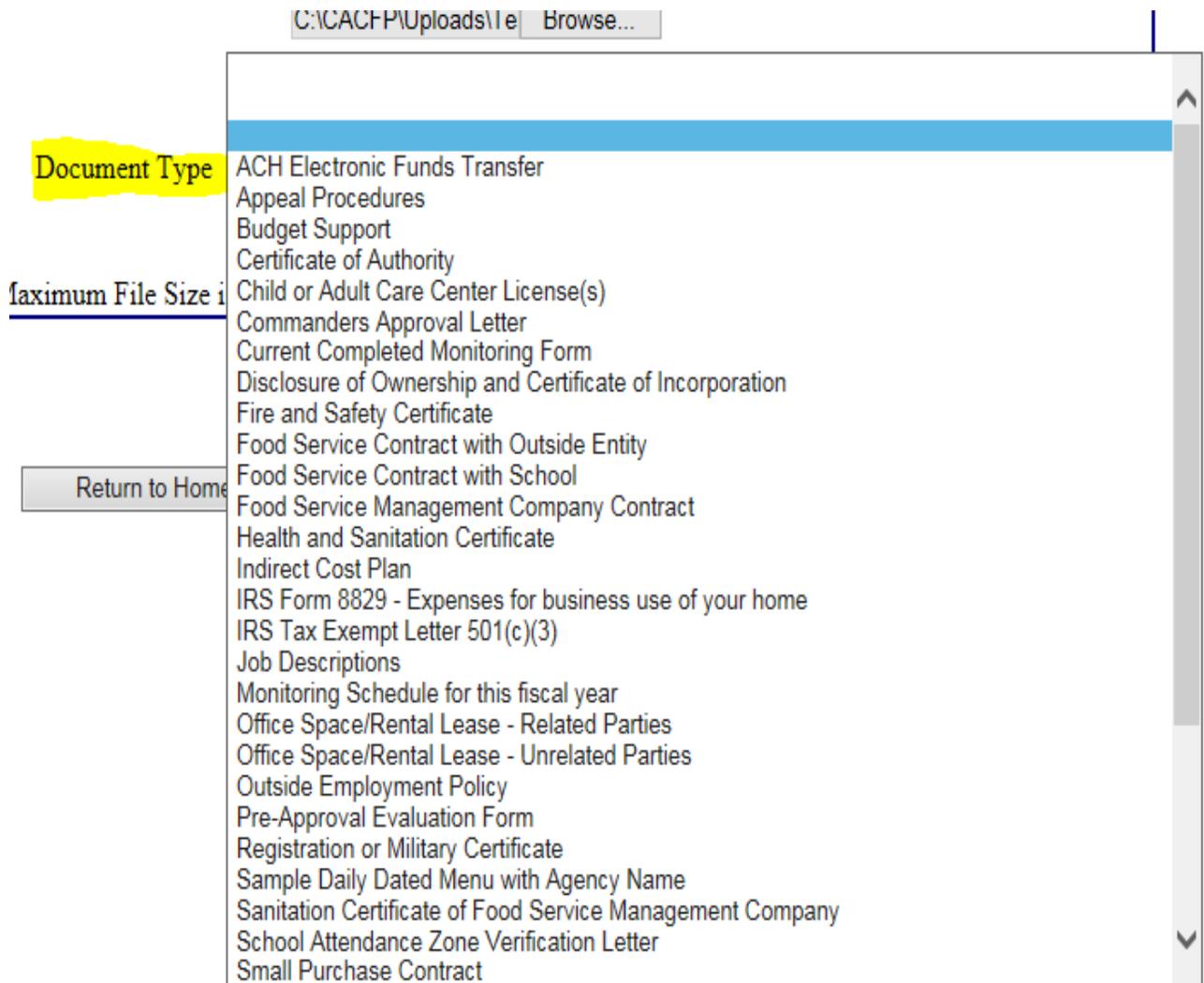
1. Select **Browse** Upload file Browse Button

The screenshot shows a web application window titled "CNP File Upload Utility". At the top, there is a dark blue header with the title. Below the header are three buttons: "Return to Home Page", "Return to Institution", and "Return to Checklist". The main content area displays the address: "11-1319 - APPLE CORE DAY CARE CENTER", "33 WEST STATE STREET", and "TRENTON, NJ 08625 - 0345". Below the address is a section titled "UPLOAD FILE". This section contains a file input field with a "Browse..." button highlighted in yellow. Below the input field is a "Document Type" dropdown menu. Below the dropdown is an "Upload File" button. A message below the button states: "Maximum File Size is 4mb, Attempting to Upload a Larger File Will Result In an Error." At the bottom of the "UPLOAD FILE" section, it says "No Documents on file." Below this section are the same three buttons as at the top: "Return to Home Page", "Return to Institution", and "Return to Checklist".

2. This will display "Choose File to Upload" window. Select the file and click on "Open" to attach the selected file.

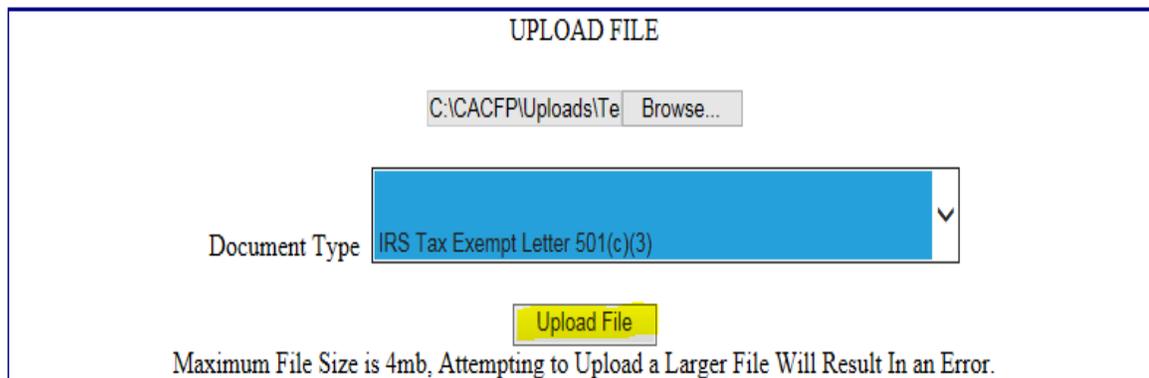


3. This will attach the file for Upload once the document is attached to the upload Utility selected from a drop down list the file name of the attached PDF file.



NOTE: List is in alphabetical order not download order.

4. Once the document type is selected Upload File



- Once the file is uploaded the system will display Documents on File grid so the user can select the file for future preview or delete the file.

Documents on File			
		Document Name	Last Updated
Select	Delete	IRS Tax Exempt Letter 501(c)(3)	3/21/2016 2:23:33 PM

- If a file is deleted the file will still display on the Deleted Documents File grid and can still be Selected for preview or Restore to the Documents on File Grid

Documents on File			
		Document Name	Last Updated
Select	Delete	Test File	3/10/2016 11:54:39 AM

Deleted Documents			
		Document Type	Last Updated
Select	Restore	Test File 1	3/10/2016 11:54:55 AM
Select	Restore	Test File	3/10/2016 11:39:29 AM

- ❖ Upload files Maximum File Size is 10mb, attempting to Upload a Larger File Will Result In an Error.
- ❖ Complete all require uploads, if the institution that is displayed on the Application Checklist if an Institution does not require a document on the Document Upload list the user should upload a blank PDF file.
- ❖ Once complete all documents will display on the documents on file grid. The user can now select Return to Checklist Navigation Button.

Documents on File			
		Document Name	Last Updated
Select	Delete	IRS Tax Exempt Letter 501(c)(3)	3/21/2016 2:23:33 PM
Select	Delete	Disclosure of Ownership and Certificate of Incorporation	3/21/2016 2:25:30 PM
Select	Delete	Sponsoring Organization Letter	3/21/2016 2:25:58 PM
Select	Delete	W-9 Form	3/21/2016 2:26:11 PM
Select	Delete	ACH Electronic Funds Transfer	3/21/2016 2:26:29 PM
Select	Delete	Outside Employment Policy	3/21/2016 2:26:52 PM
Select	Delete	Monitoring Schedule for this fiscal year	3/21/2016 2:31:39 PM
Select	Delete	Current Completed Monitoring Form	3/21/2016 2:32:49 PM
Select	Delete	Job Descriptions	3/21/2016 2:33:02 PM
Select	Delete	Small Purchase Contract	3/21/2016 2:33:12 PM
Select	Delete	Food Service Contract with Outside Entity	3/21/2016 2:33:31 PM
Select	Delete	Sanitation Certificate of Food Service Management Company	3/21/2016 2:33:53 PM
Select	Delete	Sample Daily Dated Menu with Agency Name	3/21/2016 2:34:03 PM

- ❖ To complete the Institution Document Upload by selecting Complete on the Application checklist for all uploaded documents.

Institution Document Uploads					
	Upload or View Uploaded Documents	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 checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
10.	Disclosure of Ownership and Certificate of Incorporation (New Proprietary Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
11.	Sponsoring Organization Letter (If Institution Name is different than Legal Name)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
12.	W-9 Form (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
13.	ACH Electronic Funds Transfer (Bank Information) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
14.	Outside Employment Policy (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
15.	Monitoring Schedule for this fiscal year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
16.	Current Completed Monitoring Form	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
17.	Job Descriptions for CACFP Staff (New or Modified CACFP Job Positions/Descriptions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
18.	Small Purchase Contract (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
19.	Food Service Management Company Contract (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
20.	Sanitation Certificate of Food Service Management Company (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
21.	Sample Daily Dated Menu with Agency Name (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

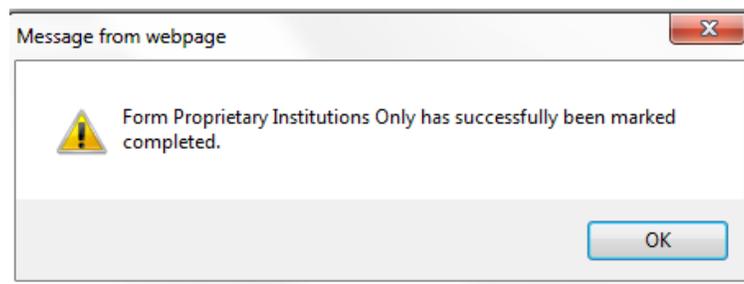
Chapter 8

Independent Center Paper Only (Submitted by Hard Copy)

It will still be expected for the Institution to submit a Hard Copy of the Eligibility Applications & Enrollment Records (New Institutions Only or First Application) and Proprietary Institution will need to send required documents explained on the checklist to CACFP for review.

Independent Center Paper Only Documents (Submitted by Hard Copy)					
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

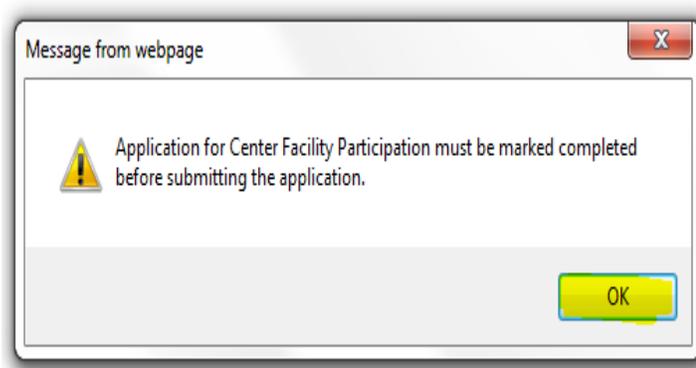
- ❖ Once, these are submitted not before the User should check the completed box.



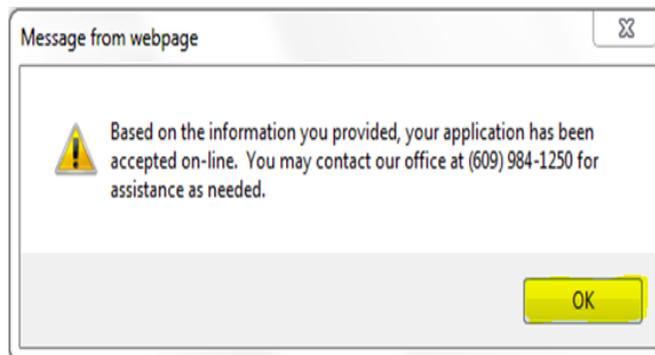
- ❖ The User will receive successfully completed message and select OK to return to the Application Checklist, which now shows Completed and the Date.

Independent Center Paper Only Documents (Submitted by Hard Copy)					
22.	Eligibility Applications & Enrollment Records (New Institutions Only)		<input checked="" type="checkbox"/> 3/23/2016	<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 checked="" type="checkbox"/> 3/23/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

If the user does not select Completed the application will not submit. If CACFP does not receive the required information then the application will be rejected.



- ❖ Once the Application is completed, the system will display (Below) an accepted on-line message. Select **OK** to return to Application Checklist



CARES will now notify CACFP staff, that the institution application is complete for review. The User can login to the CARES to review the progress of the Application. If there are, any issues with the Application the User will be notified. Once approved the user will be notified on the next steps that will allow them to do on-line claim submission.

Notification of Incomplete form

- ❖ **CARES** will notify the Institution if the application is incomplete. If the user logs into the **CARES** system they will see a message under alerts message grid that the user can view by selecting **Select** Navigation Button. Once the user takes the specific action, they should re-submit the claim for review.



Alerts for user:

Alerts: (Default view shows New and Open Alerts)

Select	Alert Status	Alert Reason	Open Date	View Date	Closed Date
<input type="button" value="Select"/>	New	Incomplete App	04/07/2016		
<input type="button" value="Select"/>	In Process	App Approved	03/30/2016	03/30/2016	
<input type="button" value="Select"/>	New	App Approved	03/30/2016		
<input type="button" value="Select"/>	New	App Approved	03/30/2016		
<input type="button" value="Select"/>	New	App Approved	03/30/2016		
1					

Alert Information

Alert Information	
Status	In Process
Reason	Incomplete App Incomplete App
Federal ID	864753642
Comments	Application items/Forms for 21-1563 - ALS DAY CARE have information that needs to be updated or is missing; look at the application checklist or contact your assigned CNP Coordinator for additional information. The application cannot be processed until the information is
Open Date	4/7/2016 8:29:37 AM
View Date	4/7/2016 8:41:50 AM
Close Date	
Save	

- ❖ **Status** – In process/Complete
- ❖ **Comments** – Is a description on the information needed to complete form
- ❖ **Open/View/Close Date** - Dates of actions.

Incomplete Application Checklist of form

- ❖ If a form needs more information for review the user will see the Additional Info Requested checked and the Completed by Entity uncheck on the checklist. The user can select the **Details** hyperlink that will display a comments window with more information. The user will then need to review the requested form make changes and resubmit the form and the application for review.

	Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
	On-Line Documents				
1.	Institution Management Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4/8/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
2.	Responsible Parties/Principals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4/8/2016 Details
8.	Application for Center Facility Participation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3 of 3	<input checked="" type="checkbox"/> 3/30/2016	<input type="checkbox"/> Details
	Comments	No Comments Available			

- ❖ User should complete the form, once the form is completed and re-submitted, the checklist should display Completed by Entity date.
- ❖ User should then Submit Application to NPS for re-review.

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.

Application Approval

- ❖ **CARES** will now notify CACFP staff, that the institution application is complete for review. The User can login to the CACP to review the progress of the Application. If there are, any issues with the Application the User will be notified.
- ❖ Once approved the user will be notified on the next steps that will allow them to do on-line claim submission.
- ❖ User can view progress of the claim on the Alert Notification grid

Alerts for user:

Alerts: (Default view shows New and Open Alerts)

Select	Alert Status	Alert Reason	Open Date	View Date	Closed Date
<input type="button" value="Select"/>	New	App Approved	04/13/2016		
<input type="button" value="Select"/>	In Process	Adjusted Claim Submitted	01/28/2016	02/02/2016	
<input type="button" value="Select"/>	In Process	Adjusted Claim Submitted	01/28/2016	03/10/2016	
<input type="button" value="Select"/>	In Process	Mass Alert	11/11/2015	03/23/2016	
<input type="button" value="Select"/>	New	Mass Alert	02/04/2015		
1 2 3 4					

Completed Application Check List

Child Nutrition - Child & Adult Care Food Program (CACFP) Release: 1.1				
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> Return to Home Page Return to Institution Return to Checklist </div> <div style="text-align: center;"> Return to Facility Maintenance </div>				
Institution Checklist - Sponsor of Center Facilities				
For Profit Sponsor can only sponsor Affiliated Centers				
11-1319 - APPLE CORE DAY CARE CENTER				
Contract Period		10/1/2015	9/30/2016	<input type="button" value="Update"/>
Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
On-Line Documents				
1. Institution Management Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/14/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
2. Responsible Parties/Principals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/15/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
3. Application Questionnaire - (Program Integrity)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/16/2016	<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 checked="" 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"/> 3/16/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
6. News Release (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/22/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
7. Permanent Agreement (includes policy statement) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/16/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
8. Application for Center Facility Participation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 5 of 5	<input type="checkbox"/>	<input type="checkbox"/> Details
Comments				

Institution Document Uploads					
	Upload or View Uploaded Documents	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 checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
10.	Disclosure of Ownership and Certificate of Incorporation (New Proprietary Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
11.	Sponsoring Organization Letter (If Institution Name is different than Legal Name)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
12.	W-9 Form (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
13.	ACH Electronic Funds Transfer (Bank Information) (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
14.	Outside Employment Policy (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
15.	Monitoring Schedule for this fiscal year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
16.	Current Completed Monitoring Form	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input checked="" type="checkbox"/> 3/29/2016	<input type="checkbox"/> Details
17.	Job Descriptions for CACFP Staff (New or Modified CACFP Job Positions/Descriptions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
18.	Small Purchase Contract (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
19.	Food Service Management Company Contract (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details
20.	Sanitation Certificate of Food Service Management Company (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
21.	Sample Daily Dated Menu with Agency Name (New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 3/21/2016	<input type="checkbox"/>	<input type="checkbox"/> Details

Independent Center Paper Only Documents (Submitted by Hard Copy)					
22.	Eligibility Applications & Enrollment Records (New Institutions Only)		<input checked="" type="checkbox"/> 3/23/2016	<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 checked="" type="checkbox"/> 3/23/2016	<input type="checkbox"/>	<input type="checkbox"/> Details
Training Status		No Training Records		<input type="checkbox"/>	<input type="checkbox"/> Details

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.

Status

Chapter 11

Renewing CACFP Applications in CARES

Institutions are required to submit a renewal application to CACFP to participate in the Food Program for each agreement fiscal year. Agreement year is October 1 – September 30 of the application year.

Renewal Process

- Review Update Business Institution Page
- Review Update Facility Maintenance
- Create New Application for Agreement Year
- Complete Application On-Line Documents
- Review Update Institution Document Upload

CARES 9 Step Renewal Process

- Login to CARES – **Refer to Chapter 2**
- Review/Update Business Institution Page – **Refer to Chapter 3**
- Review/Update Facility Maintenance – **Refer to Chapter 4 – Update License Expiration Date Yearly**
- Create New Application for Agreement Year – **Refer to Chapter 5**
- Application On-Line Documents – **Refer to Chapter 6**
- Review/Update Institution Document Upload – **Refer to Chapter 7**
- Independent Center Paper Only Documents (Submitted by Hard Copy) **Refer to Chapter 8**
- Training Status – **Refer Chapter 9**
- Submit Application – **Refer Chapter 10**

1. Login to CARES

Log On to CARES at NJ.Gov

Select – Login

Use your NJ.Gov/CARES login

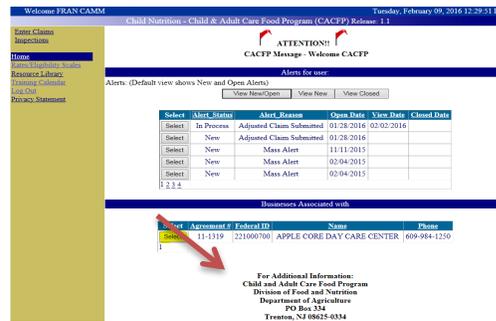
Select NJCARES Hyperlink to access CARES

Agriculture



NICARES (CACFP Application and Reimbursement Electronic System)

Once in CARES the user should select the Institution to bring the user to the Business Institution Page.



2. Review/Update Business Institution Page

Every year the Institution should Review and Update any changes to their Institution Page.

Institutions will need to make sure their **SAMS Expire Date is current.**

3. Review/Update Facility Maintenance

Every year the Institution should Review and Update any changes to each of their Facilities associated with CACFP.

Institutions will need to make sure they **update License Expiration for each Facility**

NOTE: *If License is expired, Institution will not be able to receive reimbursement for that facility until new current expiration date is entered.*

4. Creating a New Application in CARES for a new Agreement year

User will select Applications from the Institution Business Maintenance screen to access the Applications checklist.



User will need to add a new application for the FY agreement year to the Agreement Grid to start new Application.

Existing Applications for:
 11-1319 - APPLE CORE DAY CARE CENTER
 33 WEST STATE STREET
 TRENTON, NJ 08625 - 0000

Select	Delete	Fiscal Year	Start Date	End Date	Status
Select	Delete	2016	10/01/2015	09/30/2016	Pending Submission
Select	Delete	2017	10/01/2016	09/30/2017	Restored

1
(Applications Cannot be deleted if claims exist for the application year.)

Complete the information below to add a new application or renewal application:

Fiscal Year

Fiscal Start

Fiscal End

- ❖ User will need to enter agreement Fiscal Year
- ❖ Fiscal Start Date is always 10/01/FY
- ❖ Fiscal End Date is always 09/30/FY
- ❖ User should select Add New/Renewal Application Button

The new application will now display on the Application Grid, user can now choose select for that Agreement Year, to start the renewal process.

Existing Applications for:
 21-1408 - APPLE CORE DAY CARE CENTER
 P.O. BOX 334
 TRENTON, NJ 08625 - 0335

Select	Delete	Fiscal Year	Start Date	End Date	Status
Select	Delete	2017	10/01/2016	09/30/2017	Approved
Select	Delete	2018	10/30/2017	09/30/2018	Pending Submission

1
(Applications Cannot be deleted if claims exist for the application year.)

5. On-Line Documents for Sponsor of Centers/Independent Facility

There are 8 sections to On-Line Documents

9. Institution Management Plan – Sponsor Management Plan
10. Responsible Parties/Principals
11. Application Questionnaire
12. Institution Administrative Budget
13. Pre-Award Civil Rights Questionnaire
14. News Release
15. Permanent Agreement
16. Application for Center Facility Participation

The user will be required to complete and submit each section of the on-line documents, if not the user will not be able to submit a completed application.

Institution Checklist - Sponsor of Center Facilities				
For Profit Sponsor can only sponsor Affiliated Centers				
21-1408 - APPLE CORE DAY CARE CENTER				
Contract Period	10/30/2017	9/30/2018	Update	
Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
On-Line Documents				
1. Institution Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details
2. Responsible Parties/Principals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details
3. Application Questionnaire - (Program Integrity)	<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"/>	Details
5. Pre-Award Civil Rights Questionnaire (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details
6. News Release (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details
7. Permanent Agreement (includes policy statement) (New Institutions Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details
8. Application for Center Facility Participation	<input type="checkbox"/>	<input type="checkbox"/> 0 of 2	<input type="checkbox"/>	Details

- 1. Institution Management Plan** – Click on the Institution Management Plan hyperlink. This will bring up the Child and Adult Care Food Program Sponsor Management Plan form for the user to complete.

Each Agreement year the Institution will need to complete and submit the full Institution Management Plan - *Sponsor Management Plan*
(Please keep in mind the training date for the program should be after June 1 and up to September 30 of that agreement year).

Once Submitted the User can Select Go to Next Checklist Form

- 2. Responsible Parties/Principals** – Once an institution has completed a prior application, they will be able to Select **Copy Previous Year** button this will allow Responsible Parties/Principals to copy from agreement year to agreement year. The institution will be required to make any changes by selecting Edit/Delete or Add Parties to the form that may have change for the current agreement year. Once verified and changed the user can then Submit the form.

Once Submitted the User can Select Go to Next Checklist Form

- 3. Application Questionnaire** - Each Agreement year the Institution will need to complete and submit the full Application Questionnaire Form.

Once Submitted the User can Select Go to Next Checklist Form.

- 4. Institution Administrative Budget** - Each Agreement year the Institution will need to complete and submit the full Administrative Budget Form.

All Anticipated/Estimated Food Cost forms need to be complete before the user should submit the Budget form!

Once Submitted the User can Select Go to Next Checklist Form

- 5. Pre-Award Civil Rights Questionnaire** - Each Agreement year the Institution will need to complete and submit the full Pre-Award Civil Rights Questionnaire Form. (User will need to select SAVE then Next Page buttons to complete and submit the Form)

Once Submitted the user can Select Go to Next Checklist Form

- 6. News Release** – News Release is only required for initial application. The user can select the Institution wishes to participate in state-wide public release check box for renewal, then select Submit.

21-1408 - APPLE CORE DAY CARE CENTER
P.O. BOX 334
TRENTON, NJ 08625 - 0335

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.

On the date indicated below, a public release was submitted to the news media:

Once Submitted the User can Select Go to Next Checklist Form

- 7. Permanent Agreement** – Each Agreement year the Institution will need to Accept Terms and Conditions once selected this will submit this form.

Once Submitted the User can Select Go to Next Checklist Form

- 8. Application for Center Facility Participation** - Each Agreement year the Institution will need to create an Application agreement per Facility in CARES. All participating Facilities will need to have a completed Application for Participation form submitted to complete an application. **YOU CANNOT COPY THE FORM FROM PERVIOUS YEAR.**

Section 1 General –

All Institutions need to review and verify. The user will need to Upload the current require documents (Refer to Upload List).

License and Central Sanitation Certificate at minimum will need to be current documents.

Required Documents	Adult Care Child Care	Emergency Shelter	At Risk	Family Day Care
Facility 501(c)3 Tax Exempt Status (If separate Legal Entity)	X	X	X	
Facility Organization Letter (If Facility Name different from License)	X	X	X	
Sponsor-Facility Agreement (Unaffiliated Facilities Only)	X	X	X	
Pre-Approval Visit Form (New Facilities Only)	X	X	X	X
Central Sanitation Certificate	X	X	X	
Current Health Inspection Report		X	X	
Current Fire/Building Inspection Report		X	X	
Certificate of Occupancy		X	X	
Attendance Zone Letter (At-Risk Facilities Only)			X	
Registration Certificate Home				X
Sample Menu				X
Sponsor/Home Agreement (New Only)				X
Proof of Tiering Documentation - update as needed				X
Income Eligibility Statement - as needed as part of Tiering Documentation				X

UPLOAD FILE

Browse...

Document Type Facility 501(c)3 Tax Exempt Status

Upload File

Return to Facility Application

Maximum File Size is 4mb, Attempting to Upload a Larger File Will Result In an Error.

Section 3 Operating Data and Revision-

Needs to be complete with all meal data or Institutions **will not be able to receive reimbursement**, for inaccurate information.

Effective Date: 10/01/2017

A. Age Range of Enrolled Participants
(Enter infants under 1 year as 0):
From 4 to 12 years old.

B. Licensed Capacity: 50

C. Hours of Operation:
From 07:00 AM to 02:00 PM (hh:mm AM/PM)

D. Dates of Operation (mm-dd-yyyy): Start 10/01/2017 End 09/30/2018

E. Number of operating days per week? 5

F. Number of operating weeks per year? 52

G. Check all months in which the Child and Adult Care Food program will operate

January February March

April May June

July August September

October November December

H. Please add data for each meal served, including shift meals

Meal Lunch Type CC Meal Time 12:00 PM (hh:mm AM/PM) Number of Meals 50

Delete	Type	MealTime	MealName	MealNum
<input type="button" value="Delete"/>	CC	07:00 AM	Breakfast	50

I. Please add data for special meals

Meal Date 8/1/2017 Comment

Breakfast Count 0 AM Snack Count 0 Lunch Count 0

Section 4 – Ethnic/Racial Makeup

Needs to be completed each Application Year.

After all information is completed for this form the user can then Save and Submit the form. The user should then select Return to Facility Listing and Select Next Facility for Submission. Once all Facilities are Submitted the user can then return to Checklist.

An application cannot be submitted unless all Facilities have had a completed and submitted Application.

6. Review/Update Institution Document Upload

Each Fiscal year an Institution will need to Review/Upload any documents that may be needed for the current Agreement. If an Institution does not need to upload a new document the Institution would need to check the Complete Checkbox next to the Institution Document on the Checklist to verify the document is valid for that agreement year.

The user will not be able to submit an application until all required documents are checked on the Checklist.

Every year Institutions will need to upload:

Sample Daily Menu

Monitoring Schedule for Fiscal Year – (*Sponsoring Institutions Only*)

Current Complete Monitoring Form – (*Sponsoring Institutions Only*)

Proprietary Letter of Certification- Discloser of Ownership – (*For-Profit Only*)

Needed if Changes to Contract or Expiration date

Food Service or Small Contract – (If Applicable)

Sanitation Certificate of Food Service Company (If Applicable)

7. Independent Center Paper Only Documents (Submitted by Hard Copy)

Each Agreement Year an Institution will need to verify that they have either submitted or have an onsite Eligibility Applications & Enrollment Records to do this the user will need to check the check box on the application for verification for Independent Center Paper Only Documents.

8. Training Status

To be updated by the staff at CACFP and will not be needed by the User for submitting the application.

