Minnesota Department of Education

CHILD AND ADULT CARE FOOD PROGRAM CENTER APPLICATION

INSTRUCTIONS: Complete the sponsor information page for the sponsoring organization. Complete one site information page for each site (make additional copies as needed). Questions: contact Food and Nutrition Service (FNS) at: *Food and Nutrition Service, 1500 Highway 36 West, Roseville, MN 55113.* Phone: 1.800.366.8922, 651.582.8526, fax: 651.582.8501 or e-mail: mde.fns@state.mn.us

SPONSOR IDENTIFICATION INFORMATION

Sponsoring Organization Name: _____

Sponsoring ID Number (assigned by FNS): _____

Address:_____ City:_____ State____ Zip Code____

Contact Person Name:_____ Contact Person Title:_____

Contact E-mail Address:_____

Telephone Number: _____ FAX Number:_____

1. Efforts used to contact minority and grassroots organizations about the opportunity to participate (check all that apply):

   ☐ Resource and Referral Agencies ☐ Media

   ☐ Human Services / Other Government Agencies ☐ Community Based Advocacy Groups

   ☐ Other (Describe):

2. Preference for USDA Commodities:

   ☐ USDA Commodities

   ☐ Cash in Lieu of USDA Commodities

3. Pricing Policy:

   ☐ Non-Pricing

   ☐ Pricing (Describe):

4. Federal Funding: (private for-profit sponsors only):

   ☐ Check if sponsor is a private, for-profit organization and expects to receive more than $500,000 in Federal funding within the sponsor's current fiscal year. Copy of most recent audit may be requested.

FOOD SERVICE – (CACFP) BUDGET INFORMATION

1. Projected Annual Expenses to Administer the Child and Adult Care Food Program:

CACFP ADMINISTRATIVE EXPENSES	AMOUNT
Administrative Salaries and Benefits	
Mileage (including monitors, etc.)	
Printing, Office Supplies, Communications	
Contracted Services	
Staff Training	
Administrative Occupancy/Utilities	
Total CACFP Administrative Expenses	$ 0.00

FOOD SERVICE OPERATING EXPENSES	AMOUNT
Food Service Salaries and Benefits	
Food (including delivery)	
Vended Meals/Catering Contract	
Food Service Equipment	
Non-Food Supplies	
Food Service Occupancy/Utilities	
Total Food Service Operating Expenses	$ 0.00
TOTAL EXPENSES (ADMINISTRATIVE + OPERATING)	$ 0.00

2. Projected Annual Income to Administer the Child and Adult Care Food Program:

INCOME SOURCE	AMOUNT
Estimated CACFP reimbursement (for the Federal fiscal year applying for)	**$**
Additional income amount necessary to administer CACFP (List funding sources below):	**$**
TOTAL INCOME	$ 0.00

List types of additional income sources:

MULTI-SITE SPONSORING ORGANIZATION INFORMATION

A multi-site sponsoring organization is one who oversees the CACFP for more than one location. Multi-site sponsors have additional application requirements including a management plan that conforms to Minnesota Department of Education requirements and a completed budget detail worksheet. Both the management plan requirements and the budget detail worksheet must be included as attachments to this application document.

Select ONE option:

☐ As a sponsor, we certify that no more than 15 percent of the estimated CACFP reimbursement total listed above will be used to pay for administrative expenses and documentation will be maintained.

☐ Our sponsorship is requesting a waiver to exceed the 15 percent cap of reimbursement to be used toward administrative expenses.

PUBLICLY FUNDED PROGRAMS

List the publicly funded programs in which the institution and its principals have participated in the past seven years.

SPONSORING AUTHORITY CERTIFICATION

Publicly Funded Programs

I certify 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 or have been reinstated thus determined eligible for the program.

Conviction in Past Seven Years

I certify that, neither the institution nor any of its principals have been convicted of any activity that occurred during the past seven years 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.

National Disqualified List

I certify that, neither the facility or organization nor any of its principals is on the National Disqualified List.

Disclosure and Approval of Less Than-Arms-Length Transactions

I certify that no unreported less-than-arms-length transactions or other potential conflicts of interest have occurred in the past year;

- Further that any potential conflicts of interest in the upcoming year have been and will be disclosed in writing annually to the State agency including any relationships between staff, directors and governing board members, per 7CFR 226.6a. Relationships can be defined as familial, or contractual.

Required Annual Training

I certify that all key staff for CACFP receives the required annual Program training per 7CFR 226.17a(10).

Compliance with Performance Standards

I certify continued compliance with the performance standards set forth in 7CFR 226.6 (A)(B)(C),

- Performance standard 1. Financial viability and financial management ensuring funds are expended and accounted for in accordance with requirements (7CFR 226, FNS Instruction 796-2 and Parts 3016 and 3019);
- Performance Standard 2. Administrative capability for effective management practices ensuring adequate number and qualified staff;
- Performance Standard 3. Internal controls and management systems in effect to ensure fiscal accountability and maintenance of appropriate records to document compliance with program requirements, budgets, accounting records, and appropriate records on facility (site) operations.

I certify that the information on the application and attachments is true to the best of my knowledge; that reimbursement will be claimed only for meals and snacks served to eligible participants; and that the programs applied for will be available to all eligible participants regardless of race, age, color, disability, gender, or national origin. I understand that this information is being given in connection with the receipt of Federal funds; that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information; and that all deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

_____ _____

Signature of Responsible Authority or designee (first, middle and last name) Date

_____

Printed Name and Title of Responsible Authority or designee (first, middle and last name)

SITE IDENTIFICATION INFORMATION (one for each site)

Site Name: _____

Sponsoring ID Number (assigned by FNS): _____

Site Address:_____ City_____ State____ Zip_____

Site Contact Person Name:_____ Site Contact Person Title:_____

Site Contact E-mail Address:_____ Site Phone Number: _____

Site ID (assigned by FNS)_____

1. Type of Center:
   - ☐ Public
   - ☐ Non-Profit
   - ☐ For-Profit

2. Classification of Site:
   - ☐ Child Care Center
   - ☐ Adult Care Center
   - ☐ At-Risk Center
   - ☐ Outside School Hours Care Center
   - ☐ Head Start Center
   - ☐ Residential Emergency Shelter

3. Site Administration (check box if applicable):
   - ☐ This Site is Legally Separate from Sponsor Organization: agreement in effect
   - ☐ This Site serves Home-Based Children

4. Type of License Approval:
   - ☐ Department of Human Services License (submit a copy of the license)
   - ☐ Tribal Council License or Approval (submit a copy of the license)
   - ☐ Exempt from DHS or Tribal Council Licensure (submit exemption form)

5. Licensed / Approved Capacity:

6. Estimated Daily Enrollment of Site:

7. Months in which Meals are Served: (Check all that apply.)

☐ All Months

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

8. Number of Shifts (distinct groups) for each meal type:

__Breakfast __Lunch __Supper

__Morning Snack __Afternoon Snack __Evening Snack

9. Method of Meal Preparation:

☐ Meals are prepared on-site

☐ Meals are vended/catered (Using the FNS template, submit a copy of the vended/catered meals contract.)

10. 50+% F/RP At-Risk Afterschool Meals Program:

A. Site Participation Status

☐ Not participating

☐ Participating: I certify that the afterschool care program at each sponsored site:

1. Operates afterschool hours;
2. Provides regularly scheduled, organized childcare services, including educational or enrichment activities, to children and teens in a structured and supervised setting;

B. Months in which Meals are Served: (Check all that apply.)

☐ All Months

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

C. Number of Shifts for Each Meal Type:

__At-Risk Afterschool Snack __At-Risk Breakfast

__At-Risk Lunch __At-Risk Supper

SITE APPLICATION CERTIFICATION OF TRUTH

I certify that the information on the application and attachments is true to the best of my knowledge; that reimbursement will be claimed only for meals and snacks served to eligible participants; and that the program will be available to all eligible participants regardless of race, age, color, disability, gender, or national origin. I understand that this information is being given in connection with the receipt of Federal funds; that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

_____

Signature of Responsible Authority or designee (first, middle and last name)

_____

Printed Name and Title of Responsible Authority or designee (first, middle and last name)

_____

Date