



# Child and Adult Care Food Program Internet Application Manual Version 3.0

Revised August 2011

*Your 'how to' guide for successful  
submission of the CACFP Application*

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## Overview of Application Process

The Child and Adult Care Food Program (CACFP) requires the annual submission of an application or contract to participate in the CACFP. This Manual will help you navigate through the on-line application process. It is recommended that you print the manual first before logging on to the on-line application so you can follow along while completing each page. If you have any questions after reading through the Manual please contact your assigned consultant by phone or email.

### *What can on-line contracts do for you?*

Decrease the time you spend on the application process! Much of the information that will be entered the first year using this system will 'roll-over' the following year and require that your agency only update the information that has changed from the previous year.

### *Why is it important to follow this Manual?*

The Manual provides you with step-by-step instructions for each screen you will need to complete. Following these instructions will help prevent loss of data and prevent frustration on the part of the Enterer! Read the instructions for each screen thoroughly and complete all applicable fields. If a required field is left blank or is answered incorrectly, an error message will appear in **red** at the top of the screen and you will not be able to proceed with the application until you have fixed the error.

### *Sponsoring Organizations versus Independent Centers*

An Independent Center is defined as an institution that will be operating only one center (site) on the CACFP during the upcoming program year.

A Sponsoring Organization is defined as an institution operating two or more centers (sites), and/or an institution that operates one or more centers (sites) which is/are not the same legal entity(s) of the sponsoring organization.

### *New Agencies Only*

In order to access the on-line application, new agencies must obtain a temporary agency code and password. Please contact the DPI office at (608) 267-9129. A permanent agency code and password will be provided to you upon approval of your application.

### *What do you need to know prior to entering the application information?*

Everything that is part of the application! You need to be prepared BEFORE sitting down at the computer to complete the application process. For renewing agencies, you should have a copy of the **APPROVED** FFY 2011 contract in front of you. The following is an outline of what will be asked for:

- **General Information:**
  - Name, address, email address, phone and fax number of the agency
  - Agency's Federal Employer Identification Number (FEIN)
  - Copy of the federal tax exempt status (if a new Non-Profit Institution)
  - Authorized Representative's information, including date of birth
  - Congressional District Number and Cooperative Educational Service Agency (CESA) number
  - Estimated enrollment by need category
  - Board member information, including President's birth date (Private, Non-Profit), or Corporate Official information (For-Profit)
- **Staffing Personnel (Responsible for CACFP Duties)**
  - Names, titles, dates of birth, program duties
- **Training Sessions (For Sponsoring Organization's Only)**
  - Name of person conducting the training, training date(s), topics to be covered

- **Budget Information**
  - Estimated income to be used to finance the CACFP
  - Administrative budget (administrative labor – completing the application, claims; training, office supplies, etc.)
  - Operational budget (food, non-food supplies, food service labor, kitchen utilities, cost of vended meals, etc.)
  - For Sponsoring Organizations, you should take this information from your completed Attachment G
- **Site Application Detail**
  - Name, address and phone number of site(s)
  - Name of person in charge of site
  - Type of site (Child Care Center, Adult Care Center, Head Start, Emergency Shelter, At-Risk, Outside of School Hours, etc.)
  - Tax status (Private Non-profit, For-profit, Public)
  - DWD provider number
  - Days, hours, age range of children
  - Whether or not the site participates in any other Child or Adult Nutrition Programs
  - Enrollment policy
  - Tentative monitoring dates for each site (Sponsoring Organizations Only)

**Site Meal Service Information**

- Meal count procedure for each site that claims greater than three (3) meals
- Whether or not meals are prepared on-site, in a central kitchen or by a vendor
- Beginning and ending time of each meal service
- Average Daily Participation: Estimated number of children to be served at each meal

***What kind of documents still need to be mailed/faxed/e-mailed to DPI?***

**ALL INSTITUTIONS**

- a. Submit a copy of the current group day care license or certification **for each site** (if there are changes from last fiscal year)  
**OR (for each unlicensed site)**
- b. Documentation of Health and Safety Standards (For unlicensed Outside of School Hours Centers, “At-Risk” After School Hours Care Sites, Emergency Shelters)  
This includes:
  - i. A copy of the current occupancy permit for each site or a letter from the local housing authority indicating that the site(s) is located in a residential area and therefore an occupancy permit is not required by local statute
  - ii. A copy of the current fire inspection report or a letter from the local fire marshal detailing how often the site(s) must be inspected, or a letter from the applicable fire department certifying that the site(s) does not require a fire inspection
  - iii. A copy of the most recent health department inspection or a letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s)
  - iv. A letter from the City or County Human (Social) Services Department certifying that there is no local requirement for the site(s) to be licensed or certified for the provision of child care services

***What kind of documents still need to be mailed/faxed/e-mailed to DPI? (Continued)***

**Additional Requirements**

**1. New Agencies Only:**

- a. One month of menus for each meal service offered (i.e. Breakfast, AM Snack, Lunch, PM Snack, Supper, Additional Snack)
- b. 2 complete copies of Permanent Agreement/Policy Statement, sign and date page 7. You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>
- c. Federal Tax-Exempt Documentation (New Non-profit Agencies Only)
- d. Webcast Certification Statement and Self-Study Questions. You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>

**2. New Sponsoring Organizations Only – Agencies with more than one site participating in the CACFP:**

- a) Email electronic copy of Attachment G (Budget) to Cari Ann Muggenburg at [cari.muggenburg@dpi.wi.gov](mailto:cari.muggenburg@dpi.wi.gov).
- b) Submit any applicable attachments to the Addendum to the Application/Agreement (PI-6070) that have changed since FY 2011. You may find a copy of the Attachment G or the Addendum to the Application/Agreement (PI-6070) at: <http://dpi.wi.gov/fns/cacfpapps.html>
- c) A copy of the sponsoring organization's most recent independent audit or financial statements prepared by a certified public accountant
- d) Narrative of the unmet Program need(s) that will be addressed by your agency's sponsorship of the CACFP
- e) Addendum to the Application/Agreement (PI-6070) and all applicable documentation. You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>

**3. Vended Food Programs Only:**

- a. Vendor Agreement to provide Meals/Snacks. You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>
- b. Record of vendors and/or schools contacted (For new contracts under \$100,000). You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>
- c. Formal Bid Packet (for contracts that total yearly expenditure over \$100,000)

**4. At-Risk After School Hours Care Sites Only:**

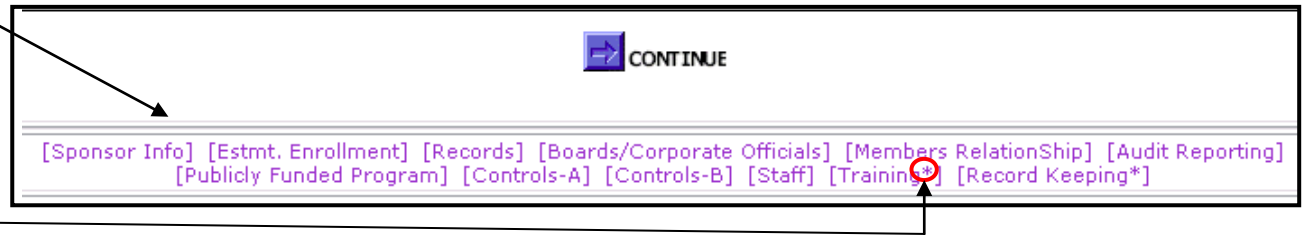
- a. Documentation of area eligibility (each site must be located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for free and reduced price meals). You can locate this data at the following website: <http://dpi.wi.gov/fns/cacfp1.html>. Scroll down and click on the following link, "*The Wisconsin School Meals Eligibility Data Report.*"
- b. Certification that the site(s) provides children with regularly scheduled activities in an organized, structured and supervised environment and includes educational and/or enrichment activities

**5. Pricing Programs Only:**

- a. Two copies of the completed Pricing Program Addendum with the authorized representative's signature on page 3. You may find a copy at: <http://dpi.wi.gov/fns/cacfpapps.html>

## Basic Application Navigation Instructions

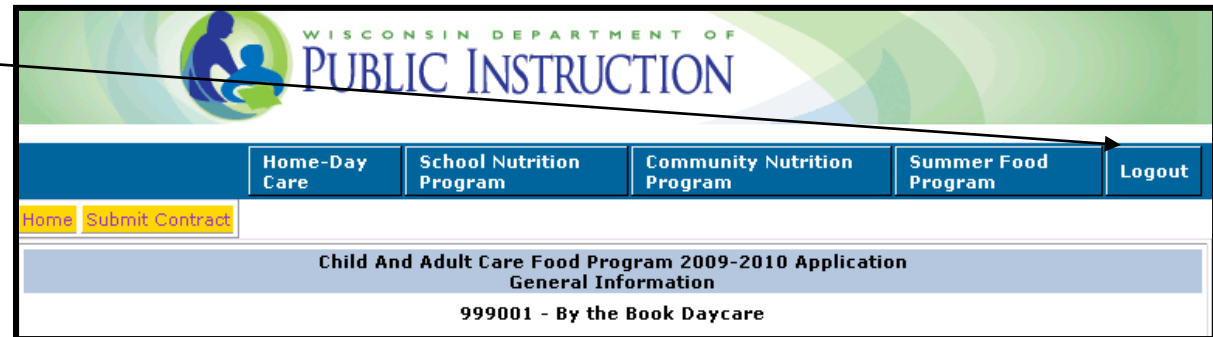
**LINKS TO PRIOR PAGES** –At the bottom of every page there are links for all previous pages that you have already completed. You should use the links rather than the “Back” browser button to ensure the data you are seeing is correct. The links with an asterisk (\*), means the link is only accessible to Sponsoring Organizations.



Remember that you must go forward to the next page (by clicking on the “Continue” button) to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen, your newly entered data **WILL NOT BE SAVED** when you return to the page.

**TIME LIMITATIONS** – A timer starts from the moment the application site is entered. **If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen.** Any movement at all on a page, such as going from one screen to another or even just moving to another entry field on the same page, will reset the 30-minute timer. This limit is set up so that users do not log in to the FNS site and stay on it all day without entering any information.

**EXIT PROGRAM** – Blue boxes at the top of the screens include “Logout.” Click on this “Logout” box to exit from the entire program. **If exiting the system before completing the contract, be sure to click on the "Continue" button at the bottom of the screen you are working on. This will save the information from that page.**



**ACCESS CONTRACT AFTER FINAL DPI APPROVAL** – After the completed agency contract has been approved by the assigned consultant at DPI, the agency can access the contract to browse, print or update information. Access the DPI site at: <http://dpi.wi.gov/fns/cacfpapps.html>. New Agencies must use the permanent agency agreement number (Agency Code) and password assigned after final contract approval.

## Logging on to the Website

### Starting the FNS Web Pages

1. **Open the Internet Browser.** You may use either Internet Explorer or Netscape. Screens will appear differently on each. Internet Explorer is recommended, but data will be accepted from either.
2. **Use the mouse to click on the “Address”** at the top of the Browser page. The entire ‘address link’ should be highlighted to start with. If not, highlight it with the mouse.
3. **Type the following:** <http://dpi.wi.gov/fns/cacfpapps.html> to replace ‘address link’. Press “Enter: to go to site. (**Bookmark the site at this point, NOT at later pages**).
4. Click on “FFY 2012 On-Line Application” to begin the application process. **Note:** All other application enclosures necessary to complete the application are also listed on this page.

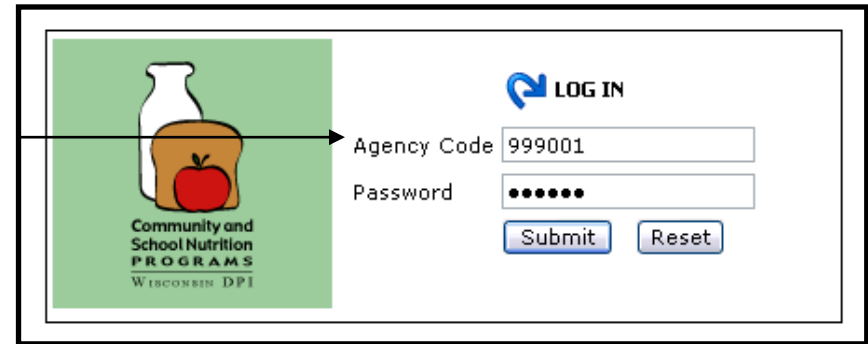


The screenshot shows a web browser window displaying the Wisconsin Department of Public Instruction website. The browser's address bar shows the URL: Application/Agreements for the CACFP. The website header features the Wisconsin Department of Public Instruction logo and a navigation menu with links for Home, News, Visitor, Data, Topics, and a search bar. The main content area is titled "FFY 2012 Application for the Child and Adult Care Food Program (CACFP)". Below the title, there is a list of resources: "CACFP Internet Application Manual" (with a printer icon), "FFY 2012 On-line Application", "CACFP Regional Contact Map", "Congressional District Map", and "CESA Map". A section titled "Application Enclosures" lists "CACFP Application Checklist FFY 2012" and "Publicly Funded Programs Addendum - Attachment A and Attachment B" (both with printer icons). A section titled "New Agencies Only" lists "Permanent Agreement/Policy Statement (PI 1485-AP Rev. 7/09)" and "Webcast Certification Statement" (with a printer icon). On the left side of the page, there is a "DPI Menu" with links for Superintendent's Page, Divisions & Teams, Directories, Ask?Away, Food and Nutrition, 2010 Child Nutrition Reauthorization, CACFP Memos, and Eligibility Manual for School Meals. A logo for the Community and School Nutrition Programs is also visible on the left.

## Logging on to the Website (Continued)

1. Enter the Agency's permanent Agency Code and Password. **Note:** the password will be the same as the password used by your agency to submit reimbursement claims. If your agency code starts with a zero, do not include the leading zero(s) in your agreement number. For example, if your agency code is 01-2345, you would enter 12345 as your agency code. Enter the password as it was assigned to you. When done, click on the “**Submit**” button.

**For New Agencies:** enter the temporary agency code and password. After your application has been approved, you will receive your permanent agency code, site code(s) and password.



2. Select “**Community Nutrition Program**” from the Main Menu.



3. Select “**Contract**”



4. Select “**Enter-Modify Contract**”



## CACFP Contract Enterer Information

Each time you enter the FNS system to submit or revise the contract information, you will be asked to enter the name and contact information for the person who is entering the data.

1. Enter the “Contract Enterer Name and Contact Information” for the person actually entering the information or who can answer questions on the information given.

2. An email address for the Contract Enterer is **required**. This will be the person your Consultant will contact with questions regarding your application.

3. Click on the “Continue” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application**  
**Contract Enterer Information**

**999001 - By the Book Daycare**


**[Contract Preparer/Enterer Information]**

Please fill in all requested information. It will be used to contact the agency for any questions regarding the submitted Application.

First Name  Last Name

Phone Number    Extension

Email

 **CONTINUE**

## General Information

Enter all requested information. For renewing agencies, some fields will “pre-populate.” **Please be sure to review all completed fields, including those that have been pre-populated.** New agencies must provide all information.

1. Enter the Agency Name.
2. Enter the Agency's Federal Employer Identification Number (FEIN). Do not include dashes (-).
3. Enter your Congressional District Number: If you are uncertain of your institution's congressional district, you may access a map at: <http://dpi.wi.gov/fns/cacfpapps.html>.
4. Enter the Cooperative Educational Service Agency (CESA) number which serves your location. If you are uncertain of your CESA number please view the map located at: <http://dpi.wi.gov/fns/cacfpapps.html>. On the map, click on a CESA number to see which counties are located in each CESA.
5. Select the County of the street address for the Institution/Sponsoring Organization. Click on the drop-down box to select the county in which the site is located. If your county is listed more than once, choose the first one.
6. Enter Sponsor Type. If "Private, Non-Profit" is selected, **NEW** agencies will be required to submit a copy of the Agency's Federal Tax Exempt Status - 501(c)(3).
7. Select if your agency will operate more than one site on the CACFP.
8. **NEW for FFY 2012** - Enter the number of sites participating in the CACFP this upcoming year.
9. If your agency will operate the CACFP in any other State or territory contact you assigned DPI consultant will a full listing of all said States and/or Territories.
10. Select Type of Program: A **Non-Pricing** program has **no charge** for meals served to enrolled children. A **Pricing Program** has a separate charge for meals that is specifically identified, either in the tuition or as an additional charge, as payment for meals served to children. Pricing programs must complete a yearly Pricing Program Addendum and submit it with the application. **Contact your assigned Consultant for additional information and guidance.**
11. For Emergency Shelters **Only**: Select applicable option for your agency. If **not** an Emergency Shelter, you must select “None.”
12. Enter Agency Street and Mailing Addresses. You must enter information for both addresses, even if they are the same. For Sponsoring Organizations and most Independent agencies, the ‘Agency Street Address’ must match the address listed at the top of the license. For Independent Agencies, that have their home address listed on the top of the license, the ‘Agency Street Address’ must be the center location listed on the bottom of the license.

**Child And Adult Care Food Program 2010-2011 Application**  
**General Information**  
**999001 - By the Book Daycare**

*To apply for participation in the Child and Adult Care Food Program (CACFP) complete the application along with site(s) information and submit it to DPI. Collection of this information is a requirement of the CACFP.  
(Do not enter dashes in phone/fax numbers)*

|                        |  |  |   |
|------------------------|--|--|---|
| Agency Name            | <input type="text" value="By the Book Daycare"/> | Federal Employer Identification Number | <input type="text" value="391234567"/>  |
| Congressional District | <input type="text" value="0"/>                   | CESA No.                               | <input type="text" value="01"/>         |
| County                 | <input type="text" value="Adams"/>               | Sponsor Type                           | <input type="text" value="For Profit"/> |

Will your agency operate more than one site on the CACFP?  [If your agency will be operating the CACFP in other States and/or Territories, please contact your assigned DPI consultant for additional information.]

Number of sites participating on the CACFP this year

**Type of Program**

NonPricing Program    Pricing Program Charge separate fee for meals

*Emergency Shelters Only:*

Residential Meal Service    Nonresidential Meal Service    Residential and Nonresidential Meal Services    None

---

**Agency Street Address**

Street Address

City    Zip  +

**Mailing Address (Enter even if it is the same as the street address listed above)**

Street/P.O. Box

City    Zip  +

## General Information (Continued)

### 13. Enter Contact Information for the Authorized Representative of the CACFP

- First and last name
- Date of Birth: MM/DD/YYYY
- Select Title of Authorized Representative
- Phone number - enter only digits - no parentheses (), dashes (-) or periods (.)
- Fax number - enter only digits - no parentheses (), dashes (-) or periods (.)
- An email address is required. The contract approval letter and all other CACFP information will be sent via email to this email address.

| Authorized Representative |  |            |  |
|---------------------------|--|------------|--|
| First Name                | <input type="text" value="Polly"/>   | Last Name  | <input type="text" value="Perfect"/>       |
| Date of Birth             | <input type="text" value="2"/> / <input type="text" value="1"/> / <input type="text" value="1986"/> [MM/DD/YYYY] | Title      | <input type="text" value="Administrator"/> |
| Phone Number              | <input type="text" value="6081234567"/>  | Fax Number | <input type="text" value="6089876541"/>    |
| Email Address             | <input type="text" value="pollyperfect@yahoo.com"/>  |            |  |

14. Click on the “Continue” button at the bottom of the page when you have finished entering the information.



## Estimated Enrollment Information

1. Enter all requested information.

a. For child care centers and outside of school hours care centers, enter the estimated number of children in the non-needy, reduced and free categories for all sites. For At-Risk sites, this section is not applicable and you must enter zeros in all columns.

b. For adult care centers, enter the estimated number of adult participants in the non-needy, reduced and free categories for all sites.

c. For emergency shelters, enter estimated enrollments and total daily meals for all sites. **For all other agencies enter zeros.**

**Total enrollment of all sites must equal the reported number of non-needy plus reduced plus free categories that you entered on the screen.**

2. Click on the “Continue” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application**  
**Estimated Enrollment Information**

**999001 - By the Book Daycare**

**Estimated Enrollment by Need Category** for all centers/sites participating in the CACFP under your administration. This information needs to be submitted only once.

**a) Child and Adult Care Centers (Sites)**

| Type        | Estm. Enrollment for Non-Needy/Paid Categories All Sites | Estm. Enrollment for Reduced Categories All Sites | Estm. Enrollment for Free Categories All Sites | Total Enrollment All Sites |
|-------------|--|---|--|----------------------------|
| Child Sites | 15   | 5   | 20   | 40                         |
| Adult Sites | 0  | 0   | 0  | 0                          |

**b) Emergency Shelters Only (Sites)**

\*Meals and snack served to children 19 years and older may not be claimed for reimbursement. A day shelter (a site that does not offer overnight services) may claim reimbursement for eligible children if it provides written assurances to DPI that the shelter is a legitimate provider of services to homeless children, and that it is able to certify that the children who receive meals and snacks are residents of emergency shelters.

| Participants Category                     | Estimated Enrollments for all sites | Meal Type  | Estimated Total Daily Meals for all sites** |
|---|-------------------------------------|------------|---|
| Eligible Children 0-18 Years              | 0                                   | Breakfast  | 0   |
| Resident of Any Age Who Have Disabilities | 0                                   | Lunch      | 0   |
| Ineligible Children*                      | 0                                   | Supper     | 0   |
| Adults                                    | 0                                   | AM         | 0   |
| Total Enrollment All Sites                | 0                                   | PM         | 0   |
|   |                                     | Additional | 0   |

\*\*Meal Information must correspond to that reported on the Site Application(s)

CONTINUE

## Records Information

1. For each of the four questions in this section, select “Yes” or “No” from the drop-down boxes provided. If you answer “Yes” to any of the first three questions, you must provide an explanation in the box(es) provided.

**Child And Adult Care Food Program 2009-2010 Application**  
**Records Information**

**999001 - By the Book Daycare**

**Seriously Deficient:** Has your institution or any person working for your institution, including board members and principal officers (e.g. Owner, Board President), ever been determined to have been seriously deficient or currently declared seriously deficient in this state or any state for its operation of any USDA Child Nutrition program, including the Child and Adult Care Food Program?  ▼

*(If "Yes", please explain in the box below.)*

**National Disqualified List:** Has your institution or any person working for your institution, including board members and principal officers, ever been terminated or disqualified in this state or any other state from any USDA Child Nutrition Program, including the Child and Adult Care Food Program?  ▼


*(If "Yes", please explain in the box below.)*

**Disbarment:** Has your institution or any person working for your institution, including board members and principal officers, ever been listed on the federal Excluded Parties List System (EPLS) for the mismanagement of any federal program?  ▼

*(If "Yes", please explain in the box below.)*

**[Publicly Funded Program (PFP) Information]**

Has the institution or any of its principals ever been disqualified from participation in any publicly funded program for violating that program's requirements? "Publicly funded program" means any program funded, whole or in part, by federal, state, or local government. A "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.  ▼

 **CONTINUE**

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#)

2. Click on the “Continue” button at the bottom of the page when you have finished entering the information.

## Board Member or Corporate Official/Owner Information

Based on your agency's sponsor type selected (Private/Non-Profit, For-Profit, Public), different screens will be displayed.

1. **Private/Non-Profit:** Board Member Information screen will appear. All member information is mandatory. **NEW for FFY 2012 - A current email address must be provided for all listed Board members.** If a position is vacant or not applicable, you must enter "vacant" or "N/A." Fields cannot be left blank.

**Note:** "Zip + 4" field must include at least five numbers. If not applicable, enter 5 zeros (00000).

The screenshot shows the 'Board Members Information' form for '999001 - By the Book Daycare'. The form title is 'Child And Adult Care Food Program 2010-2011 Application Board Members Information'. A note states: '[Note: Immediately notify the Department of any changes in Board Membership between application]'. The form is divided into two sections: 'President' and 'Vice President'. The 'President' section contains the following fields: First Name, Last Name, Date of Birth (MM/DD/YYYY), Street Address, City, State (Alabama), Zip + 4, and Email Address. An arrow points from the text 'NEW for FFY 2012 - A current email address must be provided for all listed Board members.' to the Email Address field.

2. **For-Profit:** Corporate Official/Owner Information screen will appear. At least one Corporate Official/Owner must be entered. **NEW for FFY 2012 - A current email address for all listed owners and/or corporate officials must be provided.** If agency does not have additional Corporate Officials/Owners, you must select the "Check If Not Applicable" box(es).

**Note:** "Zip + 4" field must include at least five numbers. If not applicable, enter 5 zeros (00000).

The screenshot shows the 'Corporate Official/Owner Information' form for '999001 - By the Book Daycare'. The form title is 'Child And Adult Care Food Program 2010-2011 Application Corporate Official/Owner Information'. A note states: '[Note: Immediately notify the Department of any changes in agency ownership between application]'. The form is divided into two sections: '1. Corporate Officials/Owners (mandatory)' and '2. Corporate Officials/Owners'. The '1. Corporate Officials/Owners (mandatory)' section contains the following fields: First Name, Last Name, Date of Birth (MM/DD/YYYY), Street Address, City, State (Alabama), Zip + 4, and Email Address. The '2. Corporate Officials/Owners' section contains a checkbox labeled 'Check If Not Applicable.'. An arrow points from the text 'NEW for FFY 2012 - A current email address for all listed owners and/or corporate officials must be provided.' to the Email Address field in the first section.

3. **Public:** Not applicable. This screen will not appear.
4. Click on the "**Continue**" button at the bottom of the page when you have finished entering the information.

## Board-Official Relationship and Meetings Information

1. For the individuals listed under Governing Board/Corporate Official/Owners, indicate below whether any of the listed relationships exist. If no such relationship exists, indicate "None" or "N/A."
2. **Private, Non-Profit** organizations must answer "yes" to the question, "Does your institution have board meetings?" and report anticipated dates for all governing board meetings for the upcoming fiscal year (October 1 – September 30).

Does your institution have board meetings? (Not applicable for sole proprietorship or "for profit" agencies). Yes  No

If Yes, Provide Schedule of Board Meetings (Report the dates or tentative dates for your agency's board meeting(s) for the upcoming federal fiscal year. *Not applicable to "for profit" agencies, just type 'n/a'.* "Non Profit" agencies must provide board meeting dates ) [4000 characters allowed]

The third Tuesday of every month.

Child And Adult Care Food Program 2009-2010 Application  
Board-Official Relationship and Meetings Information

For the individuals listed under Governing Board/Corporate Official/Owners, indicate below whether any of the listed relationships exist. If no such relationship exists, indicate "None".

999001 - By the Book Daycare

Family Related (Specify Individual(s) and their Relationship) [4000 characters allowed]  
N/A

Related to a CACFP Official (Specify Individual(s) and their Relationship) [4000 characters allowed]  
N/A

Employed by Institution (Specify Individual(s) and their Position) [4000 characters allowed]  
N/A

3. **For-Profit** agencies may check "No" to the question, "Does your institution have board meetings?" and leave the box below blank.


4. **Public:** Not applicable. This screen will not appear.

5. Click on the "Continue" button at the bottom of the page when you have finished entering the information.

Employed by Institution (Specify Individual(s) and their Position) [4000 characters allowed]  
N/A

Does your institution have board meetings? (Not applicable for sole proprietorship or "for profit" agencies). No  Yes

If Yes, Provide Schedule of Board Meetings (Report the dates or tentative dates for your agency's board meeting(s) for the upcoming federal fiscal year. *Not applicable to "for profit" agencies, just type 'n/a'.* "Non Profit" agencies must provide board meeting dates ) [4000 characters allowed]

 CONTINUE

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#) [\[Records\]](#) [\[Boards/Corporate Officials\]](#)

## Audit Reporting Requirements

Enter all Federal programs for which your agency receives funding.

**Not Applicable for For-Profit Agencies, but you must still enter a record. CFDA should be 00000, Name of Program should be "N/A"; amount expended should be zero, 0.**

When entering this information for the first time, click on "New Record."

1. All agencies must enter "Child and Adult Care Food Program" or "CACFP" as one of the Federal Programs.
2. Enter the CFDA (Catalog of Federal Domestic Assistance) number(s). Listed below are some common CFDA numbers for Federal programs your agency may participate in.
  - 10.558 - Child and Adult Care Food Program (CACFP)
  - 10.559 - Summer Food Service Program (SFSP)
  - 10.555 - National School Lunch Program (NSLP)
  - 10.556 - Special Milk Program
  - 93.600 - Federal Head Start (HS)
  - 81.042 - Weatherization Assistance for Low-Income Persons
  - 93.568 - Low Income Energy Assistance Program
  - 14.231 - Emergency Shelter Grants Program

**Child And Adult Care Food Program 2010-2011 Application  
Audit Reporting Requirements [Only For Non-Profit and Public Agencies]**

The Code of Federal Regulations, Title 7-Agriculture, Part 3052 (7 CFR Part 3052) establishes audit requirements. Specifically, Sec 3052.200 requires an annual audit if nonfederal entities expend \$500,000 or more in a year in total federal awards. The \$500,000 audit threshold applies to all federal grant awards combined.

Section 3052.320 describes the report submission requirements for nonprofit agencies required to have an audit. To determine if your agency must have an audit conducted, complete the following table.

List all federal programs for which your agency receives funding, the assigned federal number, CFDA (found in the *Catalog of Federal Domestic Assistance*) Numbers and the amount expended during federal fiscal year 2009 (October 1, 2008-September 30, 2009).

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To add a program click 'New Record' button. To delete or update from the list select the CFDA program and follow the instructions.

| CFDA*        | Name of Federal Program | Amount Expended |
|--------------|-------------------------|-----------------|
| 10558        | cccccc                  | 0.00            |
| <b>Total</b> |                         | <b>0.00</b>     |

NEW RECORD
 CONTINUE

3. Enter the amount expended for each Federal Program during the prior federal fiscal year. **Do not enter any commas.** To obtain the amount expended for the CACFP, refer to your Non-Profit Food Service Financial Report(s) for the fiscal year 2010. If you are a **new agency**, enter zero (0) under the "Amount Expended" column for the Child and Adult Care Food Program.

List all federal programs for which your agency receives funding, the assigned federal number, CFDA (found in the *Catalog of Federal Domestic Assistance*) Numbers and the amount expended during federal fiscal year 2008 (October 1, 2007-September 30, 2008).

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[To Add information enter data and click save button]

| CFDA*  | Name of Federal Program           | Amount Expended |
|--------|-----------------------------------|-----------------|
| 10.558 | Child and Adult Care Food Program | 11258           |

SAVE
 BACK

4. Click on the "Save" button at the bottom of the page after entering each program.




## Audit Reporting Requirements (Continued)

5. Once the program data has been entered, you may delete or update information for this program by clicking on the CFDA number. A new window will open. Modify program information and/or change data and then click the “Save” button. To delete the record, click the “Delete” button.

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To Modify information change data and click save button. To delete the record click delete button.

| CFDA*  | Name of Federal Program           | Amount Expended |
|--------|-----------------------------------|-----------------|
| 10.558 | Child and Adult Care Food Program | 11258.0         |



 BACK   
  SAVE   
  DELETE

6. Click on “New Record” to enter each additional Federal Program.

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New Record' button. To delete or update from the list select the CFDA program and fi

| CFDA*  | Name of Federal Program           | Amount Expended |
|--------|-----------------------------------|-----------------|
| 10.558 | Child and Adult Care Food Program | 11,258.00       |
| 93.600 | Head Start                        | 2,564.00        |

 NEW RECORD   
  CONTINUE

7. Click on the “Continue” button at the bottom of the page when you have finished entering the information

## Publicly Funded Program (PFP) Information

- NEW AGENCIES** - List all publicly funded programs in which the **Institution and/or its principals** have participated in during the past **7 years**. Your agency must provide at least one publicly funded program to continue with the application.

**Renewing Agencies - NEW for FFY 2012** – Only list any **NEW** publicly funded programs in which the **Institution and/or its principals** have participated in during the past year.

- To add a program click on the “**New Record**” button. Enter applicable information based on publicly funded programs. Below is an example:

1. Enter:

- Name of Organization (“By the Book DC”)
- Name of Principal (“N/A”)
- Name of Program (“W2”)
- Job Title (“N/A”)
- Years of Participation (“7”)

Fields cannot be left blank. Enter “N/A.”

**Note:** Attachments A and B to the Publicly Funded Programs Addendum contain sample letters and prototype forms that the Agency/Sponsoring Organization can use to collect the needed information needed. The sample letter and form should be sent to all relevant employees and Board members at your agency. Information contained in the completed forms must be retained on file as documentation and for audit purposes. **Do not submit to the DPI.** The sample letter and prototype forms are simply examples of how your agency could collect the information needed to answer these questions. Agencies are free to decide how best to collect and document the requested information. The sample forms can be found at the following website: <http://dpi.wi.gov/fns/cacfpapps.html>.

- Click on the “**Save**” button at the bottom of the page after entering information for each program.
- Click on “**New Record**” to enter each additional Publicly Funded Program.
- Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application  
Publicly Funded Program (PFP) Information**

**999001 - By the Book Daycare**

**Publicly Funded Programs and Years of Participation**  
List all publicly funded programs in which the Institution and/or its principal(s) have participated in during the past 7 years. "Publicly-funded program" means any program funded whole or in part by federal, state or local government. "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

To add a program click 'New Record' button. To delete or update, select Name of Organization and follow instructions.

| Name of Organization | Name of Principal | Name of Program | Job Title | Years of Participation |
|----------------------|-------------------|-----------------|-----------|------------------------|
|                      |                   |                 |           |                        |

**Child And Adult Care Food Program 2009-2010 Application  
Add Publicly Funded Program Information**

**999001 - By the Book Daycare**

**Publicly Funded Programs and Years of Participation**  
List all publicly funded programs in which the Institution and/or its principal(s) have participated in during the past 7 years. "Publicly-funded program" means any program funded whole or in part by federal, state or local government. "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

[Complete Form and Click 'Save' Button to Add program]

|                        |                     |
|------------------------|---------------------|
| Name of Organization   | By the Book Daycare |
| Name of Principal      | N/A                 |
| Name of Program        | W2                  |
| Job Title              | N/A                 |
| Years of Participation | 7                   |

**Child And Adult Care Food Program 2009-2010 Application  
Publicly Funded Program (PFP) Information**

**999001 - By the Book Daycare**

**Publicly Funded Programs and Years of Participation**  
List all publicly funded programs in which the Institution and/or its principal(s) have participated in during the past 7 years. "Publicly-funded program" means any program funded whole or in part by federal, state or local government. "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

To add a program click 'New Record' button. To delete or update, select Name of Organization and follow instructions.

| Name of Organization | Name of Principal | Name of Program | Job Title | Years of Participation |
|----------------------|-------------------|-----------------|-----------|------------------------|
| By the Book Daycare  | N/A               | W2              | N/A       | 7                      |
| ABC Day Care         | Polly Perfect     | CACFP, W2       | Director  | 3                      |

## Controls – A (Critical Steps, Meal Count Tallies, Menu Review)

According to your agency's procedures:

1. Check the boxes under each **Critical Steps** category.

- a. Claims processing: (Note, **At-Risk and Emergency Shelters** select "N/A" in the box provided.)

**All other agencies must check the first three boxes.**

- b. Meal Count Tallies: Three of the five boxes must be checked by all agencies. **NEW for FFY 2012** - Agencies not claiming infant meals should check the "N/A" box.

- c. Menu Review: Three of the five boxes must be checked by all agencies. **NEW for FFY 2012** - Agencies not claiming infant meals should check the "N/A" box.

2. **For any "Other" box that is checked you must provide a narrative answer.**

Click on the "**Continue**" button at the bottom of the page when you have finished entering the information.

Child And Adult Care Food Program 2010-2011 Application  
Controls - A

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**Critical Steps.** Check the boxes below to certify the critical steps that are implemented to ensure accuracy of the data submitted on the claim for reimbursement. If your institution does not follow the policies/procedures as described below, do not check the boxes. Instead, use the Other space to specify the policies/procedures that are followed by your institution to ensure accuracy of the claim.  
**Claims Processing Including Enrollment Data ("At Risk After School Hours Care Sites and Emergency Shelters" - Check "N/A" below)**

N/A (At-Risk or Emergency Shelters Only)

Attendance and enrollment records are checked to ensure all eligible participants in attendance and considered enrolled each month are the only participants recorded as "free" "reduced" or "non-needy" on the Household Size-Income Record for the respective month

Household Size-Income Statements are reviewed each month to assure that those participants who are reported as "free" or "reduced" on the Household Size-Income Record have a current and correctly approved income statement on file.

The DPI Household Size-Income Record is used to track the eligible participants reported as Free, Reduced, and Non-needy each month. If not, submit a copy to DPI of the form used by your agency if changes from last year's form.

Other. [Specify below]:

---

**Meal Count Tallies.** (meal participation records, time of service meal counts)

[Check only one box below for Infant meal participation records]

N/A - Our Agency does not claim meals for infants under 1 year of age.

Infant meals are recorded on infant meal records as each component is offered to an infant. The meal records are reviewed by center staff who are familiar with the CACFP infant meal patterns, and those meal requirements are tallied for the claim.

Meal counts of the 1 to 12 year old children or other eligible participants are recorded at the time the meal participants are sitting at the tables or immediately afterward, counting only the participants who have been served a meal and remain under the center's supervision while eating.

After the month has ended, daily meal count totals for the eligible participants and infant meal counts from records (if applicable) are added together for each meal type to be claimed. All tallies and calculations are done for accuracy.

Other. [Specify below]:

---

[Check only one box below for Infant meal pattern compliance]

N/A - Our Agency does not claim meals for infants under 1 year of age.

Center staff who are familiar with the CACFP infant meal patterns tally the infant meals and snacks by reviewing infant meal records, counting those that show all required components were offered in at least the minimum amount, at least one item supplied by the center as the infant is developmentally ready for foods in addition to breast milk or fortified infant formula.

Menus for participants age 1 and older are developed and reviewed by center staff familiar with the CACFP meal pattern to assure that all required components will be served in at least the minimum portion size for each meal and snack to be claimed for reimbursement.

Center staff who are familiar with the CACFP meal patterns review the menus served during the month to assure that substitutions made to the planned menu are documented and are creditable to the meal pattern. If required components were not served according to the CACFP meal pattern, the counts for the incomplete meals are not claimed.

Other. [Specify below]:

## Controls – B (Edits, Financial Viability, Procurement Procedures)

### Edits:

1. Enter any additional edit checks to ensure accuracy of claim data. Be sure to check “Other Specify below” box if entering additional edit checks. Leave blank if not applicable. →

### Financial Viability (Source of Money):

1. Check applicable box(es). At least one box must be checked.
2. If “Other” box is checked, you must provide an explanation.

### Procurement Procedures:

1. Check applicable box(es). At least one box must be checked.
2. If “Other” box is checked, you must provide an explanation.

Click on the “Continue” button at the bottom of the page when you have finished entering the information. →

**Child And Adult Care Food Program 2009-2010 Application**  
**Controls - B**

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**Edits.** (Enter additional edit checks to ensure accuracy of claim data.)

Other Specify below:

**Financial Viability.**

**Source of Money.** Check the box(es) below that describe the source(s) of money that your agency will have on hand to supplement food program expenditures. This may include repaying fiscal overclaims, paying food program bills during interruptions in food program reimbursement, and paying for food program costs when they exceed the earned reimbursement.

Tuition or private pay

Headstart

Wisconsin Works (W-2 Childcare subsidy)

Other Specify below:


**Procurement Procedures.** Check the appropriate box(es) to indicate current procurement procedures. Refer to Guidance Memorandum 4, Procurement Requirements for Purchase of Food, Supplies, and Services, for additional information.

Compare prices, quality, and services offered.

Goods or services purchased are under 100,000 in aggregate value. Small purchase procedures outlined in Guidance Memorandum 4 are followed to ensure best price and best value.

Competitive negotiation occurs according to Guidance Memorandum 4 for goods or services over \$100,000.

Other Specify below:

 **CONTINUE**

## Staffing Personnel

List the names, titles and birth dates of the person(s) responsible for the CACFP program duties.

1. Click on “New Record”

**Child And Adult Care Food Program 2009-2010 Application  
Staffing Personnel**

**999001 - By the Book Daycare**

**Staffing Personnel**  
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "New Record" button to add another person.

To add a staff click 'New Record' button. To delete or update from the list, click on First or Last Name and follow instruction.

| First Name | Last Name | Title | Date of Birth | Program Duties |
|------------|-----------|-------|---------------|----------------|
|            |           |       |               |                |

2. Select program duty from drop down box.

3. Enter title, first name, last name and date of birth of the person performing each duty.

**Staffing Personnel**  
Provide the names, titles and dates of birth of the staffing personnel. To Modify information change data and click delete the record click delete button.

|                |  |
|----------------|--|
| Program Duties | Maintains participant(s) attendance records. 1                     |
| Title          | Maintains meal counts by meal type(s) for participants.            |
| First Name     | Maintains participant(s) intake forms/enrollment forms             |
| Last Name      | Completes production records (quantity of food prepared) 4         |
| Date of Birth  | Complete, Approves, and maintains household size-income record 1,2 |
|                | Approves and maintains household size-income statements 1          |
|                | Maintains program fiscal ledgers, receipts, invoices, etc.         |
|                | Prepares monthly claim form  |
|                | Plan Menu  |

4. Click on the “Save” button at the bottom of the page when you have finished entering the information.

If more than one person performs a given duty, click on the “New Record” button to add additional staff.

**Staffing Personnel**  
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "New Record" button to add another person.

To add a staff click 'New Record' button. To delete or update from the list, click on First or Last Name and follow instruction.

| First Name | Last Name | Title    | Date of Birth | Program Duties  |
|------------|-----------|----------|---------------|---|
| Sally      | Hansen    | Director | 05/26/1964    | Approves and maintains household size-income statements 1 |
| Melinda    | Jones     | Director | 12/11/1975    | Approves and maintains household size-income statements 1 |

**Note: There must be an assigned staff person for each program duty. Please read the footnotes at the bottom of the page for exceptions.**

## Staffing Personnel (Continued)

Independent centers: there are **9** program duties. Sponsoring organizations: there are **14** program duties.

**Staffing Personnel**

Provide the names, titles and dates of birth of the staffing personnel. To Modify information change data and click delete the record click delete button.

Program Duties: Maintains participant(s) attendance records. 1

Title: Maintains participant(s) attendance records. 1

First Name: Maintains meal counts by meal type(s) for participants.

Last Name: Maintains participant(s) intake forms/enrollment forms

Date of Birth: Completes production records (quantity of food prepared) 4

**Staffing Personnel**

Provide the names, titles and dates of birth of the staffing personnel. To Modify information change data and click delete the record click delete button.

Program Duties: Maintains meal counts by meal type(s) for participants.

Title: Maintains meal counts by meal type(s) for participants.

First Name: Prepares meals.

Last Name: Purchases food supplies.

Date of Birth: Supervises food preparation.

**Note:** There are some job duties (listed below) that may have many staff members (teachers or cooks) that perform those duties.

- “Maintains meal counts by meal type(s) for participants”
- “Prepares meals”
- “Purchases food supplies”
- “Completes production records”

In these cases, you may include general information in each field (i.e. Teachers, cooks). However, in the “Title” field, please indicate “Cooks at each site” or “Teachers in each room.” For the “Date of Birth,” type “00/00/0000.” See the example on the right

**Staffing Personnel**

Provide the names, titles and dates of birth of the staffing personnel. To Modify information change data and click delete the record click delete button.

Program Duties: Maintains meal counts by meal type(s) for participants.

Title: Teacher in each room

First Name: Teachers

Last Name: Teachers

Date of Birth: 00 / 00 / 0000 [MM/DD/YYYY]

For all other duties, you must include a specific person.

| First Name | Last Name  | Title                 | Date of Birth | Program Duties  |
|------------|------------|-----------------------|---------------|---|
| Maureen    | Healthwise | Registered Dietitian  | 03/16/1978    | Plan Menus  |
| Polly      | Perfect    | Administrator         | 02/01/1986    | Prepares monthly claim form   |
| Gene       | Money      | Accountant            | 08/15/1965    | Maintains program fiscal ledgers, receipts, invoices, etc.              |
| Directors  | Directors  | Director at each site | 11/30/0002    | Approves and maintains household size-income statements 1               |
| Sally      | Hansen     | Director              | 05/26/1964    | Complete,Approves, and maintains household size-income record 1,2       |
| Melinda    | Jones      | Director              | 12/11/1975    | Complete,Approves, and maintains household size-income record 1,2       |
| Cooks      | Cooks      | Cook at each site     | 11/30/0002    | Completes production records (quantity of food prepared) 1              |
| Directors  | Directors  | Director at each site | 11/30/0001    | Completes/maintains enrollment or intake forms and attendance records   |
| Polly      | Perfect    | Administrator         | 02/01/1986    | Approves site applications.   |
| Susan      | Catchall   | Monitor               | 05/03/1965    | Monitors sites.   |
| Polly      | Perfect    | Administrator         | 02/01/1986    | Issues policies and procedures.   |
| Directors  | Directors  | Director at each site | 11/30/0001    | Supervises food preparation.  |
| Cooks      | Cooks      | Cook at each site     | 11/30/0001    | Purchases food supplies.  |
| Cooks      | Cooks      | Cook at each site     | 11/30/0001    | Prepares meals.   |
| Teachers   | Teachers   | Teacher in each room  | 11/30/0002    | Maintains daily participation records by meal type(s) for participants. |

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

## Training Information (Sponsoring Organizations Only)

**Independent Centers:** Pages 23-26 of this manual are not applicable. These screens will not appear on-line. Skip to page 27 (Budget Summary Information).

It is required that sponsoring organizations provide training on CACFP duties and responsibilities to key staff from all sponsored facilities:

- (a) prior to the beginning of program operations and
- (b) not less frequently than annually thereafter. Each staff member with monitoring responsibilities must also receive training.
  1. Click on “New Record”
  2. Select topics covered from the drop-down box.
  3. Enter training date(s) and name(s) of person(s) conducting trainings.
    - a. Date(s) of training must be **for the upcoming fiscal year (October 1, 2011 – September 30, 2012)**. **It cannot be a date in the past.** You may enter a general month and year if you do not have a specific date set for the training.
  4. Click on “Save”

**Note: Information must be entered for all seven training topics.**

To add additional training topics, click on the “New Record” button. **NEW for FFY 2012 – All sponsors must specify their plans for providing annual Civil Rights training to ALL front line staff.** Front line staff: Any staff person who interacts with program applicants or participants, and those persons who supervise them.

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application  
Training Information**

Specify the required annual training covering program requirements your agency will provide to key staff in FY 2010 (Oct 1, 2009-Sep 30, 2010). Key staff who must attend this training are listed in Guidance Memorandum 5 Sponsoring Organization Requirements for CACFP Monitoring, Training and Edit Checks.

The training must include instruction, appropriate to the level of staff experience and duties, on CACFP meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system. Documentation must be maintained that shows training session date(s) and location(s), topics presented, and names of participants. Guidance Memorandum 9: Record Keeping Requirements for the CACFP has a Sample Training Record that may be used to document this information.

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To add a training click "New Record" button. To delete or update from the list select training date and follow instruction.

Training Date(s) Name(s) of Person(s) Conducting Training Topics Covered

NEW RECORD CONTINUE

---

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[To Add information enter data and click save button]

**Topics Covered**

**Training Date(s)**

**Name(s) of Person(s) Conducting Training**

Serving meals which meet the CACFP meal patterns.

Serving meals which meet the CACFP meal patterns.

Taking accurate meal counts.

Submitting accurate meal claims.

The Sponsoring Organization's review procedures.

The Program's reimbursement system.

Compliance with the Program's record keeping requirement.

SAVE BACK

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**Topics Covered**

**Training Date(s)**

**Name(s) of Person(s) Conducting Training**

Serving meals which meet the CACFP meal patterns.

January 2010

Polly Perfect

SAVE BACK

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**999001 - By the Book Daycare**

To add a training, click on the "New Record" button. To delete or update from the list, select the training date and follow the instructions.

| Training Date(s) | Name(s) of Person(s) Conducting Training | Topics Covered  |
|------------------|--|---|
| January 2012     | Polly Perfect                            | Serving meals which meet the CACFP meal patterns.         |
| January 2012     | Polly Perfect                            | Taking accurate meal counts.                              |
| January 2012     | Polly Perfect                            | Submitting accurate meal claims.                          |
| January 2012     | Polly Perfect                            | The Sponsoring Organization's review procedures.          |
| January 2012     | Polly Perfect                            | The Program's reimbursement system.                       |
| January 2012     | Polly Perfect                            | Compliance with the Program's record keeping requirement. |
| January 2012     | Polly Perfect                            | Civil Rights Requirements for all agency staff.           |

## Recordkeeping Information (Sponsoring Organizations Only)

Describe the procedure for obtaining records from each center (site). Indicate how often these records are collected (daily, weekly and/or monthly) and where the records are filed.


Enter all applicable information. Please refer to the example on the right.

**Note:**  
**All child care, adult care and outside of school hours sites must enter information in all fields.**  
 At-Risk and Emergency Shelters do not need to complete information for items 1, 2, and 6.

**Child And Adult Care Food Program 2010-2011 Application  
 RecordKeeping Information**

**999001 - By the Book Daycare**

| Record Information   | Methods Used to Collect from Sites | Frequency of Collection | Where Records are Filed |
|--|------------------------------------|-------------------------|-------------------------|
| 1. Household Size-Income Statement 1                                 | fax, mail, hand deliver            | Enrollment & annually   | Onsite & Admin office   |
| 2. Household Size-Income Record 1,2                                  | fax, mail, hand deliver            | Monthly                 | Admin Office            |
| 3. Daily Participation Records by Meal Types for Children and Adults | fax, mail, hand deliver            | Daily/Monthly           | Admin Office            |
| 4. Food Program Income and Expenditures                              | fax, mail, hand deliver            | Monthly                 | Admin Office            |
| 5. Production Records 3 and Menu                                     | fax, mail, hand deliver            | Daily/Monthly           | Onsite & Admin Office   |
| 6. Enrollment Forms 1  | fax, mail, hand deliver            | Ongoing & annually      | Onsite & Admin Office   |
| 7. Attendance Records  | fax, mail, hand deliver            | Daily/Monthly           | Onsite & Admin Office   |

 **CONTINUE**

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

## Controls – C (Sponsoring Organizations Only)

All sponsors must have procedures for overseeing staff that monitor sites on the CACFP. You must check “Yes” to this question to be eligible for the CACFP. **NEW for FFY 2012 - In the text field add a narrative description of your agency’s monitoring policies.**

All sponsors must have personnel policies in place for outside employment of staff that perform CACFP duties. You must check “Yes” to this question to be eligible for the CACFP. **NEW for FFY 2012 - In the text field add a narrative description of your agency’s outside employment policy.** (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.)

| Child And Adult Care Food Program 2010-2011 Application<br>Controls - C  |   |
|--|---|
| <b>999001 - By the Book Daycare</b>  |   |
| <b>Sponsoring Organizations and personnel policies.</b>  |   |
| Are your agency's monitoring policies and procedures for the monitoring of the monitors the same as last year?<br><i>Explain Monitoring Policy.</i>  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right; border-bottom: 1px solid black; border-right: 1px solid black;">▲</div> <div style="text-align: left; border-bottom: 1px solid black; border-right: 1px solid black;">▼</div> </div> |   |
| Does your agency have personnel policies on outside employment of CACFP employees?<br><i>Explain Outside Employment Policies.</i>  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right; border-bottom: 1px solid black; border-right: 1px solid black;">▲</div> <div style="text-align: left; border-bottom: 1px solid black; border-right: 1px solid black;">▼</div> </div> |   |
| Does your agency require that any outside employment be approved in advance by the sponsoring organization?  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <b>Cost Allocation Plan.</b> Sponsoring Organizations must answer the following three questions regarding any cost allocation plans used for preparing the budget submitted as part of this Application.   |   |
| Did your agency use a cost allocation plan for CACFP-funded <b>personnel</b> (administrative and/or operational staff)? if Yes, Submit a copy of the cost allocation plan if it has changed in the last year.  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Did your agency use a cost allocation plan for CACFP-funded <b>office and/or operational space</b> ? if Yes, Submit a copy of the cost allocation plan if it has changed in the last year.   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Did your agency use a cost allocation plan for CACFP-funded <b>supplies</b> ? if Yes, Submit a copy of the cost allocation plan if it has changed in the last year.  | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Claim Edit Checks** – Check all that apply. At a minimum, all sponsoring organizations are **required** to have the 1<sup>st</sup> and 2<sup>nd</sup> edit checks in place to be eligible to participate in the CACFP.

|  |
|--|
| <p><b>Claim Edit Checks.</b> Check the boxes below to certify that each of the two required edit checks are completed to ensure accuracy of the data submitted on the claim for reimbursement. If your agency uses some 'Other' method, specify the policy/procedure that is followed. The edit checks below must be conducted on each month's claim prior to submitting to DPI for payment.</p> <p><input checked="" type="checkbox"/> Monthly meal counts from each facility are checked to assure the site has been approved to serve the types of meals claimed.</p> <p><input checked="" type="checkbox"/> The number of meals claimed by each facility in a given month does not exceed the total of the site's number of approved meal types times days of operation times enrollment.</p> <p><input type="checkbox"/> If a number other than enrollment, such as licensed capacity or average daily attendance, is used in the formula above, prior to submitting to DPI and USDA approval is required.</p> <p><input type="checkbox"/> Other. Specify below:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
|--|

## Controls – C (Sponsoring Organizations Only) - Continued

### Documentation (Financial Viability, Organizational Capacity, Internal Controls):

**Renewing Sponsoring Organizations** - If there are any changes to the information and/or documentation, check the appropriate box, and submit the new documentation.

**New Sponsoring Organizations** - Submit a signed copy of the Addendum to the Application/Agreement (PI-6070) and all applicable documentation. This can be found at the following website:  
<http://dpi.wi.gov/fns/cacfpapps.html>.

Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

**Documentation:** Is all the information and documentation submitted by the Sponsoring Organization as part of PI-6070 for the federal fiscal year 2009 (Oct 1, 2008-Sep 30, 2009), financial viability, organizational capability and internal controls, still current and valid? If "No", check the appropriate box and submit new documentation as needed.  Yes  No

#### Financial Viability

- |   |   |
|---|---|
| <input type="checkbox"/> Work Schedules and Job Descriptions                      | <input type="checkbox"/> Equipment Purchases/Inventory                    |
| <input type="checkbox"/> Federal and State Tax Payments                           | <input type="checkbox"/> Office Supplies, Printing, Photocopying, Postage |
| <input type="checkbox"/> Written Personnel Policies                               | <input type="checkbox"/> Travel   |
| <input type="checkbox"/> Life Insurance and Retirement Policies and Payment Plans | <input type="checkbox"/> Professional/Contract Services                   |
| <input type="checkbox"/> Rental, Lease and other Contracts                        | <input type="checkbox"/> Bonding Expense                                  |
| <input type="checkbox"/> Payments for Rental, Leases and other Contracts          |   |

#### Organizational Capacity

- |   |  |
|---|--|
| <input type="checkbox"/> Organizational Chart   | <input type="checkbox"/> Staff Performance Appraisals      |
| <input type="checkbox"/> Organizational Mission | <input type="checkbox"/> Employee Certification Statements |

#### Internal Controls

- |   |  |
|---|--|
| <input type="checkbox"/> Governing Board Policies | <input type="checkbox"/> Disbursal of Funds      |
| <input type="checkbox"/> Accounting System        | <input type="checkbox"/> Parents Audits/Contacts |
| <input type="checkbox"/> Separation of Costs      |  |



## Budget Summary Information (Independent & Sponsoring Organizations)

Enter the projected annual income and expenses to administer the CACFP at your agency for the entire upcoming federal fiscal year (October 1, September 30).. For Sponsoring Organizations, this page must match the Budget Summary of your Attachment G.

**Note:** Enter the dollar amount with NO commas. Do not include a dollar (\$) sign.

**Income:** Report all projected sources of income available to fund the CACFP at your institution. The total income listed must **equal or exceed** the grand total of all expenses. **Every agency must list another source of income in addition to CACFP reimbursement.**

**Note:** To calculate CACFP Projected Meal Reimbursement, you may reference the “2011-2012 Reimbursement Calculation Worksheet,” which can be found on-line at <http://dpi.wi.gov/fns/guidemos.html> under Guidance Memorandum #2.

**Expenses:** Report the projected expenses to administer the CACFP at your agency. If you include a dollar amount in one of the expense fields, you must check “Yes” or “No” in the drop-down box in the right-hand column stating whether the expense listed will be directly paid in whole or in part with CACFP reimbursement.

Items with an asterisk (\*) are applicable for sponsoring organizations ONLY.

**Note:** Administration expenses are costs associated with compiling the claim and monitoring. Operational expenses are costs associated with the meal service and/or kitchen.

All totals must be entered by the preparer, the system does not total for you.

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2010-2011 Application  
Budget Summary Information**

**999001 - By the Book Daycare**

**Annual Administrative and Organizational Budgeted Income and Expenses.**

Enter the projected costs to administer the Child and Adult Care Food Program (CACFP) at your institution for FY 2011. Program reimbursement can only be used on approved expenses listed on the budget. Administrative expenses are any costs associated with completing the monthly CACFP claim for reimbursement, including completing the enrollment, attendance, and other recordkeeping duties. Operating expenses are any costs associated with the kitchen facility, including the preparation and serving of the meals. Retain supporting documentation for the projected costs at your office. In addition to reporting your projected expenses you are required to list all projected income and sources of income that will be used to supplement the Child and Adult Care Food Program reimbursement. **The total income must equal or exceed the total of all expenses.**

\*Note: Only new sponsoring organizations need to submit the Attachment G. For renewing sponsors, the Attachment G for FFY2010 will be used, only update the cost items in the approved line items below for the FFY2011 CACFP year.

Enter \$ Amount with NO commas. Only decimal is allowed.

| Projected Sources of Income                    | Projected Annual Income (\$) |
|--|------------------------------|
| A. CACFP Projected Meal Reimbursement          | 9560.00                      |
| B. CACFP Projected Cash-in-Lieu of Commodities | 3025.00                      |
| C. Other Income                                | 300000.00                    |
| D. Other Income                                | 0                            |
| E. Other Income                                | 0.0                          |

| Projected Expenses                              | Requested Food Service Cost (\$) | CACFP Paid in Full or in Part |
|---|----------------------------------|-------------------------------|
| <b>A. Administrative Labor</b>                  |                                  |                               |
| 1. Salaries and Required Employer Taxes         | 1500.00                          | No                            |
| 2. Benefits                                     | 325.00                           | No                            |
| <b>A. Total Sum of Lines A1 plus A2</b>         |                                  |                               |
| <b>B. Other Administrative Expenses</b>         |                                  |                               |
| 1. General Office Supply Expense                | 250.00                           | No                            |
| 2. Contracted Service**                         | 0                                |                               |
| 3. Equipment Rental/Lease Expense               | 0                                |                               |
| 4. Travel Expense                               | 0                                |                               |
| 5. Training Expense                             | 200.00                           | No                            |
| 6. Misc. Administrative Expense (Specify below) | 0                                |                               |
| <b>B. Total Sum of Lines B1 to B6</b>           |                                  |                               |
| <b>C. Operational Labor</b>                     |                                  |                               |
| 1. Salaries and Required Employer Taxes         | 32000.00                         | No                            |
| 2. Benefits                                     | 9600.00                          | No                            |
| <b>C. Total Sum of Lines C1 plus C2</b>         |                                  |                               |
| <b>D. Other Operational Expenses</b>            |                                  |                               |
| 1. Food Supplies                                | 31100.00                         | Yes                           |



## List of Sites (Continued)

### RENEWING AGENCIES (continued):

3. This will bring you to the Site Meal(s) Information page.

#### Food Service Data:

Complete all applicable fields.

#### Type of Meal Prep:

Self-Prep: The center (site) prepares its own meals.

Central Kitchen: Meals are considered to be prepared in a central kitchen when the kitchen is off-site or if the kitchen is used to prepare meals for multiple sites and/or programs other than the CACFP (for example, the NSLP).

#### Agencies with Vendor Agreements:

If a vendor or food service management company prepares meals for your site, select one of these options from the drop-down box in the right-hand column.

You must provide the name of the meal provider in the specified space. You must also submit a vendor agreement if there are any changes from last year's agreement and/or if the vendor agreement terminates prior to 9/30/12.

**If you do not have a vendor, leave this space blank.**

#### Reviews of Food Program Operations:

If you are a Sponsoring Organization you must complete this question.

#### Meal Reimbursement Procedure

If you have checked more than 3 meals/snacks at the top of the page, you must provide a response to this question.

#### ADP Exceeds License Capacity:

If Average Daily Participation (ADP) exceeds licensed capacity, you must provide a narrative explanation.

**Child And Adult Care Food Program 2009-2010 Application**  
**Site Meal(s) Information**

**999001 - By the Book Daycare**  
**758 - By the Book Daycare**

**Food Service Data** Reimbursement may be made only for meals approved by DPI. Check box(es) in front of requested meal service. Also indicate the type of **Meal Preparation** for each of the meal service(s). Use the following options provided. *If site uses Vendor, School or Food Service Management Company, a contract must be submitted if this is a new site or changes are being made to the previous submitted contract.*

| Requested Meal Service*                       | Begin Time (i.e., hh:mm)  | End Time(i.e., hh:mm)   | Estimated Average Daily Participation | Type of Meal Prep |
|---|---|---|---------------------------------------|-------------------|
| <input checked="" type="checkbox"/> Breakfast | 7 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM  | 8 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM  | 25                                    | Self Prep         |
| <input checked="" type="checkbox"/> AM Snack  | 9 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM  | 9 :15 <input checked="" type="radio"/> AM <input type="radio"/> PM  | 15                                    | Self Prep         |
| <input checked="" type="checkbox"/> Lunch     | 11 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM | 12 :00 <input type="radio"/> AM <input checked="" type="radio"/> PM | 45                                    | Vendor/School     |
| <input checked="" type="checkbox"/> PM Snack  | 2 :30 <input type="radio"/> AM <input checked="" type="radio"/> PM  | 3 :30 <input type="radio"/> AM <input checked="" type="radio"/> PM  | 50                                    | Self Prep         |
| <input type="checkbox"/> Supper               | : : <input type="radio"/> AM <input type="radio"/> PM               | : : <input type="radio"/> AM <input type="radio"/> PM               | 0                                     |                   |
| <input type="checkbox"/> Additional Snack     | : : <input type="radio"/> AM <input type="radio"/> PM               | : : <input type="radio"/> AM <input type="radio"/> PM               | 0                                     |                   |

\*Federal legislation prohibits reimbursement for more than two meals and one snack per child per day or one meal and 2 snacks per child per day. Meals and snacks served to those 19 years and older may not be claimed for reimbursement unless the person has a disability. A day shelter (a site that does not offer overnight services) may claim reimbursement for eligible children if it provides written assurances to DPI that the shelter is a legitimate provider of services to homeless children and that the children who receive meals and snacks are residents of emergency shelters. (Emergency Shelters can claim 3 meals per child per day.)


**Name of Meal Provider:** *[only if you have selected Vendor, School or Food Service Management Company as you meal prep]*  
Mytown School District

**Reviews of Food Program Operations:** *[For Sponsors Only]* Facilities must be reviewed at least three times each year. A minimum of two of the three reviews must be unannounced, and at least one unannounced review must include the observation of a meal service where participants are present. A minimum of one review must be made during the facility's first four weeks of program operation, when new or site has moved to a new location, and not more than six months may elapse between reviews. If, in a review of a facility, a sponsoring organization detects one or more serious deficiencies, the next review of that facility must be unannounced. (Serious deficiencies are those set forth in the permanent agreement.) Unannounced reviews must be made only during the facility's normal hours of operation and monitors must possess photo identification that demonstrates that they are employees of the sponsoring organization.

| No. of Reviews | Date of Review    | Staff Conducting Reviews | Location of Records |
|----------------|-------------------|--------------------------|---------------------|
| 3              | 11/09, 3/10, 7/10 | Susan Catchall           | Admin Office        |

**Meal Reimbursement Procedure:**  
If more than three meals OR two meals and one snack are checked, explain how you will ensure that reimbursement is not claimed for more than three meals OR two meals and one snack per day for each child.  
This site will use the "Greater Than 3 Meals" Record and will keep meal counts by child name.

**Explain Process when ADP exceeds licensed capacity:**  
If the estimated Average Daily Participation (ADP) for any given meal service(s) exceeds the licensed capacity of the center (site), provide an explanation. If conducting "shift" feeding, list the meal service(s) and the time of each "shift" meal service below:



4. Click "Continue."

## List of Sites (Continued)

### RENEWING AGENCIES (continued):

5. All Child Care Centers, Outside of School Hours Sites or Emergency Shelters will be taken to the List of Site(s) page.

a. **Adult Care Centers or At-Risk Sites** will be taken to a second page which is only applicable to Adult Care Centers or At-Risk Sites. Complete the applicable fields.

b. **At-Risk Sites:** Describe the geographic area to be served by the site. Indicate the name of the school if using school free/reduced data to determine area eligibility for this site. The percentage of children to be served by site that meet eligibility requirements for free/reduced price school meals must be for the most current year's September. You can locate this data at the following website: <http://dpi.wi.gov/fns/cacfp1.html>. Scroll down and click on the following link, "The Wisconsin School Meals Eligibility Data Report."

\*\*In the 'Percentage of Children' box, you must enter a number followed by a decimal. (For example: 52.0).

c. Complete all applicable fields. Click "**Continue**" at the bottom of page.

[This Section is only Applicable for Adult Day Care Center/Site(s)]

|  |  |
|--|--|
| Does the site receive reimbursement for meals served under Title III of the Older Americans Act? | <input type="radio"/> Yes <input type="radio"/> No |
| Does the site serve functionally impaired adults?  | <input type="radio"/> Yes <input type="radio"/> No |

(Provide Estimated Enrollment by Need Category at this Site.)

| Category   | Number Enrolled |
|--|-----------------|
| Participants not eligible for free or reduced categories (non-needy) | 0               |
| Participants eligible for reduced category                           | 0               |

[This Section is only Applicable for "At Risk" After Schools Hours Care Site(s)]

**Site Area Eligibility** Describe geographic area to be served by site. Indicate name of school if using school free/reduced data to determine area eligibility for this site.

Webster School

**Percentage of children to be served by site that meet eligibility requirements for free/reduced price school meals.**

Percentage of Children %  [00.0]    Month     Year  [YYYY]

I certify the following activities are regularly scheduled activities in an organized, structured, and supervised environment and include educational and/or enrichment activities.

➔ CONTINUE

6. If you have more than one site. Repeat steps 1-5 from pages 28-30 above to update information for remaining sites.

7. Once site information for site(s) is completed, click "**Continue.**"

### Missing/Inactive Sites

Only sites currently approved through September 30, 2011 will appear on the List of Site(s) page. If you have one of the following situations, complete steps 1-7 below:

- You would like to reactivate a site that had previously participated on the CACFP (with an end date prior to 9/30/11) and/or
- A site's license expired prior to 9/30/11

1. Complete and submit the application for approval **without the expired site**
2. Call your assigned consultant to reactivate the old site code number and submit any applicable documentation (i.e. license)
3. Your consultant will notify you when the site is reactivated
4. Log-in to the application and keep clicking "**Continue**" at the bottom of each page until you get to the **List of Site(s)** page
5. The reactivated site will now appear on this page
6. Click on the site code number and complete all applicable fields to update the site information following the directions for **Renewing Agencies** above
7. Resubmit the application for approval

## List of Sites (Continued)

### To add a new site:

**Note:** ONLY sponsoring organizations may add a new site. **If you are an independent center, and would like to add another site, please contact your assigned Consultant.**

1. Select the “**New Record**” button and complete all applicable fields on the Site Application page. Follow step 1 from page 28 above.
2. Click the “**Continue**” button to go back to the List of Site(s) page.
3. Click on the temporary site number. This will bring you to the Site Application page you just completed. Click “**Continue.**”  
**(Note: You will receive a permanent site code number once your application is approved.)**
4. This will bring you to the Site Meal(s) Information page. Complete all applicable fields. Follow steps 3-5 from pages 29-30 above. Click “**Continue.**”
5. Once the site information is completed, click “**Continue.**”

**Child And Adult Care Food Program 2009-2010 Application**  
**List of Sites**

**999001 - By the Book Daycare**

Listed below is/are site(s) valid for contract renewal process. Select the site by clicking site number and provide/update site contract information. Follow the same process for all the site(s) Agency wants to bring in the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instruction.

| Site No. | Site Name               | Type of Site                     | NEW |
|----------|-------------------------|----------------------------------|-----|
| 758      | By the Book Daycare     | Child Care Title XX (For Profit) | NEW |
| 759      | By the Book Infant Care | Child Care Title XX (For Profit) | NEW |

**NEW RECORD**
**CONTINUE**

### NEW AGENCIES

#### To add a new site:

1. Select the “**New Record**” button and complete all applicable fields.
  - a. Follow steps 1-2 under “Renewing Agencies,” page 28.
2. This will bring you back to the List of Site(s) page.
3. Click on the temporary site number. This will bring you to the Site Application page you just completed. Click “**Continue.**”  
**(Note: You will receive a permanent site code number once your application is approved.)**
4. This will bring you to the Site Meal(s) Information page.
5. Complete all applicable fields. Follow steps 3-5 from pages 29-30 above. Click “**Continue.**”

**Child And Adult Care Food Program 2009-2010 Application**  
**List of Sites**

**999001 - By the Book Daycare**

Listed below is/are site(s) valid for contract renewal process. Select the site by clicking site number and provide/update site contract information. Follow the same process for all the site(s) Agency wants to bring in the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instruction.

| Site No. | Site Name               | Type of Site                     |
|----------|-------------------------|----------------------------------|
| 758      | By the Book Daycare     | Child Care Title XX (For Profit) |
| 759      | By the Book Infant Care | Child Care Title XX (For Profit) |

**NEW RECORD**
**CONTINUE**

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#) [\[Records\]](#) [\[Boards/Corporate Officials\]](#) [\[Members RelationShip\]](#) [\[Audit Reporting\]](#)  
[\[Publicly Funded Program\]](#) [\[Controls-A\]](#) [\[Controls-B\]](#) [\[Staff\]](#) [\[Training\\*\]](#) [\[Record Keeping\\*\]](#) [\[Controls-C\\*\]](#) [\[Budget\]](#)

**Child And Adult Care Food Program 2009-2010 Application**  
**List of Sites**

**999001 - By the Book Daycare**

Listed below is/are site(s) valid for contract renewal process. Select the site by clicking site number and provide/update site contract information. Follow the same process for all the site(s) Agency wants to bring in the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instruction.

| Site No. | Site Name               | Type of Site                     | NEW |
|----------|-------------------------|----------------------------------|-----|
| 758      | By the Book Daycare     | Child Care Title XX (For Profit) | NEW |
| 759      | By the Book Infant Care | Child Care Title XX (For Profit) | NEW |

**NEW RECORD**
**CONTINUE**

# Application Enclosures

Refer to the Application Enclosures page and submit applicable documents. You must submit the information to DPI prior to your application being approved. You may mail, fax or e-mail these documents to:

Wisconsin Department of Public Instruction  
Community Nutrition Team  
P.O. Box 7841  
Madison, WI 53707-7841  
Fax: 608-267-0363

Please email, fax or mail the documents to your assigned consultant. If you are unsure of your assigned consultant, you may find the CACFP Regional Contact Map at the following website: <http://dpi.wi.gov/fns/cacfpapps.html> or you may call our office at 608-267-9129.

**PRINTING OF THE APPLICATION:** Before clicking on the “Continue” button on this page, go back to each page by clicking on the Links to prior pages and print off each application page so that you can refer to it if there are questions by your consultant.

Click on the “Continue” button at the bottom of the page.

**Child And Adult Care Food Program 2009-2010 Application**  
**APPLICATION ENCLOSURES**

**999001 - By the Book Daycare**

**Application Enclosures for Institutions/ Sponsoring Organizations**

**ALL INSTITUTIONS**

- a. A copy of the current group day care license or certification for each site (if there are changes from last fiscal year)

**OR**

- b. Documentation of Health and Safety Standards (For unlicensed Outside of School Hours Centers, "At-Risk" After School Hours Care Sites, Emergency Shelters)

This includes:

- i. A copy of the current occupancy permit for each site, or a letter from the local housing authority indicating that the site(s) is located in a residential area and therefore an occupancy permit is not required by local statute.
- ii. A copy of the current fire inspection report and a letter from the local fire marshal detailing how often the site(s) must be inspected, or a letter from the applicable fire department certifying that the site(s) does not require a fire inspection.
- iii. A copy of the most recent health department inspection, or a letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s).
- iv. A letter from the City or County Human (Social) Services Department certifying that there is no local requirement for the site(s) to be licensed or certified for the provision of child care services. (DPI has determined that there is no State requirement that emergency shelters be licensed for the provision of child care services.)


**Additional Requirements**

- 1. **New Institutions Only:**
  - a. One month of menus for each meal service offered (i.e. Breakfast, AM Snack, Lunch, PM Snack, Supper, Additional Snack)
  - b. 2 complete copies of Permanent Agreement/Policy Statement, sign and date page 7
  - c. Federal Tax-Exempt Documentation (New Nonprofit Institutions/Sponsors Only)
  - d. Webcast Certification Statement and Self-Study Questions
- 2. **Sponsoring Organizations Only- Agencies with more than one site participating in the CACFP:**
  - a. Email electronic copy of Attachment G (Budget) to Cari Ann Muggenburg
  - b. Any applicable attachments to the Addendum to the Application/Agreement (PI-6070) that have changed since FY 2009.

**New Sponsoring Organizations Only:**

- a. A copy of the sponsoring organization's most recent independent audit or financial statements prepared by a certified public accountant

- 3. **Vended Food Program Only:**
  - a. Vendor Agreement to provide Meals/Snacks
  - b. Record of vendors and/or schools contacted (For new contracts under \$100,000)
  - c. Formal Bid Packet (for contracts that total yearly expenditure over \$100,000)
- 4. **At-Risk After School Hours Care Sites Only:**
  - a. Documentation of area eligibility (each site must be located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for free and reduced price meals.)
  - b. Certification that the site(s) provides children with regularly scheduled activities in an organized, structured and supervised environment and includes educational and/or enrichment activities.
- 5. **Pricing Program Only:**
  - a. Two copies of the completed Pricing Program Addendum with the authorized representative's signature on page 3.



[Sponsor Info] [Estmt. Enrollment] [Records] [Boards/Corporate Officials] [Members Relationship] [Audit Reporting]  
[Publicly Funded Program] [Controls-A] [Controls-B] [Staff] [Training\*] [Record Keeping\*] [Controls-C\*] [Budget]  
[State/County]

## Certification & Confirmation

1. Read the Certification statement. **A link is provided to a sample copy of the CACFP Permanent Agreement/Policy Statement**

Click on the **"I agree and accept the certification"** button at the bottom of the page to agree to the terms and conditions of the Annual CACFP Application.

2. When you are ready to submit the application to DPI for approval, click on the **"Submit"** button.

3. After clicking the submit button, the **"Contract Application Submitted"** screen will appear if the application has been successfully submitted to the DPI. **PRINT THIS SCREEN** and keep on file with your application.

4. **NOTE: To exit the application and submit the application to DPI, you must click on the "Logout" button at the top of the screen.**

## What Happens Next?

Once you have submitted the application, DPI will review it. Once DPI begins the review of the application it will be 'locked' and your agency will not be able to access it until it has been approved or when the DPI consultant unlocks it for your agency to complete missing or incomplete information.

If the application is incomplete:

1. The agency will be notified using the contact information provided in the Contract Enterer screen.
2. Begin log-in with the same procedures described in the beginning of this manual.
3. Click "**Continue**" to proceed through the contract to make the needed changes or additions.
4. Print all screens that have contract changes prior to submitting to DPI and maintain in your files for a period of three years, plus the current year.
5. You must continue through the entire contract and click on the "**I agree and accept the certification**" and "**Submit**" buttons. The updated information will then be resubmitted to DPI for approval.
6. **Print** the "Contract Application Submitted" Page.
7. Click on the "**Logout**" button at the top of the screen.
8. Email your assigned Consultant informing them that the changes to your contract were made.

A complete application will not be approved until the required documents are also sent in to DPI - see page 32 (Application Enclosures) for details. Once approved, the agency will receive an approval letter via email. For **new agencies**, the emailed approval letter will contain the agency's permanent agreement number and site code numbers. A separate letter containing the agency's log-in password will also be mailed after final approval of the application.

Once the agency has received the DPI approval letter, you may browse the application at any point. When browsing your approved application, click "Logout" in the upper right-hand corner of the screen once you get to the Certification page. **DO NOT** click on the "**I agree and accept the certification**" and "**Submit**" buttons at the bottom of the last page as this will resubmit your application to your DPI consultant.

## Amending the Approved CACFP Application

After submitting the CACFP application, you may need to make changes or additions to the approved contract.

1. Login with your permanent Agency Code and Password and follow the procedures described in this manual.
2. Click **"Continue"** to proceed through the contract to make the needed changes or additions.
3. **Print** all screens that have contract changes prior to submitting to DPI and maintain in your files for a period of three years, plus the current year.
4. You must continue through the entire contract and click on the **"I agree and accept the certification"** and **"Submit"** buttons. **Click on the "Logout" button at the top of the screen.** The updated information will then be resubmitted to DPI for approval.
5. **Print** the "Contract Application Submitted" page.

**Child And Adult Care Food Program 2009-2010 Application  
CERTIFICATION**

**999001 - By the Book Daycare**

**CERTIFICATION**

I CERTIFY that the information on this Application, and all site applications, is true and correct to the best of my knowledge and that the Institution herein named is in compliance with the audit requirements stated in 7 CFR Part 3052. The Institution named herein accepts final financial and administrative responsibility for management of an effective food service, and further agrees to comply with all requirements as specified under 7 CFR 226. A Sponsoring Organization certifies that all key staff (as defined by W DPI) have attended annual Program training and documentation is on file in support of this certification. The Institution certifies that neither it nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that programs' requirements. In addition, the Institution certifies that neither it or any of its principals has been convicted of any activity that occurred in 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.) Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties. The Institution further certifies that a screening process is in place to scrutinize any criminal convictions of board members that may disqualify them from performing program administrative functions. I understand that this information is being provided in connection with receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I further agree to abide by the terms and conditions outlined in the permanent agreement.

**OUTSIDE OF SCHOOL HOURS CENTERS AND AT RISK AFTER SCHOOL HOURS CARE SITES**

In accordance with USDA guidance, Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP are not required to be licensed unless there is a State or local requirement for licensing. As a condition of receiving federal reimbursement under the CACFP, the Institution/Sponsoring Organization certifies that:

Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP under the Institution's/Sponsoring Organization's Application which are not licensed are not required to be licensed based on the Department of Health and Family Services criteria that "No person may for compensation provide care and supervision for 4 or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a day care center from the department," Sec 48.65(1) Wis. Stats.

The Institution/Sponsoring Organization shall require Outside of School Hours Centers and At Risk After School Hours Care Sites to advise the sponsor of any change in conditions that may require such sites to be licensed and that such requirement shall be part of the site agreement the Institution/Sponsoring Organization executes with such site(s).

Should the Institution/Sponsoring Organization receive information or otherwise have knowledge of any change at a site that may affect the site's need to obtain a license, the Institution/Sponsoring Organization shall immediately notify the Department of Health and Family Services in effort to obtain licensure if the site elects to continue participation on the CACFP, or if licensure is required and the site elects not to satisfy the licensure requirement, the site shall be immediately terminated from the CACFP. The Institution/Sponsoring Organization also agrees to immediately notify the Department of Public Instruction of such action(s).

The Institution/Sponsoring Organization agrees that meals and snacks will not be claimed for any site that is not in compliance with the licensure requirement.

**I agree and accept the certification.**

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#) [\[Records\]](#) [\[Boards/Corporate Officials\]](#) [\[Members RelationShip\]](#) [\[Audit Reporting\]](#)  
[\[Publicly Funded Program\]](#) [\[Controls-A\]](#) [\[Controls-B\]](#) [\[Staff\]](#) [\[Training\\*\]](#) [\[Record Keeping\\*\]](#) [\[Controls-C\\*\]](#) [\[Budget\]](#)  
[\[Site\(s\) List\]](#)

6. **Email your assigned Consultant informing them that there are changes to your contract.**