



# Child and Adult Care Food Program Internet Contract Manual Version 7.0

Revised August 2015

*How to guide for successful  
submission of the CACFP Contract*

Department of Public Instruction  
Community Nutrition Team  
125 S. Webster Street  
PO Box 7841  
Madison, WI 53707-7841

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# Table of Contents

	<b>Pages</b>
<b>Overview of Contract Process</b> .....	3-6
Outline of Contract	
What kind of documents still need to be mailed/faxed/emailed to DPI	
<b>Basic Contract Navigation Instructions</b> .....	7
<b>Logging on to the Website</b> .....	8-11
<b>Contract Completion Process</b>	
Contract Enterer Information.....	12
General Information.....	13-15
Estimated Enrollment Information .....	16-17
Records Information .....	18
Board Members or Corporate Official/Owner Information.....	19
Additional Board Members.....	20
Board-Official Relationship and Meetings Information .....	21
Audit Reporting Requirements .....	22-23
Publicly Funded Program (PFP) Information .....	24
Controls – A (Critical Steps, Meal Count Tallies, Menu Review) .....	25-26
Controls – B (Edits, Financial Viability, Procurement Procedures).....	27
Staffing Personnel.....	28-29
Training Information (Sponsoring Organization Only).....	30
Recordkeeping Information (Sponsoring Organizations Only).....	31
Controls – C (Sponsoring Organizations Only).....	32-33
Budget Summary Information (Independent Agency).....	34
Budget Summary Information (Sponsoring Organization).....	35
Controls – D (Sponsoring Organizations Only).....	36-37
List of Sites .....	38-43
Program Uploads .....	44
Certification & Confirmation .....	45
What Happens Next? .....	46
<b>Amending the Approved CACFP Contract</b> .....	47
<b>Print/Browse Function</b> .....	48-51

## Overview of Contract Process

The Child and Adult Care Food Program (CACFP) require an annual submission of a contract to participate in the CACFP. This Manual will help you navigate through the on-line contract process. It is recommended that you print the manual first before logging on to the on-line contract 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.

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 at the top of the screen and you will not be able to proceed with the contract until you have fixed the error.

Information that has been entered and approved will 'roll over' into the following Federal Fiscal Year contract. Each year after the initial approval the Department of Public Instruction (DPI) will require your agency to update and verify the information from the previous year.

### *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*

Agencies that are interested in applying for the CACFP can go to the CACFP New Agency Home website:

<http://dpi.wi.gov/community-nutrition/cacfp/newagency>

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

You need to be prepared BEFORE sitting down at the computer to complete the contract process. For renewing agencies, you should have a copy of the APPROVED FFY 2015 contract in front of you. (A copy can also be obtained by logging into your online contract and selecting 'Print-Browse Application'.) The following is a general 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 Non-Profit Institution)
  - Authorized Representative's information, including date of birth
  - Executive Director's information, including date of birth, if applicable
  - Secondary CACFP Contact (optional)
  - 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)
  - Board relationship information
  - Additional Board Members

## Overview of Contract Process (continued)

- **Estimated Enrollment Information**
- **Records Information**
- **Board Members/Board Members Information**
- **Audit Reporting Requirements**
- **Publicly Funded Programs Information**
- **Controls A & B Information**
- **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) listed by month(s), no years, and topics to be covered
- **Recordkeeping Information (For Sponsoring Organization's Only)**
- **Controls C Information (For Sponsoring Organization's Only)**
- **Budget Information**
  - Estimated income to be used to finance the CACFP
  - Administrative budget (administrative labor – completing the contract, 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 must this information from your uploaded Attachment G
- **Controls D Information (For Sponsoring Organization's Only)**
- **Site Contract Detail**
  - Name, address and phone number of site(s)
  - 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
  - Name of person in charge of site
  - Days, hours, age range of children
  - Whether or not the site participates in any other Child or Adult Nutrition Programs
  - Enrollment policy
  - Site Meal Service Information
    - Select the meal service(s) your agency intends to claim
    - Beginning and ending time of each meal service
    - Average Daily Participation: Estimated number of children to be served at each meal
    - Whether or not meals are prepared on-site, in a central kitchen or by a vendor
    - If meals are vended, enter the name of the Vendor
    - Tentative monitoring dates for each site-list months only, no years (Sponsoring Organizations Only)
    - Meal count procedure for each site that claims greater than three (3) meals
    - If ADP exceeds licensed capacity, enter a narrative explanation

***What kind of documents must be uploaded as part of the online contract?*****ALL INSTITUTIONS**

1. Upload a copy of the current group day care license or certification **for each site** – **Upload a new copy ONLY if there have been changes since the last submission** OR,
2. Upload documentation of Health and Safety Standards (For unlicensed sites that are not Head Start locations, or school sites participating in the National School Lunch or School Breakfast Program)

**This includes:**

- a. **Occupancy permit** – current 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. ) **This item is uploaded once.**
- b. **Fire inspection report** – current 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 does not require a fire inspection. **This is an annual upload.**
- c. **Health department inspection** – most recent 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. **This is an annual upload.**
- d. **Group Child Care License Exemption form - PI-6016** - certifying that the site is not required to be licensed or certified for the provision of child care services. Obtain this form from the CACFP contract website: <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract> It is located under **Contract Enclosures – Renewing Agencies Only, Child Care Institutions, At-Risk Afterschool Programs, Emergency Shelters, Outside of School Hours Sites** **This is an annual upload.**

**Additional Requirements (All listed items below must be uploaded as part of the online contract, except 1d and 5).****1. New Agencies Only:**

- a. One (1) complete copy of the Permanent Agreement/Policy Statement. Read agreement; sign and date page 7. Upload all pages to the DPI. You may find a copy at: <http://dpi.wi.gov/community-nutrition/online-services#cci>. **Upon approval for Program participation, upload a copy of the approved Agreement upon receipt from DPI.** (Program Uploads Page)
- b. Federal Tax-Exempt Documentation (Non-profit Agencies Only)-Program Uploads Page
- c. **SS-4 Form:** Employer Identification Number (EIN) assignment letter from the IRS-Program Uploads Page
- d. Data Universal Numbering System (DUNS) number submission

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

- a) A complete electronic copy of Attachment G (Budget)
- b) All relevant documentation for any budget expense item listed in Attachment G which will be paid for (whole or in part) with CACFP reimbursement (Controls D Page).
- c) A copy of the sponsoring organization's most recent independent audit or financial statements prepared by a certified public accountant or a complete copy of the agency's most recent Federal tax return (Controls D Page).
- d) Narrative of the unmet Program need(s) that will be addressed by your agency's sponsorship of the CACFP (Program Uploads Page).

**Additional Requirements** (continued)

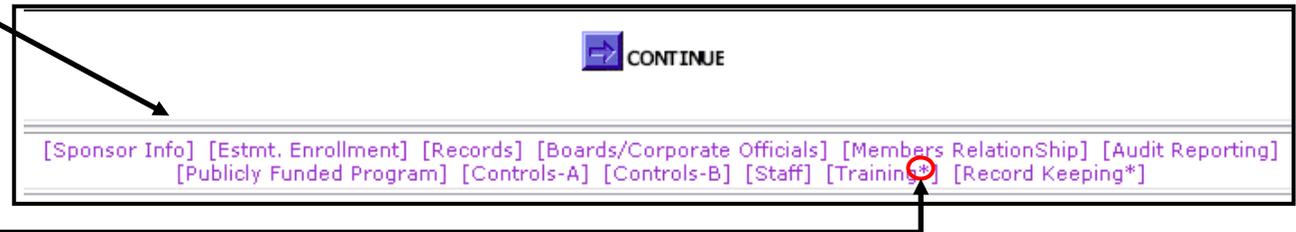
3. **Sponsoring Organizations Only – Agencies with more than one site participating in the CACFP:**
  - a) A complete electronic copy of Attachment G (Budget)
  - b) All relevant documentation for any budget expense item listed in Attachment G which will be paid for (whole or in part) with CACFP reimbursement (Controls D Page).
  
4. **Vended Food Programs Only:**
  - a. Vendor Agreement to provide Meals/Snacks. You may find a copy at:  
[http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/gm\\_4\\_ccc.pdf](http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/gm_4_ccc.pdf)
  - b. Record of vendors and/or schools contacted (For new contracts under \$150,000). You may find a copy at:  
[http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/gm\\_4\\_ccc.pdf](http://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/gm_4_ccc.pdf)
  - c. Formal Bid Packet (for contracts that total yearly expenditure over \$150,000)
  
5. **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 or more 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/community-nutrition/cacfp/at-risk/contract>. Scroll down to **At Risk Afterschool Programs** and click on the following link, *The Wisconsin Public School Eligibility Report for At-Risk Afterschool Programs*. This data reports provides school fiscal year enrollment figures including the number of children approved for free/reduced price meals and the percent of children approved for free/reduced price meals by **building** in Wisconsin public schools.
  - b. Selection regarding Offer versus Serve (Applicable only to institutions which purchase meals/snacks prepared by schools participating in the National School Lunch and/or Breakfast Programs.)
  - c. Click to agree to the Certification statement: *I certify the following activities are regularly scheduled activities in an organized, structured, and supervised environment and include educational and /or enrichment activities.*
  
6. **Pricing Programs Only:**

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/community-nutrition/cacfp/child-care/contract>

## Basic Contract Navigation Instructions

**LINKS TO PRIOR PAGES** –At the bottom of every page there are links for all previous pages that you have already completed. Use the links not the “Back” browser button.

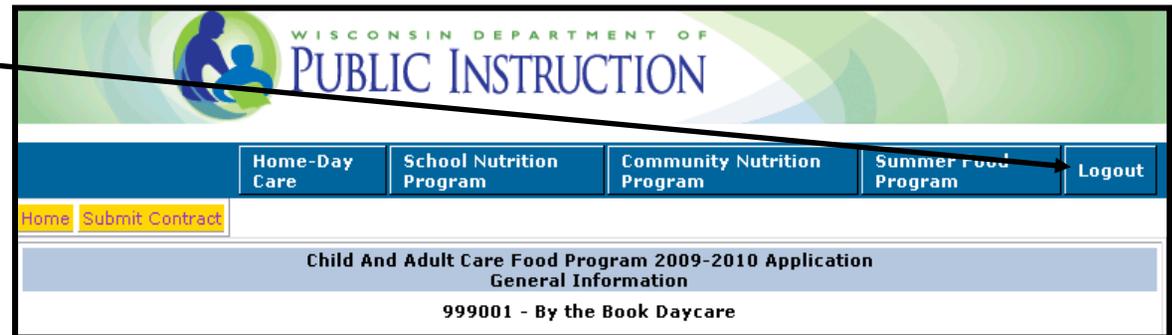
Links with an asterisk (\*), means the link is only accessible to Sponsoring Organizations.



You must click ‘**Continue**’ at the bottom of each page to automatically save new information that you have entered. If you click the “Back” icon at the top of the screen, the entered data **WILL NOT BE SAVED** when you return to the page.

**TIME LIMITATIONS** – A timer starts from the moment the contract site is entered. **If there is no activity 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.**

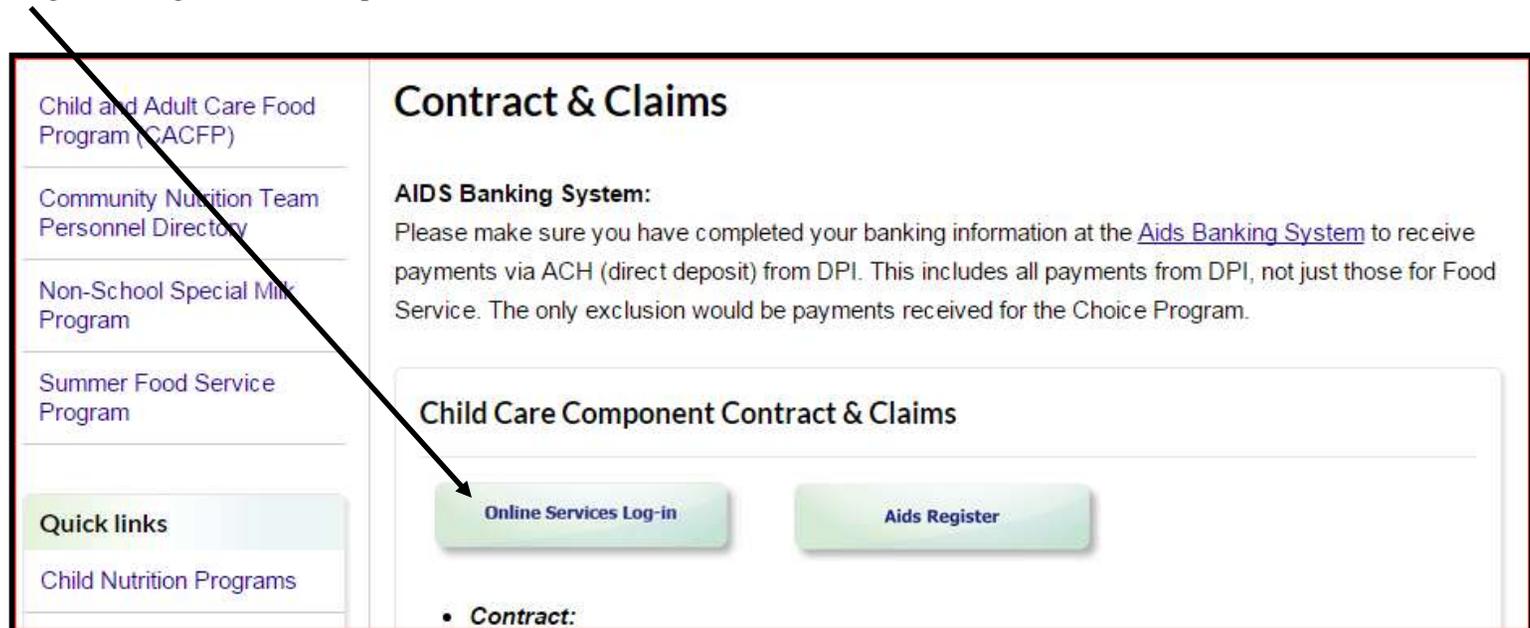


**AFTER FINAL DPI APPROVAL** – After the completed agency contract has been approved by the assigned consultant at DPI, the agency can access the contract to browse, print or update information. Access the DPI site at: <https://www2.dpi.wi.gov/WCNP/>. New Agencies must use the permanent agency agreement 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 Google; Google recommended.
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/community-nutrition/online-services>
4. to replace ‘address link’. Press “Enter: to go to site. (**Bookmark the site at this point, NOT at later pages).**
5. Click on “Online Services Log-in” to begin the contract process.



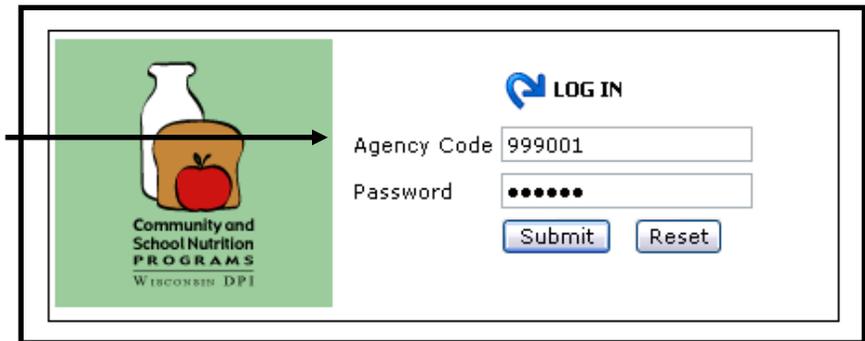
The screenshot displays the 'Contract & Claims' page. On the left is a navigation menu with links for 'Child and Adult Care Food Program (CACFP)', 'Community Nutrition Team Personnel Directory', 'Non-School Special Milk Program', and 'Summer Food Service Program'. Below this is a 'Quick links' section with 'Child Nutrition Programs'. The main content area is titled 'Contract & Claims' and includes an 'AIDS Banking System' section with instructions on completing banking information. Below that is a 'Child Care Component Contract & Claims' section containing two buttons: 'Online Services Log-in' and 'Aids Register'. A 'Contract:' section is partially visible at the bottom. A black arrow points from the text 'Click on “Online Services Log-in”' in the instructions to the 'Online Services Log-in' button.

6. **Note:** All other contract enclosures necessary to complete the contract are available at: <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract>

## Logging on to the Website (Continued)

1. Enter 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. Click the **“Submit”** button.

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



Community and School Nutrition PROGRAMS  
WISCONSIN DPI

LOG IN

Agency Code 999001

Password ●●●●●●

Submit Reset

2. Select **“Community Nutrition Program”**



3. Select **“Contract”**



## Logging on to the Website (Continued)

Once an agency clicks on “Contract”, two links will appear.



Per the 2010 Child Nutrition Reauthorization Institutions are no longer required to re-apply for CACFP participation after submitting the initial contract. Institutions are required to annually submit the following information:

- (a) A certification that any information previously submitted is still current, including all licenses, and
- (b) An updated budget.

**The two links have the following functionality:**

### 1. Renewal of Contract via Annual Certification

#### Renew Contract via Annual Certification

- ✓
- ✓ An agency can only use this option once per year, when renewing their contract;
- ✓ All the online contract information can be reviewed and updated while renewing the contract via the annual certification function;
- ✓ This page provides an option to update each page information within the approved online contract, then return to the certification page;
- ✓ **All agencies are required to:**
  - Open, review, amend and update the budget as needed;
  - Open each site page, review and update all listed information and upload all relevant documents; and
  - Open the Program Uploads page and upload all relevant documents
- ✓ Any corrections/changes after the contract is submitted to DPI are only allowed via the Enter New-Update Contract option, and NOT using the Certification option.

**NOTE: Use this option if there are no or few changes to be made to the online contract.**

## Logging on to the Website (Continued)

### 2. Enter New – Update Contract Information

#### Enter New-Update Contract Information

##### Used by:

- ✓ An agency newly joining the CACFP;
- ✓ An approved agency that has many changes to make to the online contract at the time of renewal;
- ✓ An approved agency that has online contract changes to make throughout the year; (i.e. staff changes, updated license data, etc.).

#### NOTES: (1) Licenses / Health and Safety Standards:

Regardless of the method used to renew your CACFP contract (step 1 or 2 above), a copy of the current DCF license for all approved, licensed locations must always be **uploaded** as part of the online contract [site page(s)] and must accurately reflect said licensing information (i.e. location name and street address, capacity, days and hours of operation and age range of children served).

For each site approved based on Health and Safety Standards, the agency must upload to DPI updated documentation of compliance with the four (4) required Health and Safety Standards.

Health and Safety Standards includes ALL of the following

- **Occupancy permit** – current 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. **This is a one-time submission.**
- **Fire inspection report** – current 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. **This is an annual upload**
- **Health department inspection** – most recent 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). **This is an annual upload**
- **Group Child Care License Exemption Form - PI-6016** – Complete and submit to the Wisconsin Department of Children and Families (DCF), Attention Anne Carmody by fax (608) 267-7252. Once the form has been returned to your agency by DCF, upload the completed, signed and dated form. Obtain this form from the CACFP contract website at: <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract> **This is an annual upload**

#### (2) At Risk Afterschool Meals Site

Once approved as an At Risk Afterschool Meals site the area eligibility determination is valid for 5 federal fiscal years. DPI recommends that for these locations the agency annually updates the online site contract to detail the most current school fiscal year eligibility data. This will re-establish a new five (5) year window of area eligibility.

## 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 contract.

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:** **Must** match legal entity name.
2. **Enter the Agency's Federal Employer Identification Number:** (FEIN): Do not include dashes (-) Documentation of the listed FEIN must be uploaded on the Program Upload page
3. **Enter your Congressional District Number:** Access the map at <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract> to determine your institution’s congressional district.
4. **Enter the Cooperative Educational Service Agency (CESA):** The number which serves your location. Access a map at to <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract> determine your CESA number. 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, agencies are required to upload a copy of the Agency's Federal Tax Exempt Status [(501(c)(3) documentation] on the Program Upload page.
7. **Only for a ‘For Profit’ Organization:** Specify ‘Yes’ or ‘No’ whether your for profit organization is required to have a governing board.
8. (a) **Sites Information:** Select if your agency will operate more than one site on the CACFP in Wisconsin. (If your agency will operate the CACFP in any other State or territory contact your assigned DPI consultant with a full listing of all said States and/or Territories.)  
(b) Enter the number of sites participating in the CACFP this upcoming year in Wisconsin.
9. **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 upload it as part of the online contract. **Contact your assigned Consultant for additional information and guidance.**
10. **For Emergency Shelters Only:** Select applicable option for your agency. If **not** an Emergency Shelter, you must select “None.”

**Child And Adult Care Food Program FFY 2016 Application**  
**General Information**

**186811 - Boys & Girls Club - Chippewa Valley**

*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  Federal Employer Identification Number

Congressional District  CESA No.  County  Sponsor Type

**Only for For Profit Organization:**  
Is your for profit organization required to have a governing board??  [If 'Yes' is selected you have to complete Board Information at later part of the application.]

**Sites Information:**  
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:** [If Pricing Program is selected upload the Pricing Program Addendum on the Program Uploads page.]  
 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  State  Zip  +

## General Information (Continued)

11. **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.

12. **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** is the official within the organization with the legal authority to enter into contracts and execute such documents on behalf of the organization. The signature of the Authorized Representative certifies that the organization agrees to conform to the CACFP regulations, guidelines, and policies. The Authorized Representative may or may not complete any or all CACFP tasks but is ultimately responsible for the CACFP.

**Note:** The Authorized Representative and the Executive Director cannot have a business relationship with the Governing Board, other than serving as the Authorized Representative or the Executive Director.

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"/>		

13. **Enter all requested information on the agency's Executive Director, or check Not Applicable.**

Executive Director is defined as the Chief Executive Officer or managing director of an organization, company, or corporation. The role of the Executive Director is to design, develop and implement strategic plans for the organization. The Executive Director is also responsible for the day-to-day operation of the organization, including managing committees and staff and developing business plans in collaboration with the board for the future of the organization. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

<b>Executive Director</b> <input type="checkbox"/> Check if Not Applicable			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> [MM/DD/YYYY]	Title	<input type="text" value="None"/> ▼
Phone Number	<input type="text"/>	Extension	<input type="text"/>
		Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

**14. Secondary CACFP Contact - NEW FOR FFY 2016**

**Enter all requested information on the agency's Secondary CACFP Contact, or check Not Applicable.** (The secondary CACFP contact will receive all email notifications sent to the Authorized Representative.)

<b>Secondary CACFP Contact</b> <input checked="" type="checkbox"/> Check if Not Applicable			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text" value="None"/>		
Phone Number	<input type="text"/>	Extension	<input type="text"/>
		Fax Number	<input type="text"/>
Email Address	<input type="text"/>		
 <b>CONTINUE</b>			

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, outside of school hours care centers** and **At Risk** sites enter the total estimated **monthly** number of children in the non-needy, reduced and free categories for all sites.  
 Note: At-Risk sites must report all children in the free category.

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

- b. 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.**

**Child And Adult Care Food Program 2012-2013 Application**  
**Estimated Enrollment Information**

**999001 - By The Book Daycare**

**Estimated Monthly 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	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>
Adult Sites	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

Participants Category	Estimated Enrollments for all sites	Meal Type	Estimated Total Daily Meals for all sites**
Eligible Children 0-18 Years	<input type="text" value="0"/>	Breakfast	<input type="text" value="0"/>
Resident of Any Age Who Have Disabilities	<input type="text" value="0"/>	Lunch	<input type="text" value="0"/>
Ineligible Children*	<input type="text" value="0"/>	Supper	<input type="text" value="0"/>
Adults	<input type="text" value="0"/>	AM	<input type="text" value="0"/>
Total Enrollment All Sites	<input type="text" value="0"/>	PM	<input type="text" value="0"/>
		Additional	<input type="text" value="0"/>

c) **USDA Foods or Cash-in-Lieu**— **NEW FOR FFY 2016**

Make a choice regarding USDA Foods or cash-in-lieu of USDA Foods. **ALL agencies will receive the selection preferred by a majority of the respondents.** (Cash-in-lieu of USDA Foods means a reimbursement amount of \$0.2375 (effective July 1, 2015) for each lunch and supper claimed will be paid in addition to the Program meal reimbursement.)

DPI's decision for offering either USDA Foods or cash-in-lieu of USDA Foods to all participating agencies in the CACFP is based on this annual survey process.

**c) USDA Foods or Cash-in-lieu**

Does your agency wish to receive USDA Foods or cash-in-lieu of USDA Foods?

\*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.

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

 **CONTINUE**

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

## 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.

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

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. 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).

**Each board official must have their own unique e-mail address. DO NOT use the same e-mail address as the Authorized Representative.**

2. **For-Profit:** Corporate Official/Owner Information screen will appear. At least one Corporate Official/Owner must be entered. - 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).

**For –Profit: If the Authorized Representative and the Corporate Official/Owner are the same person you must list a different e-mail addresses on the Corporate Official/Owner Information Page.**

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

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

**999001 - By the Book Daycare**

*[Note: Immediately notify the Department of any changes in Board Membership between application]*

**President**

First Name  Last Name

Date of Birth  /  /  [MM/DD/YYYY]

Street Address:

City  State  Zip + 4

**Child And Adult Care Food Program 2010-2011 Application  
Corporate Official/Owner Information**

**999001 - By the Book Daycare**

*[Note: Immediately notify the Department of any changes in agency ownership between application]*

**1. Corporate Officials/Owners (mandatory)**

First Name  Last Name

Date of Birth  /  /  [MM/DD/YYYY]

Street Address:

City  State  Zip + 4

Email Address

**2. Corporate Officials/Owners**  Check If Not Applicable.

First Name  Last Name

Date of Birth  /  /  [MM/DD/YYYY]

Street Address:

City  State  Zip + 4

Email Address

## Additional Governing Board Members

Create a separate record for each additional board member;

**Only list additional board members that have voting rights.**

- Click on New Record,
- Enter first and last name,
- Click Save.

**Additional Governing Board Members**

List the names of any additional members of your board of directors, do not list governing board officials listed on previous page.  
**Only list additional board members that have voting rights.**

**56810 - Horizons Unlimited Inc**

To add an Additional Governing Board Member, click 'New Record' button. To delete or update from the list, select a name and follow the instructions.

First Name	Last Name
Basil	Salisbury
Polly	Perfect

 NEW RECORD
  CONTINUE

To delete or update, click on the first or last name and follow the instructions.

Once all additional Board members with voting rights have been entered, click '**Continue**'.

## Board Information

**Applicable to all Private Non Profit agencies and any For Profit agency required to have a governing board of directors.**

1. Do any of the board members having a financial interest in the agency? (A majority of the board defined as 50% or greater of the total board members, rounding up to the next whole number cannot have a financial interest in your agency.)
2. Specify whether any of the board members are family-related to any agency personnel performing CACFP-related duties as listed on the Staffing personnel page. **If answering “Yes” the contract cannot be approved. NOTE: Board members cannot perform any CACFP duties.**
3. Answer whether any of the board members are family-related to each other. **If answering “Yes” the contract cannot be approved.**
4. Specify whether the Executive Director or the Authorized Representative is a member of the board of directors. If answering “No” you do not need to answer question 4a.
  - 4a. If answering “Yes: to question 4, then you must answer “Yes” to question 4a. **If answering “No” to question 4a the contract cannot be approved.**
5. Specify whether the Executive Director or the Authorized Representative is family-related to any member of the board. **If answering “Yes” the contract cannot be approved.**
6. Enter the number of board members employed by the agency. If none enter zero (0). The agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online contract as performing any CACFP duties.
7. Schedule of Board Meetings – Enter the anticipated dates (by month, do not specify the year) of all governing board meetings for the upcoming federal fiscal year.

**Child And Adult Care Food Program FFY 2015 Application**  
**Board Information**

**19999 - By the Book Daycare**

1. Do any of the board members have a financial interest in your agency?  Yes  No  
 If Yes, list the board member(s) name and describe the financial interest. The majority of the board members must not have a financial interest in your agency. (Financial interest is defined as anything of monetary value, including but not limited to wages, salary, consulting fees, contracted services, honoraria, equity interests (e.g., stocks, stock options, or other ownership interests), interests in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt. A majority is defined as 50% or greater of the total board members, rounding up to the next whole number.) [4000 characters allowed]
2. Are any of the board members family-related to any agency personnel performing CACFP duties as listed on the Staffing Personnel page of the online application?  Yes  No  
 (Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses/partners of the children, grandchildren, great grandchildren and siblings.)
3. Are any of the board members family-related to each other?  Yes  No
4. Is the Executive Director or the Authorized Representative a member of the board of directors?  Yes  No  
 4a. Do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board decision regarding their salary or other human resource issues that affect them, such as hiring and firing?  Yes  No
5. Is the Executive Director or Authorized Representative family-related to any member of the board?  Yes  No
6. Enter the number of board members employed by the agency.   
 (If the agency's bylaws, articles of incorporation or board policies and procedures require one or more employees (e.g. clergy, teachers, staff) to be members of the board, the agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online application as performing any CACFP duties.)
- Schedule of Board Meetings (Report the months for all Governing Boards meeting for the upcoming federal fiscal year) [4000 characters allowed]  

The third Monday of each month: September through August



Once all questions on the Board Information page have been answered, click ‘Continue’.

## Audit Reporting Requirements

Enter all Federal programs for which your agency receives funding.

**NOTE: Not Applicable for For-Profit Agencies.**

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 FFY 2016 Application**  
**Audit Reporting Requirements [Only For Non-Profit and Public Agencies]**

The Code of Federal Regulations, Title 2-Grants and Agreements, Part 200 (2 CFR Part 200) establishes audit requirements. Specifically, Subpart F - Audit Requirements requires an annual audit of nonfederal entities, with a fiscal year beginning on or after December 26, 2014, expend \$750,000 or more in a year in total federal awards (this amount is \$500,000 for agencies with a fiscal year beginning on or before December 26, 2014). The audit threshold applies to all federal grant awards combined.

This section describes the report submission requirements for nonprofit agencies required to have an audit. To determine if your agency must have a single audit conducted complete the following table. List all federal programs for which your agency receives funding, the assigned CFDA number (found in the Catalogue of Federal Domestic Assistance found at <https://www.cfda.gov>) and the amount expended during the last fiscal year for your agency.

Copies of all completed single audit reports are required to be submitted to the Federal Audit Clearinghouse. A copy of the last completed single audit report is also required to be uploaded into your online application found on the Controls D page. If you have any questions please do not hesitate to contact Cari Muggenburg at [cari.muggenburg@dpi.wi.gov](mailto:cari.muggenburg@dpi.wi.gov).

If your agency received expenditures for a federal program and it is already listed below, click on the federal program's CFDA number to open the existing record and update the expenditure amount. Do not click the *New Record* button.

**186811 - Boys & Girls Club - Chippewa Valley**

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
SC-B94010	OJJDP FY11 National Youth Mentoring Programs	20,000.00
10.559	Summer Food Service Program	40,000.00
10.558	Child and Adult Care Food Program	10,925.00
	<b>Total</b>	<b>70,925.00</b>

\*CFDA means the assigned federal number found in the *Catalog of Federal Domestic Assistance Numbers*

3. Enter the amount expended for each Federal Program during the prior federal fiscal year, FFY 2015 (October 1, 2014 – September 30, 2015). **Do not enter any commas.** To obtain the amount expended for the CACFP, refer to your CACFP Financial Report(s) for the fiscal year 2015. If you are a **new agency**, enter zero (0) under the “Amount Expended” column for the Child and Adult Care Food Program.

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.

**999001 - By the Book Daycare**

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.

**999001 - By the Book Daycare**

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

1. **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 contract.

**Renewing Agencies** - Only list any **NEW** publicly funded programs in which the **Institution and/or its principals** have participated in during the past year. **DO NOT DELETE EXISTING RECORDS**

2. 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 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/community-nutrition/cacfp/child-care/contract>.

3. Click on the “**Save**” button at the bottom of the page after entering information for each program.
4. Click on “**New Record**” to enter each additional Publicly Funded Program.
5. 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
By the Book Daycare	N/A	W2	N/A	7
ABC Day Care	Polly Perfect	CACFP, W2	Director	3




**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




**Note, multi-state agencies must list all publicly funded programs in all state and territories in which the agency operates the CACFP.**

## Controls – A (Critical Steps, Meal Count Tallies, Menu Review, Effective Date of HSIS Determinations)

According to your agency's procedures:

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

**a. Claims processing:**

- **At-Risk and Emergency Shelters** select "N/A" in the box provided. Select "**Other**" and describe how **daily attendance will be tracked.**

All other agencies must check the first three boxes.

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

- If "**Other**" box is checked, you must provide an explanation/narrative answer.

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

- If "**Other**" box is checked, you must provide an explanation/narrative answer.

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

**999001 - By the Book Daycare**

**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 con records are reviewed by center staff who are familiar with the CACFP infant meal patterns, and those m 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 s 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 do 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 review infant meal records, counting those that show all required components were offered in at least the minimum amou 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 pa assure that all required components will be served in at least the minimum portion size for each meal and snack to be reimbursement.

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

Other. [Specify below]:

## Controls – A (Critical Steps, Meal Count Tallies, Menu Review, Effective Date of HSIS Determinations) (Cont'd)

### d. Effective Date of the Household Size-Income Statement Determinations: **REVISED FOR FFY 2016**

An agency now has the flexibility to establish the method it will use when determining the effective date of the Household Size-Income Statements. (This flexibility only applies to complete Household Size-Income Statements containing all the required information at the time of the initial submission by the household. If the Household Size-Income Statement is not complete at the time of the initial submission, the effective date is the date the completed Household Size-Income Statement is approved and initialed by the Determining Official.)

#### Effective Date of Household Size-Income Statement Determinations

An agency now has the flexibility to establish the method it will use when determining the effective date of the Household Size-Income Statements. (This flexibility only applies to complete Household Size-Income Statements containing all the required information at the time of submission.) if the Household Size-Income Statement is not complete at the time of submission, the effective date is the date the completed Household Size-Income Statements is initialed by the Determining Official.)

From the choices below select the method to be used by your agency when determining the Household Size-Income Statements. The selection your agency makes must be uniformly applied to all Household Size-Income Statements and must be maintained for an entire Federal Fiscal Year (October 1 - September 30). Regardless of the choice selected, the Household Size-Income Statements expire one year from the determination date based on the method chosen.

- Date the Household Size-Income Statement was initialed and dated by the agency's determining Official certifying the eligibility determination
- Date the Household Size-Income Statement was signed and dated by the household member
- N/A (Agency only administers At Risk and/or Emergency Shelters and/or Head Start sites.)



The selection your agency makes must be uniformly applied to all Household Size-Income Statements and must be maintained for an entire Federal Fiscal Year (October 1 – September 30). Regardless of the choice selected, the Household Size-Income Statements expire one year from the determination date based on the method chosen.

The choices are:

- Date the Household Size-Income Statement was initialed and dated by the agency's Determining Official certifying the eligibility determination;
- Date the Household Size-Income Statement was signed and dated by the household member;
- N/A (Agency only administers At Risk and/or Emergency Shelter sites and/or Head Start sites).

Click on the '**Continue**' button at the bottom of the page when you have finished.

## 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 FFY 2015 Application**  
**Controls - B**

**19999 - By the Book Daycare**

**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 150,000 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 \$150,000.

Other Specify below:

**CONTINUE**

## Staffing Personnel

List the names, titles and birth dates of the person(s) responsible for the CACFP program duties. **Board members cannot perform any CACFP duties.**

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

**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

**Child And Adult Care Food Program FFY 2015 Application  
Add Staffing Personnel Information**

**19999 - By the Book Daycare**

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

Program Duties	Prepares meals.
Title	Maintains participant(s) attendance records.
First Name	Maintains meal counts by meal type(s) for participants.
Last Name	Maintains participant(s) intake forms/enrollment forms 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 Menus

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

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

**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

## Staffing Personnel (Continued)

Independent centers: 10 program duties (At Risk sites 7 duties; Emergency Shelters 6 duties); Sponsoring organizations: 15 program duties.

**Board members cannot perform any CACFP duties.**

**Staffing Personnel**

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

Program Duties	Prepares meals.
Title	Prepares meals.
First Name	Maintains participant(s) attendance records.
Last Name	Maintains meal counts by meal type(s) for participants.
Date of Birth	Maintains participant(s) intake forms/enrollment forms 4
	Completes production records (quantity of food prepared) 3
	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 Menus

**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 "Save" button. To delete the record click "Delete" button.

Program Duties	Completes/maintains participant(s) attendance records.
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.
	Issues policies and procedures.
	Monitors sites.
	Approves site applications.
	Completes/maintains participant(s) enrollment/intake forms 4
	Completes production records (quantity of food prepared) 3
	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 Menus

**Staffing Personnel**

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

Program Duties	Maintains daily participation records 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.

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

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 state
Sally	Hansen	Director	05/26/1964	Complete, Approves, and maintains household size-in
Melinda	Jones	Director	12/11/1975	Complete, Approves, and maintains household size-in
Cooks	Cooks	Cook at each site	11/30/0002	Completes production records (quantity of food prep
Directors	Directors	Director at each site	11/30/0001	Completes/maintains enrollment or intake forms and
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) participants.

## Training Information (Sponsoring Organizations Only)

**Independent Centers:** Pages 28-31 of this manual are not applicable. These screens will not appear on-line. Skip to page 32 to the Budget Summary Information-Independent Agency.

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. Date(s) of training must be **listed by month, do not enter a year.**
    - a. Click “**Save**” on the bottom.

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

**To add additional training topics click on the “New Record” button.**

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.

**999001 - By the Book Daycare**

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

<b>Training Date(s)</b>	<b>Name(s) of Person(s) Conducting Training</b>	<b>Topics Covered</b>
-------------------------	---	-----------------------

**999001 - By the Book Daycare**

[To Add information enter data and click save button]

<b>Topics Covered</b>	Serving meals which meet the CACFP meal patterns.
<b>Training Date(s)</b>	Serving meals which meet the CACFP meal patterns.
<b>Name(s) of Person(s) Conducting Training</b>	Taking accurate meal counts. Submitting accurate meal claims. The Sponsoring Organization's review procedures. The Program's reimbursement system.

[To modify information, change data and click the "Save" button. To delete the record, click the "Delete" button]

<b>Topics Covered</b>	Submitting accurate meal claims.
<b>Training Date(s)</b>	August
<b>Name(s) of Person(s) Conducting Training</b>	Polly Perfect

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
August	Polly Perfect	Submitting accurate meal claims.
July/August	Polly Perfect	Serving meals which meet the CACFP meal patterns.
July/August	Polly Perfect	Taking accurate meal counts.
August	Polly Perfect	The Sponsoring Organization's review procedures.
July	Polly Perfect	The Program's reimbursement system.
August	Polly Perfect	Civil Rights Requirements for all agency staff.
August	Polly Perfect	Compliance with the Program's record keeping requirement.

## 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. 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 performs CACFP duties. **You must check “Yes” to this question to be eligible for the CACFP. In the text field add a narrative description of your agency’s outside employment policy.**

<b>Sponsoring Organizations and personnel policies.</b>	
Does your agency have procedures for supervising staff that perform CACFP monitoring duties? Detail below your policies and/or procedures for supervising agency staff that monitor the sites participating in the CACFP. These policies and/or procedures must ensure effective management and monitoring of all CACFP activities at all sites. Refer to Guidance 5C (child care) and 5A (adult care) for additional information. <i>Explain Monitoring Policy.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your agency have personnel policies on outside employment of CACFP employees? <i>Explain Outside Employment Policies.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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

(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.)

**Cost Allocation Plan**—Select yes or no for each of these questions. If Yes is selected for any of the three questions a copy of the relevant cost allocation plan must be uploaded on the Controls D page.

<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, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded <b>office and/or operational space</b> ? if Yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded <b>supplies</b> ? if Yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

### Fiscal Overclaim - **NEW for FFY 2016**

Answer the question regarding a written policy on the recovery of fiscal overclaims from the sponsored sites. If all the sponsored sites are the same legal entities as the agency select Not Applicable. (A site is considered the same legal entity as the agency if the site shares the same Federal Employer Identification Number (FEIN), and/or the same board of directors or corporate officials that govern the sponsoring organization also directly governs and oversees the site.)

**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>Fiscal OverClaim.</b></p> <p>Does the agency have a written policy to obtain a fiscal overclaim from its sites if the agency has determined that the site(s) has been paid an overclaim? (Not applicable to sponsors of only affiliated sites; sites that are the same legal entity as the sponsoring organization.)</p> <p> <input type="radio"/> Yes   <input type="radio"/> No   <input checked="" type="radio"/> Not Applicable-agency only sponsors sites that are the same legal entity as the sponsoring organization. </p>
<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 DPI and USDA approval is required. </p> <p> <input type="checkbox"/> Other. Specify below: </p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
 <b>CONTINUE</b>

When done click Continue as the bottom of the page.

## Budget Summary Information (Independent Agency)

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).

**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 the CACFP reimbursement, and specify the source of the other income.**

Projected Sources of Income	Projected Annual Income (\$)
A. CACFP Projected Meal Reimbursement	29000.00
B. CACFP Projected Cash-in-Lieu of Commodities	0
C. Other Income (Specify below)	
Enrollment Fees	5000
D. Other Income (Specify below)	
	0
E. Other Income (Specify below)	
	0.0
<b>Total Income</b>	34000

**Note:** To calculate CACFP Projected Meal Reimbursement, you may reference the “2014-2015 Reimbursement Calculation Worksheet,” which can be found online at <http://dpi.wi.gov/community-nutrition/cacfp/child-care/memos> 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.

If entering projected other food service costs you must specify what these other costs are.

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

Projected Expenses	Requested Food Service Cost (\$)	CACFP Paid in Full or in Part
1. Projected food costs this year, including food vendor costs	15000.00	Yes
2. Projected Non Food/kitchen supply costs	400.00	Yes
3. Projected food service labor costs, including both operational and administrative salaries and benefits	6000.00	No
4. Projected other food service costs (specify below)		
Utilities	500.00	Yes
<b>Total projected food service costs (Line 1+2+3+4)</b>	21900.00	

 CONTINUE

## Budget Summary Information (Sponsoring Organization)

### NEW for FFY 2016 - Upload a complete copy of Attachment G

The format for the file name should be: (Agency Code with dash)\_FFY\_2016\_CACFP\_BUDGET\_Original.xlsx (Original, Rev 1, Rev 2, etc).xlsx(or xls).

On the Budget Summary page 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, the online budget summary page must match the Budget Summary of your Attachment G. For SO of Affiliated the Attachment G document can be found at <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract>.**

**Note:** Enter the projected dollar amount so it matches exactly with the Attachment G 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 the CACFP reimbursement and specify the source of the other income.**

**Note:** To calculate CACFP Projected Meal Reimbursement, you may reference the "2015-2016 Reimbursement Calculation Worksheet," which can be found on-line at <http://dpi.wi.gov/community-nutrition/cacfp/child-care/memos> 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.

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

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

**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 the upcoming federal fiscal year. 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: All sponsoring organizations need to submit the Attachment G along with the budget summary. Click below to upload new file or replace/update previously uploaded file.** The format for the file name should be: (Agency Code with dash)\_FFY\_CACFP\_BUDGET\_(Original,Rev 1,Rev 2, etc).xlsx(or xls).

File Name	Date File Last Uploaded	File	Upload / Update
56810_FFY_2016_CACFP_Budget_Original.xlsx	8/13/2015		Update

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

Projected Sources of Income	Projected Annual Income (\$)
A. CACFP Projected Meal Reimbursement	52661.25
B. CACFP Projected Cash-in-Lieu of Commodities	0
C. Other Income (Specify below) Contributions Income	20859.92
D. Other Income (Specify below)	0
E. Other Income (Specify below)	0.0
<b>Total Income</b>	<b>73521.17</b>

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>1825.00</b>	
<b>B. Other Administrative Expenses</b>		
1. General Office Supply Expense	250.00	No
2. Contracted Services*	0	No
3. Equipment Rental/Lease Expense	0	No
4. Travel Expense	0	No
5. Training Expense	200.00	No
6. Misc. Administrative Expense (Specify below)	0	No
<b>B. Total Sum of Lines B1 to B6</b>	<b>450.00</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>41600.00</b>	
<b>D. Other Operational Expenses</b>		
1. Food Supplies	31100.00	Yes

## Controls – D (Sponsoring Organizations Only)

**NEW for FFY 2016**

**Financial Viability**

For any item listed in Attachment G as being paid for directly in whole or in part with your CACFP reimbursement the relevant support documentation, as listed to the right, must be uploaded.

In addition, all sponsoring organizations are required to upload:

- (1) A complete copy of the agency’s most recent audit (A-133, financial review by a Certified Public Account or last **Federal** tax return),

**And**

- (2) A written description of the agency’s policy for recruiting new facilities.

**Recruitment Policy**

When recruiting new facilities the agency must ensure that the new facility is either the same legal entity as the sponsoring organization (i.e. the new facility is affiliated with the sponsoring organization and shares the same Federal Employer Identification Number, and/or the same board of directors or corporate officials that govern the sponsoring organization also directly governs and oversees the site), or if the new facility is unaffiliated with the sponsoring organization it meets the appropriate eligibility criteria for participation in the CACFP. That being, the new facility possesses Federal tax exempt status [501(c)(3)] or if the new facility is for profit, it receives W-2 Child Care (Shares) funds for at least 25 percent of the enrolled children (licensed capacity or enrollment, whichever is lower), or at least 25 percent of the children the facility serves are eligible for free and reduced-priced meals.)

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Financial Viability	Written Personnel Policies for CACFP funded employees			Upload	
	Job Description and Work Schedules worked for CACFP funded Administrative Employees			Upload	
	Job Description and Work Schedules for CACFP funded Operational Employees			Upload	
	Description of CACFP Funded Employee Benefits( i.e. Employee Handbook)			Upload	
	CACFP funded Equipment Inventory list			Upload	
	CACFP Funded office or kitchen space agreement. Include rental/lease agreement or depreciation schedule with purchase agreement			Upload	
	CAFP Funded Outside Service Contracts (include Professional and Equipment)			Upload	
	CACFP Funded Insurance Policy(ies)			Upload	
	CACFP Funded professional dues or membership application/description			Upload	
	Detailed Description of any CACFP funded Travel during budget year			Upload	
	Other Budget Support documentation			Upload	
	Description of CACFP Allocation Plan			Upload	
	Organization Audit(A-133,financial review by CPA or last Federal tax return ) *			Upload	
	Recruitment Policy for new facilities *			Upload	
	Other			Upload	

## Controls – D (Sponsoring Organizations Only) (Continued)

### Administrative Capability<sup>1</sup>

All sponsoring organizations **are required** to upload:

- (1) A current organizational chart, which must include the CACFP

**And**

- (2) Organizational Mission

Sponsoring organizations which administer 25 or most sites must also upload job descriptions for all employees performing CACFP monitoring duties, which includes the percentage of time spent on monitoring, along with a completed copy of form PI-6070-A.

Administrative Capability	Current Organization Chart(must include CACFP) *			Upload	
	Organization Mission *			Upload	
	For sponsors of 25 or more sites only: Job Description for all employees performing CACFP monitoring duties including the percentage of time spent on monitoring, along with PI-6070-A			Upload	
	Other			Upload	

### Program Accountability<sup>1</sup>

All sponsoring organizations **are required** to upload a complete, detailed description of the organization’s accounting and financial system. At a minimum your description should include: how your agency funds CACFP expenses; what method is used for payment (i.e. center credit/debit card, check or invoice) of CACFP expenses; how CACFP reimbursement funds are tracked; how your agency tracks CACFP direct expenses from other center/non-CACFP expenses; include the type accounting software/system used (i.e. Quickbooks, Peachtree, etc.) and what accounts are designated for tracking of CACFP direct expenses. Also include in your description what documentation is retained on file to support the CACFP expenses reported on the quarterly financial reports. If you have a copy of the latest monthly expense tracking report for your agency include it with your description.

**Written formal accounting procedures for the entire organization would be preferred.** If your agency contracts out for accounting service please have your contracted accountant supply the minimal procedures listed above along with their contact information.

Program Accountability	Detailed Description of the organizations accounting and financial system *			Upload	
	For sponsors of Unaffiliated Sites Only: Detailed Description of how you disburse CACFP payments to your facilities.			Upload	
	Other			Upload	

Sponsoring organizations which administer unaffiliated sites (sites that do not share the same legal identity as the sponsor) must also upload a complete detailed description of how the sponsor disburses CACFP payments to the sites.

<sup>1</sup>Not applicable to School Food Authorities administering the National School Lunch Program and/or the School Breakfast Program.

When done click Continue as the bottom of the page.

## List of Sites

### (New Agencies go to page 43)

Sites licensed by the Wisconsin Department of Children and Families (DCF), you are required to upload a copy of the current DCF license for that site. **All uploads must be in PDF format.** On the List of Sites page each relevant site will have the word “Upload” listed under the column titled “Upload Day Care License”.

#### Notes:

- Adobe can be downloaded for free at: <http://get.adobe.com/reader/>
- Upload a black and white copy
- Jpeg must be converted to a PDF: <http://www.freepdfconvert.com/>
- All uploads must be in pdf format.
- When saving the license as a pdf file, scan in grayscale and avoid the highest resolution.
- Do not include a comma (,) a dash (-) or and underscore (\_) as part of the file name

When you click on the word “**Upload**” this screen appears:



Click “**Browse**”, then locate the PDF copy of the license saved on your computer; then click “**Open**”, then “**Upload**”.

Once uploaded you will be returned to the List of Sites page; The word “**Update**” will now appear under the column titled “**Upload Day Care License**”.

Once all licenses have been uploaded, then click ‘**Continue**’ on the List of Sites page.

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

Renewing Agencies: Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site	Upload day care License
1759	Red Caboose School Age - Lapham	Outside School Hours Center	Upload
1760	Red Caboose School Age - Marquette	Outside School Hours Center	Upload
136810	Red Caboose Day Care Center Inc	Center-Child Care Inst. Day Care	Upload

NEW RECORD CONTINUE

Child And Adult Care Food Program FFY 2015 Application  
[Upload Site License Information File]  
136810 - Red Caboose Day Care Center In

[Upload day care license/approval]

Click Browse button to select a PDF File to upload

Selected File :  Browse...

UPLOAD

[Site(s) List]

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

Renewing Agencies: Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site	Upload day care License
1759	Red Caboose School Age - Lapham	Outside School Hours Center	Update
1760	Red Caboose School Age - Marquette	Outside School Hours Center	Update
136810	Red Caboose Day Care Center Inc	Center-Child Care Inst. Day Care	Update

NEW RECORD CONTINUE

## List of Sites (Continued)

**RENEWING AGENCIES** – All sites that are valid for the **entire** current fiscal year will automatically appear on this screen. **In order to make a site valid for the upcoming fiscal year, you MUST check each site's information for accuracy and update any information.**

**If an active site does not appear here, refer to the bottom of page 40 (Missing/Inactive Sites) for instructions on how to make the site active.**

**Note:** For-profit agencies can only sponsor for-profit sites which are the same legal entity as the for-profit agency.

### To check each site's information for accuracy and update any information:

You **MUST** click on the site number or name and complete all information on the Site Contract and Site Meals Information pages. Some fields will pre-populate. Check each field to ensure accuracy.

### Site Contract:

1. Provide/update site information by completing all applicable fields.
  - a. **Type of Site:** If you are a Non-profit child care center, choose “Center-Child Care Inst. Day Care” from the drop-down box. If you are a For-profit child care center, choose “Child Care Title XX (For Profit)” from the drop-down box.
  - b. **County:** 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.
  - c. **Provider Number:** Enter the 13-digit number (without dashes) assigned to you by the Department of Children and Families. If you do not have an assigned Provider Number, enter 13 zeros (without dashes).
  - d. **Phone Number:** Enter the 10-digit number (without dashes).
  - e. **License Capacity:** If the At-Risk Site(s), Outside of School Hours Care Center(s) and/or Emergency Shelter(s) is not licensed or certified, then indicate the capacity according to the occupancy permit, fire or health inspection in this field.
  - f. **Expiration Date:** If you have a non-expiring license, leave these fields blank. Agencies that have a probationary license or are are certified must enter an expiration date.
  - g. **USDA Programs:** Special Milk Program (SMP), National School Lunch Program (NSLP), School Breakfast Program (SBP), Summer Food Service Program (SFSP).
  - h. **Preapproval Visits (Sponsoring Organizations Only):** If your site is new, moved to a new location or closed for more than one month you must complete this question.
  - i. **Enrollment:** You must check only **one** of the enrollment policies for each site.

2. Click ‘Continue’.

Child And Adult Care Food Program 2010-2011 Application  
List of Sites

999001 - By the Book Daycare

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

**Renewing Agencies:** Click on the site(s) below to ensure all information is still current, correct and matches the license DPI on file. If not, use the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site	
15593	By the Book Daycare	Child Care Title XX (For Profit)	NEW
15594	By the Book Daycare	Child Care Title XX (For Profit)	NEW

NEW RECORD CONTINUE

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Site Status:  
Is Site Active in CACFP or Closed?  Active  Closed If closed, provide Closure Date [MM/DD/YYYY]

General Information:  
Site Name: By the Book Daycare Type of Site: Child Care Title XX (For Profit) Tax Status: For Profit  
Congressional District: [ ] CESA No.: 02 County: Dane DWD Provider No.: 1278567891234  
Street Address: 123 Alphabet Street City: Mytown State: Wisconsin Zip: 55555  
Name of Person in Charge of Site: First Name: Sally Last Name: Hansen Phone: 609876543

License Information:  
Is Site licensed or approved by federal, state, or local authorities?  Yes  No  Head Start  
Licensed Type: Licensed Licensed Capacity: 62 Expiration Date: 12/31/2012 [MM/DD/YYYY]  
Check all USDA Program in which this site participates:  
 None  SMP  NSLP  SBP  SFSP

Preapproval visits to new sites, sites in new location, or sites closed for more than one month. (Only applicable for Sponsoring Organizations)  
Date(s) of Visit Staff Consulting Visit Location of Records

Enrollment:  
Check only **one** of the enrollment policy: your institution follows in relation to participants who will be reported as free, reduced and non-needy each month on the reimbursement claim. In accordance with USDA guidance, a center is required to maintain its definition of enrollment for the entire fiscal year or receive written permission from DPI to change the enrollment definition if it is not consistent throughout the year. For Institution/Sponsoring Organization with two or more sites and/or a sponsoring organization that sponsors one or more sites which is/are not the same legal entity(ies) of the sponsoring organization, detail the enrollment policy and the applicable center(s) if the policy varies between each center. Refer to Guidance Memorandum 6, Enrollment, for additional information and examples of reasonable and measurable enrollment criteria. ("At Risk" After School and Emergency Shelter sites: Please specify how attendance at these sites is documented, in lieu of an enrollment policy.)  
A participant is considered enrolled for a given month if he/she has a completed and approved current enrollment form on file, and:  
 is in attendance at least one day in the given month;  
 has attended at least once in the past three months;  
 the center maintains a vacant opening in anticipation of the participant(s) future attendance at the center, or  
 Other Specify below:

CONTINUE

## 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 answer Yes or No as to whether any meals or snacks will be purchased. If answering Yes, you must also upload a complete copy of the agreement if there are any changes from last year's agreement.

#### Reviews of Food Program Operations:

If you are a **Sponsoring Organization** you must enter the requested data. **Enter months only, no years.**

#### 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.

**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 type="checkbox"/> Breakfast	: : AM PM	: : AM PM	0	
<input type="checkbox"/> AM Snack	: : AM PM	: : AM PM	0	
<input type="checkbox"/> Lunch	: : AM PM	: : AM PM	0	
<input checked="" type="checkbox"/> PM Snack	2 : :30 AM PM	4 : :30 AM PM	60	Self Prep
<input type="checkbox"/> Supper	: : AM PM	: : AM PM	0	
<input type="checkbox"/> Additional Snack	: : AM PM	: : AM 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.)

**Vendor/Food Service Management Company Agreement**  
will any meals or snacks be purchased from a vendor or a Food Service Management Company?  Yes  No

---

**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	8 : :30 AM PM	9 : :15 AM PM	30	Self Prep
<input type="checkbox"/> AM Snack	: : AM PM	: : AM PM	30	Self Prep
<input checked="" type="checkbox"/> Lunch	12 : :30 AM PM	1 : :00 AM PM	30	Self Prep
<input checked="" type="checkbox"/> PM Snack	3 : :00 AM PM	3 : :15 AM PM	30	Self Prep
<input checked="" type="checkbox"/> Supper	5 : :00 AM PM	5 : :30 AM PM	30	Self Prep
<input type="checkbox"/> Additional Snack	: : AM PM	: : AM PM	30	Self Prep

\*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.)

**Vendor/Food Service Management Company Agreement**  
will any meals or snacks be purchased from a vendor or a Food Service Management Company?  Yes  No

**Reviews of Food Program Operations: [For Sponsors Only]** (Refer to GM 5C) 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 assess photo identification that demonstrates that they are employees of the sponsoring organization.

No. of Reviews	Month(s) of Review	Staff Conducting Reviews	Location of Records

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 back 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.

**Adult Care Centers Only: Specify if your agency utilizes the Offer vs. Serve provision.**

- 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 data. You can locate this data at the following website: <http://dpi.wi.gov/community-nutrition/cacfp/at-risk/contract> Scroll down and click on the following link, "The Wisconsin Public School Eligibility Report for At-Risk Afterschool Programs".

\*\*In the 'Percentage of Children' box, you must enter a number followed by a decimal. (For example: 52.0), along with the month & year. **Offer versus Serve (OvS)** – Only applicable to institutions that serve meals prepared by schools participating in the National School Lunch and/or Breakfast Program. Make a choice regarding OvS; if Yes is selected you must specify at which meal(s) OvS will be used.

[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 checked="" type="radio"/> No
Does the site serve functionally impaired adults?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Offer Vs Serve</b> (This option allows participants to select foods they wish to eat at breakfast, lunch or supper)	
Does this site use the Offer Versus Serve meal service option	<input type="radio"/> Yes <input checked="" type="radio"/> No
If 'Yes' indicate the applicable meal service type(s) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	
[This Section is only Applicable for "At Risk" After Schools Hours Care Site(s)]	
<b>Site Area Eligibility</b> 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. The Vera Court Neighborhood Center is in an extremely low-income neighborhood. The majority of the children attending the center attend Mendota Elementary School. The website list it as 75.8% low income or qualify for free/reduced lunch. The center itself serves 92% low income kids that are eligible for free/reduced lunch.	
<b>Percentage</b> of children to be served by site that meet eligibility requirements for free/reduced price school meals. Percentage of Children % <input type="text" value="75.8"/> [00.0] Month <input type="text" value="September"/> Year <input type="text" value="2014"/> [YYYY]	
<b>Offer versus Serve (OvS)</b> (This option allows participants to select 3 of 4 food items they wish to eat at breakfast and 3 of 5 items at lunch or supper) <b>Only</b> institutions that serve meals prepared by school food authorities that participate in NSLP and SBP, whether they are located in the school or in another location, have the option of using OVS in their at-risk sites. Institution electing to use OVS must implement it in accordance with the approach used by the school providing the meals.	
Will the Offer versus Serve provision be used? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If Yes is selected, choose the meal(s) at which Offer versus Serve will be used. <input type="checkbox"/> Breakfast(4 different foods items must be offered) <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	
<input type="checkbox"/> I certify that the site provides children with regularly scheduled activities in an organized, structured, and supervised environment and includes educational and/or enrichment activities.	

Click "Continue" at the bottom of page.

6. ***If you have more than one site*** Repeat steps 1-5 from pages 35-37 to update information for remaining sites.

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

## List of Sites (Continued)

### Missing/Inactive Sites

Only sites currently approved through September 30, 2015 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 9/30/15) and/or
  - A site's license expired prior to 9/30/15. This typically occurs when a site has a probationary license
1. Complete and submit the online contract for approval **without the expired site**.
  2. Call your assigned consultant to reactivate the old site code number and submit any applicable documentation.
  3. Your consultant will notify you when the site is reactivated.
  4. Log-in to the contract 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 (XX)** above which will include uploading a copy of current license, if applicable.
  7. **Resubmit** the contract for approval.

### Sites that move

If a site moves to a new location, the agency must go online and "**close**" the existing site contract page, and then create a new site contract.

1. Open the site contract page for the site that has moved.
2. On this page, at the top, there is a statement "**Is this Site Active in CACFP or Closed?**".
  - a. Click "**Closed**", and enter a date of closure.
3. Click '**Continue**' until you return to the List of Sites page. The site that moved will now show as being closed.
4. Select the "**New Record**" button and complete all applicable fields for the site that has moved.
  - a. Follow steps 1-5 under "**New Agencies**", page 39.

**NOTE:** Emergency shelters: Contact your assigned consultant on how to complete a site address change.

## List of Sites (Continued)

### 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 35.
2. This will bring you back to the List of Site(s) page.  
**(Note: You will receive a permanent site code number after your contract is approved.)**
3. Upload license. Follow the steps on page 34.
4. Click on the temporary site number. This will bring you to the Site Contract page you just completed. Click ‘**Continue**’.
5. **This will bring you to the Site Meal(s) Information page.**
6. Complete all applicable fields. Follow steps 3-5 from pages 36-37. Click ‘**Continue**’.

Child And Adult Care Food Program 2011-2012 Application  
List of Sites

999001 - By The Book Daycare

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

**Renewing Agencies:** Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site

Child And Adult Care Food Program 2011-2012 Application  
List of Sites

999001 - By The Book Daycare

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

**Renewing Agencies:** Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site	
17080	By The Book Daycare	Child Care Title XX (For Profit)	NEW

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)	NEW
759	By the Book Infant Care	Child Care Title XX (For Profit)	NEW

### SPONSORING ORGANIZATIONS

(Agency with more than one site.)

To add a new site:

**Note: If you are an independent center, and would like to add another site, please contact your assigned Consultant before proceeding.**

1. Select the “**New Record**” button and complete all applicable fields on the Site Contract page. Follow steps 1-2 from page 35.
2. Click the ‘**Continue**’ button to go back to the List of Site(s) page.
3. Upload the license. Follow the steps on page 34.
4. Click on the temporary site number. This will bring you to the Site Contract page you just completed. Click ‘**Continue**’.  
**(Note: You will receive a permanent site code number once your contract is approved.)**
5. This will bring you to the Site Meal(s) Information page. Complete all applicable fields. Follow steps 3-5 from pages 36-37. Click ‘**Continue**’ when done.

## Program Uploads

### Program Uploads – **NEW for FFY 2016**

**ALL** agencies are required to upload the following documents:

- A copy of the approved Permanent Agreement, PI-1486-AP, **and**
- Federal Employer Identification Number (FEIN) documentation.  
(Acceptable documentation includes either a complete copy of the Internal Revenue Service (IRS) form SS-4 (Notice of Employer Identification Number) or a complete copy of your agency's most IRS tax form: IRS form 990 (Return of Organization Exempt From Income Tax), IRS form 1120 (U.S. Corporation Income Tax Return) or an equivalent IRS form.)

**Nonprofit Agencies:** Upload documentation which verifies your Federal tax exempt status. (A complete copy of your agency's 501(c)(3) approval notification from the IRS or an equivalent Federal tax exempt documentation.)

**New Sponsoring Organizations-Unmet Program Need:** Upload a written explanation of the unmet Program need(s) that will be addressed by your agency's sponsorship of the CACFP. To help answer this requirement, think about:

- Region(s) of services your agency is in (counties, cities);
- The need in the community you are serving;
- How your service will be different or unique from other sponsoring organizations;
- Any underserved populations not receiving CACFP without your sponsorship;

Some examples:

- Increased community need due to low income households; current economic situation.
- The need for quality early childhood education is large in our community but there is also a great need for children to be provided with healthy nutritious meals. We are very aware that for many of the families we service the meals the children receive while in our care are the main meals the children will receive for the day.

**Pricing Programs:** Upload a complete copy of the Pricing Program Addendum for FFY 2015. A blank copy of this addendum can be obtained at: <http://dpi.wi.gov/community-nutrition/cacfp/child-care/contract>

Click "**Continue**" when done.

Child And Adult Care Food Program FFY 2016 Application Program Uploads					
<b>186811 - Boys &amp; Girls Club - Chippewa Valley</b>					
Institution Type	Document	File Last updated	File	Upload / Update	Delete
All Institutions	Permanent Agreement (PI-1486-AP)*			Upload	
	Federal Employer Identification (FEIN) documentation (IRS Form SS-4 or IRS from 990) *			Upload	
	Tax exempt verification (non profits only -501(c)(3)) **			Upload	
New Sponsor Only	Statement of Unmet Program Need			Upload	
Pricing Program (Pricing Agency Only) ***	Pricing Program Addendum			Upload	
Other Institutions	Other			Upload	

**Note:**

- \* Upload is required for all
- \*\* Required if on the General information page the agency has selected Private Non profit as the Sponsor type
- \*\*\* Required if Type of Program selection on General Information page is Pricing

 **CONTINUE**

## Certification & Confirmation

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

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

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

3. After clicking the submit button, the "Contract Successfully Submitted" screen will appear. **PRINT THIS SCREEN** and keep on file with your contract.

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

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

**706820 - Boys & Girls Club of Oshkosh Inc**

**CONTRACT SUCCESSFULLY SUBMITTED TO DPI...**

Your agency's Contract information has been successfully submitted to the Department of Public Instruction (DPI). Contract changes will become effective after they have been reviewed by an assigned consultant at the DPI. In case of any discrepancies, a consultant will contact your Sponsoring Organizations for resolution.

You may modify any information submitted to the DPI before the contract is reviewed by DPI Consultant. However, once the contract is under review, you will receive a message that the contract is locked.

Click Home page button to go back to home page or click logout to exit application completely.

Home

**Child And Adult Care Food Program 2010-2011 Application  
CERTIFICATION**

**999001 - By the Book Daycare**

**CERTIFICATION**

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 WDPI) 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 <http://www.dpi.wi.gov/forms/doc/f1486-ap.doc>.

**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.

## What Happens Next?

Once you have submitted the contract, DPI will review it. Once DPI begins the review of the contract 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 contract 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. 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.
5. **Print** the "Contract Contract Submitted" Page.
6. Click on the "**Logout**" button at the top of the screen.
7. Email your assigned Consultant informing them that the changes to your contract were made.

A complete contract will not be approved until the required documents are also sent in to DPI - see pages 5-6. Once approved, the agency will receive an approval letter via email. **New Agencies:** An email will be sent to your agency that contains the agency's code and site code numbers. A separate e-mail containing the agency's log-in password will be sent to your agency and the e-mail will provide instructions on completing the Aids Banking System Information. The Aids Banking Information must be completed before final approval of the contract. After the Aids Banking Information is completed your agency will receive an e-mail indicating final approval of the CACFP contract.

**NEW AGENCIES:** The CACFP application includes two parts: (1) an online contract and (2) all the required documentation as detailed on the New Agency Application Checklist. (The letter your agency received with a temporary login and password also included a link to the New Agency Application webpage.) The New Agency Application Checklist includes a detailed listing of ALL the required documentation that must be uploaded as part of the process when first applying to participate in the CACFP. (This list is also included in this manual-refer to pages 5-6). You will be notified of the status of your contract once DPI has received an online contract, AND the required documentation, as detailed on the checklist. **A full evaluation of your CACFP contract is not possible until both the online contract and the required documentation have been submitted to DPI.**

Once the agency has received the DPI approval letter, you may browse the contract at any point. After the final approval of the contract print a copy to maintain on file following the steps on pages 48-51. When browsing your approved contract, 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 contract to your DPI consultant.

## Amending the Approved CACFP Contract

After submitting the CACFP contract, 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 Contract Submitted" page.

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

## Print/Browse Function

You can print and browse the approved CACFP online contract at any time.

To print or browse the online CACFP contract:

1. Log into the contract using your assigned agency code and pass word.
2. Select “**Community Nutrition Programs**”
3. Select “**Contract**”
4. Select “**Print-Browse Contract**”



5. At the next page select the Program year from the drop down box, then click on ‘Continue’.

The screenshot shows a form titled '[Program Fiscal Year]'. Below the title, it says 'Select Fiscal Year for which your Agency want to Browse/View Contract. [No Year in List Box mean Agency does not have approved Contract]'. There is a dropdown menu labeled 'Select Program Year:' with '2014' selected. Below the dropdown menu is a blue button with a right-pointing arrow and the text 'CONTINUE'. A red arrow points from the text 'select the Program year from the drop down box' to the dropdown menu.

## Print/Browse Function (Continued)

6. You will then receive a prompt: “Do you want to open or save...”
- a) Select “Open” to print the entire online contract, or specific pages.



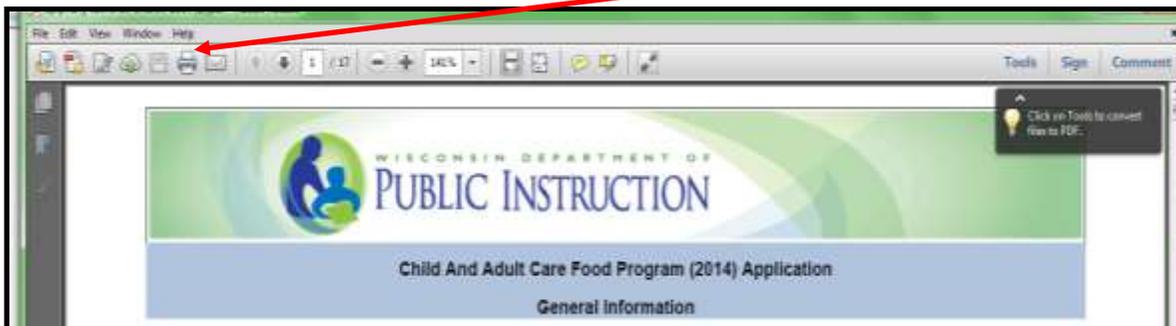
- b) Select “Save” if you want to save a PDF copy of the online contract to your computer.



- i. When selecting “Save” you must then select “Open Folder” and designate the location where a copy of the online contract will be saved.

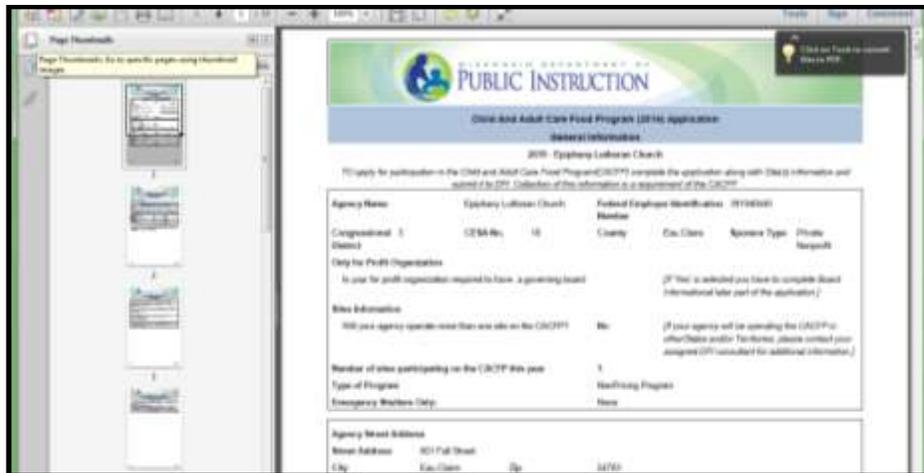
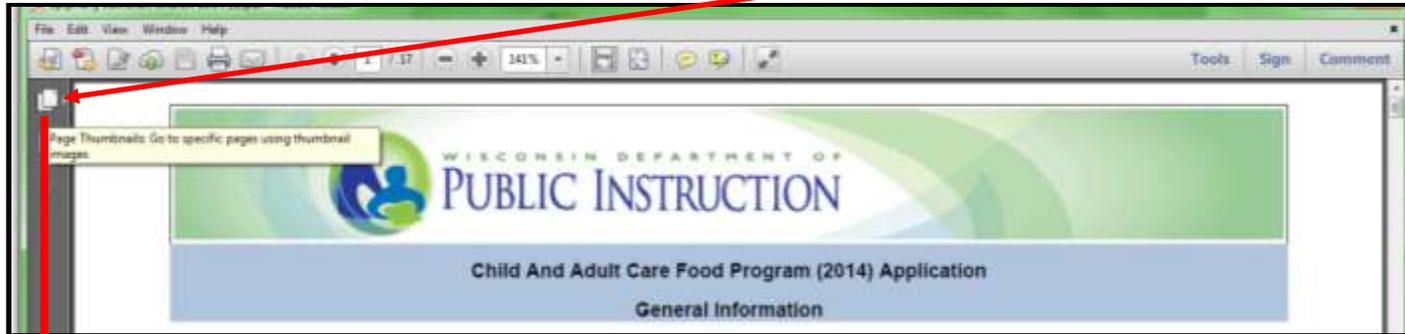


7. Once the Open button has been selected the online contract will appear in PDF format.
8. To print the entire online contract (or selected pages), select the Print icon at the top of the document.



## Print/Browse Function (Continued)

9. You can go to specific pages of the online contract by clicking on the Page Thumbnails icon at the top, left of the page.



## Print/Browse Function (Continued)

10. Click on the Bookmarks icon at the top left of the page to go to specific points of interest using the bookmarks links.

