



CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Renewing Center Application for Participation Instructions:

Please complete the form and submit requested attachments for **Fiscal Year 2017-2018**.

- **Due dates are July 20th for single sites and August 15th for sponsors with 2 or more locations**

- **Please mail your application to:**

Family Nutrition Bureau

1920 Fifth Street

Santa Fe, N.M. 87505

- **Dead line September 30th, 2017**

Section 331 of Public Law 111-296 stipulates that Institutions are required to submit annually, the information as described below. The following information must be completed and submitted in order for your organization to participate in CACFP for FY 2017-2018.

USDA provisions allow for the state agency to submit a **Public Release Statement** for all sponsors. Family Nutrition Bureau (FNB) will be sending a global media release for all sponsors this year. Sponsors are still allowed to notify the media on their own if they want to but are not required to do so. FNB recommends keeping the information on your website if you already have it posted.

All forms can be found on-line at:

<https://www.newmexicokids.org/caregivers-and-educators/health-and-safety/new-mexico-cyfd-family-nutrition-bureau/>

New Mexico Children, Youth & Families Department



New Mexico Children,
Youth & Families Department



Child and Adult Care Food Program

Center Renewal Application for Participation

Family Nutrition Bureau

FY October 1, 2017- September 31, 2018



Name of Organization: _____ Agreement Number: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

I. Organization Administrative Information

List a Training Date to cover CACFP responsibilities with your staff: ____/____/____ Please provide the name of the person who will conduct/oversee the training session(s). *Attach a copy of their State Agency Training Certificate.*

Name: _____ Title: _____ Using the State Agency training agenda? Yes No

A copy of the **Certificate of Training** received at annual center training by the representative overseeing the CACFP and conducting/overseeing the annual staff training for our organization is enclosed

Agency's Accounting Method: (please ✓ and confirm one) Accrual OR Cash

Proposed budget: (please ✓ and confirm one)

The CACFP approved percentages from last year's approval **HAVE NOT** changed and will remain current and in affect for this coming fiscal year October 1, 2017- September 31, 2018.

The CACFP percentages approved for FY 2017, **HAVE** changed and enclosed is a new **Form 005 Proposed Annual Budget** for the new fiscal year October 1, 2017- September 31, 2018.

Form 095-CACFP Reimbursement & Expense Tracking Form or equivalent information from the institution's own accounting system is enclosed.

Proprietary (For Profit) and Private Non-Profit, [501(c) 3 organizations] must submit the entire **Agency Profit & Loss Statement for the most recent Fiscal Year.** Government agencies, public schools & universities are exempt.

Form 036- Civil Rights Data Collection Form (PDF) is attached to meet the Civil Rights Requirements.

Did the organization receive and expand over \$750,000 in Federal, State or Local government program funds and require an audit? Yes No, if yes, give date of last audit: _____

IEA option- (please ✓ one)

We elect to collect IEA's during October only and use our results the rest of the year

We will continue to total and report IEAs each month of the year NA

Form 003 Permanent Agreement - Regular is enclosed

Multiple sites: Add **Form 002 Multiple Site Addendum for Centers**

Facility Site Information on file is current. Independent centers: Please attach a new Center Facility Information Form (A-3) **Sponsors of multiple sites;** attach a copy of **"FP640 Facility Active Sites Report"** from EPIC's. Circle **Yes or No on the report** to indicate that all information is correct and up-to-date. If incorrect, please submit an updated Facility/Site Information Form (A-3) with corrected information. All institutions; please highlight the items on the Facility/Site Information Form that need to be updated.



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Vended Meal Service only: If your organization does not vend or have a food service management company, please skip printing this page. (Organizations contracting with a school food service, catering company, meal vender for delivered meals or with a Food Service Management Company for on-site preparation, please complete and print) Listed below are the vender(s) and attached are all approved CACFP standard contracts or renewals. Any additional requirements must be included in the contract, and submitted as an addendum to the standard contract. The maximum contract period is one year with the option for renewals for up to three additional years. Use additional pages if needed.

Food Service Vendor - Name and Address	Renewal	New	Effective Date	Ending Date
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Food Service Management Company	Renewal	New	Effective Date	Ending Date
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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II. Annual Certification

This is to certify that _____ Identified by _____
(Organization Name) (Agreement Number)

& _____ meets all of the requirements for renewing. Instructions may be found in 7CFR §226.6(b) (2). As a
(EPIC's ID Number)

Representative of the above named organization, I certify that;

- o The Management Plan on file with the state agency is complete and up-to-date;
- o No sponsored facility or principle of a sponsored facility is currently on the CACFP National Disqualified List;
- o The organizations has checks and balances in place to ensure accurate claims are summited and accurate records are kept on file for program review.
- o The names, mailing addresses and dates of birth of all current principals have been summited to the state agency.
- o The institution itself, and the institution's principals, are not currently on the CACFP National Disqualified List; For sponsors of centers; & no principal from any sponsored center is currently on The National Disqualified List.
- o The list of any publicly funded programs that the institution has participated in the past seven years is current;
- o The institution itself, and the institution's principals, and any sponsored centers principals, have not been determined ineligible for any other publicly funded programs due to violation of that programs requirements in the past seven years.
- o No principal of the institution or a sponsored center have been convicted of any activity that occurred during the past seven years and that indicates a lack of business integrity;
- o The institution is currently compliant with the required performance standards of financial viability, administrative capability and program accountability as described in 7CFR§226.6(b) (2) (vii).

Any of the above information that has changed since the initial application has already been summited to the State Agency or is being summited with this certification.

- o If a School based program; Will meal pattern changes be implemented prior to October 1, 2017? Yes No

I certify that the above information is true and correct.

Signature of Authorized Representative

Date

Print Name & Title of Authorized Representative

Date of Birth

Phone Number

E-Mail

If the person above does NOT oversee the CACFP, please provide the information of the person who oversees CACFP.

Print Name & Title of Authorized Representative

Date of Birth

Phone Number

E-Mail