

Child and Adult Care Food Program

New Center Application ☐
Renewal Application ☐

Type or print clearly

Facility Site Information A-3

INSTRUCTIONS: (Complete one form for each Center/Facility location)

1. NAME OF CENTER/SITE:		Agreement Number:		
2. MAILING ADDRESS	CITY	STATE	COUNTY	ZIP
PHYSICAL LOCATION: Please give specific directions or enclose a map. (No P.O. Box numbers please)				

3. NAME & TITLE OF PERSON IN CHARGE AT THE FACILITY:

E-mail:

Telephone Number at the Center:

4. APPROVAL TYPE:

- ☐ State Licensed
 ☐ Tribal
 ☐ Public School
☐ Military
 ☐ Exempt

5. TYPES OF CARE at this CENTER- Check all that apply

- ☐ Child Care Center or Preschool
☐ Head Start
☐ Pre-K Program
☐ Emergency Shelter-serving homeless children
☐ "At Risk" After School Program
☐ Outside School-hours/Before & After School Program
☐ Adult day care center
☐ Hospital or Clinic
☐ Other Specify-

6. LICENSE NUMBER:

(Attach Copy)

Expiration Date:

Capacity:

7. ATTACH CURRENT ENVIRONMENT DEPT PERMIT AND SURVEY REPORT

- ☐ Permit Attached
 ☐ No Permit
☐ Survey Report Attached
 ☐ No Current Inspection

8. MEAL PREPARATION METHOD ☐ Limited Foodservice

- ☐ Self-Prep on site w/ permit
 ☐ Vended contract (attach)
☐ Central Kitchen; Delivery
 ☐ Other
☐ Shared Kitchen: Plate cost
 ☐ FSMC

Name of company

10. MONTHS OF OPERATION:

- ☐ JAN
 ☐ FEB
 ☐ MAR
 ☐ APR
 ☐ MAY
 ☐ JUN
☐ JUL
 ☐ AUG
 ☐ SEPT
 ☐ OCT
 ☐ NOV
 ☐ DEC

11. DAYS OF THE WEEK & HOURS OF OPERATION

- | | Opening time | Closing time |
|--------------------------------------------------------------------------------|--------------|--------------|
| <input type="checkbox"/> Monday | | to |
| <input type="checkbox"/> Tuesday | | to |
| <input type="checkbox"/> Wednesday | | to |
| <input type="checkbox"/> Thursday | | to |
| <input type="checkbox"/> Friday | | to |
| <input type="checkbox"/> Saturday | | to |
| <input type="checkbox"/> Sunday | | to |
| <input type="checkbox"/> Check here if center is open 24 hrs/day 7 days a week | | |

[Attach separate page with information if meal service is provided by more than one method (both vended & self prep for example)]

12. MEAL SERVICE

CHECK MEALS TO BE CLAIMED:	TIME MEAL SERVICE BEGINS	TIME 1ST SHIFT BEGINS	TIME 2ND SHIFT BEGINS
<input type="checkbox"/> Breakfast, 7:00-9:00 am	_____	_____	_____
<input type="checkbox"/> AM Snack, 9:00-11:00 am	_____	_____	_____
<input type="checkbox"/> Lunch, 11:00 am- 1: 00 pm	_____	_____	_____
<input type="checkbox"/> PM Snack, 1:30-4:30 pm	_____	_____	_____
<input type="checkbox"/> Supper, 5:00-7:00 pm	_____	_____	_____
<input type="checkbox"/> Late Snack, 7:00-9:00 pm	_____	_____	_____

Shifts? ☐ No ☐ YES ** (list each shift beginning time)

At Risk Facilities serving outside of normal range; Please list start times: Snack Supper

13. NUMBER OF PARTICIPANTS ENROLLED

Free Category
 Reduced Price Category
 Not Eligible for Free or Reduced Price
Total Number of Enrolled Children
 CYFD Child Care Assistance Programs

14. AGE RANGE OF ENROLLED PARTICIPANTS

From: _____ To: _____

Do you have infants enrolled at the center? ☐ NO ☐ YES

If yes, do you claim infants? ☐ NO ☐ YES

I UNDERSTAND THAT this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SIGNATURE OF CENTER REPRESENTATIVE

DATE

INSTRUCTIONS: (Complete one form for each Center Facility)**CENTER/SITE:** _____**NAME & TITLE OF PERSON IN CHARGE:** _____**Operational expenses for labor costs to provide food services**

(List ONLY the personnel who will be assigned duties in the Child & Adult Care Food Program, Attach additional sheets if necessary.)
Submit a copy of the organizational structure chart if needed for clarification.

Yearly conversion for total salary: (Hr per Day) x (Hrly Wage) x (# of Day per week) x (# of wks in Operation)

<u>CACFP Duties/Responsibilities</u> Name of person(s) assigned to perform these duties.	Is this person being claimed for labor cost from CACFP funds?	Number of hours per day spent on CACFP	Hourly Wages	Number of Days per Week	Number of Weeks in Operation	Total Labor Cost for Program Year	Total Labor Cost Supported by CACFP	Total Cost Funded by Other Source
<u>Menu Planning</u>								
<u>Prepares Food for the Center</u>								
<u>Completes the Menu Record Book</u>								
<u>Ordering and/or Purchasing of Groceries</u>								
<u>Approves and Tracks IEA's</u>								
<u>Conducts Monthly Nutrition Education Activity</u>								
<u>Takes Meal Counts/Attendance</u>								
<u>If applicable, (oversee vended meals contract).</u>								
<u>Other Duties- specify</u>								
<u>Other Duties- specify</u>								
<u>Other Duties- specify</u>								
<u>Other Duties- specify</u>								
Total Labor Cost [Sum] sub-total salaries for program year.....								

CACFP OPERATING LABOR COST: Request for program year
 (Include this amount on the Proposed Budget "Operational Labor" line item)

Organizations with Multiple-Centers must sum-up all CACFP Operating Labor Costs for all sites before including the requested amount on the Proposed Budget Operational Labor line item:

Note: The primary purpose of the CACFP is to provide reimbursement for food expenses. FNB approves up to 40% of the annual reimbursement for operational labor expenses such as cook's and/or cooks helper's salaries).