CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Renewing Center Application for Participation Instructions: Please complete the form and submit requested attachments for Fiscal Year 2019-2020.

- 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 15th, 2019. Renewal Applications will not be accepted after 9-15-19

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 2019-2020.

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/family-nutrition-bureau-resources/
##115-cacfp-centers-forms

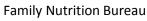


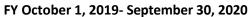
FY 2020



Child and Adult Care Food Program

Center Renewal Application for Participation







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)	Agreement Number:				
Organization Administrative Information □ List a Training Date to cover CACFP responsibilities with your staff:/ Please prov of the person who will conduct/oversee the training session(s). Attach a copy of their State Agency Trainin Name: Title: Using the State Agency training agenda? □ Yes □ A copy of the Certificate of Training received at annual center training by the representative overseein 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)					
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☐ Proposed budget: (please ✓ and confirm one)	☐ 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				
☐ The CACFP approved percentages from last year's approval <u>HAVE NOT</u> changed and will remain cur	☐ 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, 2019- September 30, 2020. ☐ The CACFP percentages approved for FY 2020, HAVE changed and enclosed is a new Form 005 Proposed Annual Budget for the new fiscal year October 1, 2019 - September 30, 2020.					
☐ Form 095-CACFP Reimbursement & Expense Tracking Form or equivalent information from the institution's own accounting system is enclosed.					
☐ Proprietary and Private Non-Profit, [501(c) 3 organizations] must submit the entire Agency Profit & Los a copy of their audit for the most recent Fiscal Year. Government agencies, public schools & universities					
☐ Form 036- Civil Rights Data Collection Form (PDF) is attached to meet the Civil Rights Requirements.					
\Box Did the organization receive and expand over \$750,000 in Federal, State or Local government program require an audit? \Box Yes \Box No, if yes, give date of last audit $\underline{}$	ı funds and				
 □ 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 □ □ Financial and Administrative Policies and Procedures are enclosed as described at annual training. 					
☐ Multiple sites: Add Form 002 Multiple Site Addendum for Centers					
☐ Facility Site Information on file is current. ☐ Facility Site Information on file is not current.					
Please attach Form (A-3) for each site where information is not correct and up-to-date,					
☐ Form A - 2 Management Plan (PDF) is attached					
☐ Form(s) 050, 052 or 054 for new or renewing Vended Meal Service contracts is/are attached NA					



Child and Adult Care Food Program

Center Renewal Application for Participation

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Family Nutrition Bureau FY October 1, 2019- September 30, 2020

	This is to certify that		Identified by
		(Organization Name)	(Agreement Number)
	&meets all of (EPIC's ID Number)	the requirements for renewing. Instruction	ons may be found in 7CFR) §226.6(b) (2). As a
	Representative of the above name	ned organization, I certify that;	
0	The Management Plan submitted	d with this application is complete and up	o-to-date; or was updated within the past 2 year
0	No sponsored facility or principle of a sponsored facility is currently on the CACFP National Disqualified List;		
0	The organizations has checks and	d balances in place to ensure accurate cla	aims are summited and accurate records are
	kept on file for program review.		
0	The names, mailing addresses and dates of birth of all current principals have been summited to the state agency.		
0	The institution itself, and the ins	titution's principals, are not currently on	the CACFP National Disqualified List; For
	sponsors of centers; & no princip	oal from any sponsored center is currentl	y on The National Disqualified List.
0	The list of any publicly funded programs that the institution has participated in the past seven years is current;		
The institution itself, and the institution's principals, and any sponsored centers principals, have not bee		enters principals, have not been determined	
	ineligible for any other publicly f	unded programs due to violation of that	programs requirements in the past seven years.
0	No principal of the institution or	a sponsored center have been convicted	of any activity that occurred during the
	past seven years and that indicate	tes a lack of business integrity;	
0	The institution is currently comp	liant with the required performance stan	ndards of financial viability, administrative
	capability and program accounta	ability as described in 7CFR§226.6(b) (2) (vii).
	Any of the above information the	at has changed since the initial applicatio	on has already been summited to the State
	Agency or is being summited wit	th this certification.	
L	ertify that the above inform	ation is true and correct.	
Sig	nature of Authorized Representative		Date

Print Name & Title of Authorized Representative

E-Mail

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

Date of Birth

Phone Number