SPONSOR NAME: _____ AGREEMENT NUMBER: _____

CHILD AND ADULT CARE FOOD PROGRAM RENEWAL
APPLICATION for Sponsors of Day Care Homes
October 1, 2019 thru September 20, 2020

	Renewal Application for Participation in FY 2020 • ***Please submit a new management plan this year*** (Form H-A-2) Please update any information as needed. See EPICS for verification of current information on file	
	Please attach the Administrative Budget and Narritive with any indirect cost and/or cost allocation plans	

APPROVAL PROCESS

(For State Use Only)

Date Clocked In	Date Reviewed		Date Forwarded to Finance
Date "15 Day" Sent	Date "15 Day" Returned		Date Budget Approved
Date of Approval	**NDL Checked date**		Date Returned to Homes
STARTING DATE **October 1, 2019**	**ENDING DATE** **September 30, 2020**		
Homes Representative			Finance Representative

Application review by Program Manager: _____ Date: _____

Application review by Bureau Chief: _____ Date: _____

Comments:

CHILD AND ADULT CARE FOOD PROGRAM

RENEWAL APPLICATION
for Sponsoring Organizations of Day Care Homes

Sponsor Name: Agreement Number:

Name of Sponsoring Organization:

1. List any changes to contact information: Phone, fax, email, physical or mailing address

☐ No Changes

2. Board of Directors. List Name, home address and term expiration of each current board member. List DOB for Board President Use additional pages as needed

	Name	***Address***	***D.O.B.******	***Term end***
President:				
Vice-President:				
Secretary:				
Treasurer:				
Member:				
Member:				

Are any board members (or officers) related by blood or marriage to any other board members or agency staff? Yes___ No___

3. Please list any changes to the programs your organization currently is operating that are different from those that were operated last year: List the funding year and corresponding amounts of funding received and expended. Use additional sheets if needed.

Name of Source / Agency / Program or Grant	Funding Year	Funding Received	Total Yearly Expenditures
☐ No Changes	**TOTAL**		

4. Has your organization been terminated from any Federal, State or Local publicly funded government program for failure to comply with the regulations or requirements of that program during this past year?

☐ NO ☐ YES Please specify the name of the program and dates of participation:

5. Does this Organization operate in any other state other than New Mexico (Multi - State operation)?

☐ NO ☐ YES Please specify the name of the **other state(s) of participation:**

6. List any changes to the New Mexico counties, Indian tribes or Pueblos you are currently serving that are different from last year. ☐ No Changes

7. List Street address, city, county, and telephone numbers for all offices and sub offices under your organization in New Mexico that have changed from last year. If there is no street address, list the exact location of all offices. (Include monitors' residences for any monitors that work from their homes.)

☐ No Changes

8. Staff training: PROVIDE SCHEDULE for training sponsor personnel in CACFP requirements. Give dates of training session(s) and topics to be covered.

9. Annual Training Plan: Outline your SCHEDULE for training day care home providers in CACFP requirements. Be sure to include RECEC training

A	B	C	D	E	F	G
Proposed Date	**Anticipated Attendance**	**Regular Hours**	**CACFP Hours**	**Total Hours**	**Type of training or Topic(s) to be covered**	**Hours of opportunity provided B x E = G**

10. Does the sponsor request an administrative advance for this year? ☐ NO ☐ YES

11. Please indicate the number of providers which are:

More than 25 miles from the nearest Office / Sub-office: ----------

More than 50 miles from the nearest Office / Sub-office: ----------

More than 75 miles from the nearest Office / Sub-office: ----------

12. Please fill-out the following information for ALL monitoring staff member and figure the number of monitoring hours per week and FTE for each monitor: 40 hrs./week = 1 FTE

M0NITOR'S NAME	TOTAL HOURS / WEEK	MONITORING HOURS / WEEK	Full Time Equivalent (MONITORING HOURS/week/40)
		TOTAL FTE'S	

13. Furnish the racial composition of all day care home providers under the sponsoring agency's supervision by county:

County	Ethnic Category		Racial Category				
	Hispanic / Latino	Non Hispanic/ Non Latino	White	African American	Native American	Asian	Hawaiian/ Pacific Islander

Certification Statements

I certify that the following items are true and current:

- The organization's Management Plan information is current and up to date and any changes will be submitted via an amendment to the management plan.
- No sponsored facility or sponsor principal administrator is on the CACFP National Disqualified List
- The outside employment policy on file is current and in effect for all agency staff.
- The Names, mailing addresses and birth dates for all current institution principals and responsible parties have been submitted to the state agency.
- The sponsoring organization is currently compliant with the performance standards for financial viability, administrative capability and has internal controls in place to ensure accountability.
- No principals of this institution (sponsoring organization) have been convicted of a crime that would indicate a lack of business integrity.
- The sponsoring organization has accounted for all funds received for reimbursement to providers for food expenses and funds to complete administrative responsibilities for the program. Administrative costs will be reported quarterly and when applicable, an annual audit will be completed and submitted to the state agency within 9 months of the end of each fiscal year

I certify that the information on this application and any attached forms are true to the best of my knowledge. I accept final administration and financial responsibility for all child care food program operations at all facilities under my sponsorship. Reimbursement will only be claimed for meals served to enrolled children. CACFP will be available to all eligible children without regard to race, color, national origin, sex, age, disability and reprisal or retaliation for prior civil rights activity at the approved facilities.

In accordance with section 226.6 (d) I certify that all day care homes under my jurisdiction are approved and in compliance with registration and/or licensing requirements to operate a family day care home in the state of New Mexico. Additionally all providers on military bases or tribal lands are approved to operate on their respective military base or tribal reservation. I certify that all day care homes have been required to adhere to the USDA requirement for annual training in CACFP and that agency staff are verifying 2 hours of CACFP training has been completed prior to renewal of CACFP Participation.

I understand that this information is being given in connection with the receipt of Federal Funds, that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand that the state has no financial obligation to the Sponsor if federal funds are not available. All advances shall be repaid to the state at the end of the federal fiscal year for which they were issued. All unearned funds shall be repaid to the state upon demand.

I understand that failure to correct a serious deficiency will result in termination of the sponsoring organization agreement and participation as a program sponsor and will result in the agency being permanently placed on a "National Disqualified List" I further understand that I and other principals of the organization may be personally named and included on the "National Disqualified List" as well.

Print or type Name and Title of Authorized Sponsoring Organization Representative

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Signature of Authorized Organization Representative

Date

1920 FIFTH ST SANTA FE, NM 87505. PHONE: (505) 827-9961. TOLL FREE: (800) 328-2665. FAX: (505) 827-9957