



# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

**Renewing Center Application for Participation Instructions:**  
Please complete the form and submit requested attachments for **Fiscal Year 2018-2019**.

- **Due dates are July 20<sup>th</sup> for single sites and August 15<sup>th</sup> 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 15<sup>th</sup>, 2018. Renewal Applications will not be accepted after 9-15-18**

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 2018-2019.

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, 2018- September 30, 2019



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, 2018- September 30, 2019.

The CACFP percentages approved for FY 2019, **HAVE** changed and enclosed is a new **Form 005 Proposed Annual Budget** for the new fiscal year October 1, 2018- September 30, 2019.

**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

Policies and Procedures for Travel, Purchasing & Procurement, Inventory and Conflict of Interest are enclosed

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

**Facility Site Information** on file is current. Sponsors of multiple sites: Please attach Form (A-3) for each site  
Single sites: If the meal and service information in EPICS is not correct and up-to-date, please submit an updated Facility/Site Information Form (A-3) with corrected information. All institutions; please highlight any items on the Facility/Site Information Form that need to be updated.

**Form(s) 050, 052 or 054** for new or renewing Vended Meal Service contracts is/are attached



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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.

**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