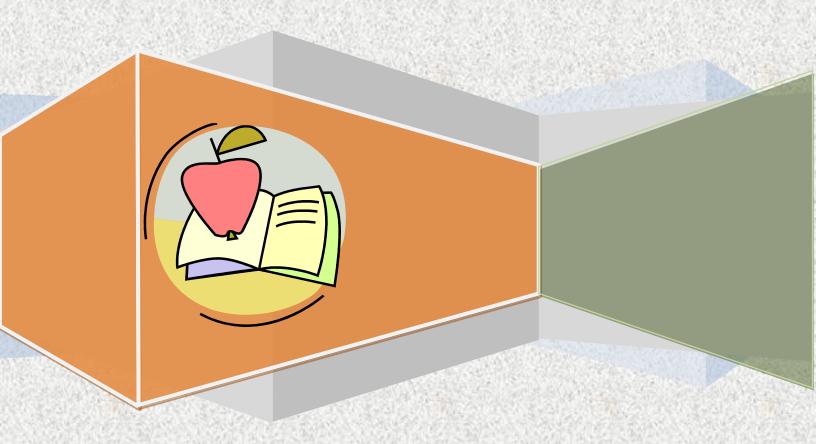# NEW MEXICO

Department of Children Youth and Families
Family Nutrition Bureau
1920 Fifth Street
Santa Fe, New Mexico 87502

Child and Adult Care Food Program

Center Application for Participation
Check List & Management Plan

TABLE OF CONTENTS

Form #1   CENTER(S) FACILITY- APPLICATION

If sponsoring more than one site please insure that one form is completed for each day care center facility. please make as many copies of this form as needed. Complete all the blank spaces for all questions 1-14 with the information requested for the center/facility.

5.   **If applying for an "AT-RISK" program, ensure to submit all the necessary Attachments.**

9A.   Indicate if your center has part day services, also indicate time of part-day program operations. For example if one group of children come in just for the morning (8:00 am to 11:30 am) and another group is there for the afternoon (1:00 pm to 4:30 pm) a part day situation exists.

11.   Per Fed. Reg. 226.21 if meals are vended through a food service management company "B" or "C" insure that a contract agreement is executed with all necessary attachments and copies submitted along with the application.

12.   Check which meals will be served and the center plans to claim for reimbursement. Indicate the time your meal starts. Remember that two hours must elapse between the beginning of one meal service and the beginning of another. Supper service shall begin no later than 7:00 p.m. A late night supplement may be served between 7:00 p.m. and 9:00 p.m. Check if the Day Care Center is serve the meal in shifts "yes" or "no" and indicate on line provided the begin time of the second shift.

   Shifts: The same meal is served to two or more groups of children at separate times.

14.   Enter the age of the youngest child/adult participant enrolled at the center, to the oldest child/adult participant enrolled at the center. *Check:* if you have enrolled infants at the center and plan to claim reimbursement for them. **Remember:** if not claiming infants the center must offer program meals to all eligible enrolled children regardless of age, including the infants and the meal must comply with program requirements.

Once the form is completed accurately the responsible person in charge at the center listed on question #3, must read the certification clause, sign and date the application.

Form #2   CACFP MANAGEMENT PLAN AND BUDGET

Renewal applicants please include your agreement number on top of all pages and complete items 1-18 (*For new applicants. an agreement number will be assigned at time of approval*).

Item #

4.   (a) we need the principal person authorized to sign disbursements if the need arises, the ultimate responsible person who will over see the CACFP. (b) self -explanatory.

5.   Advance Funds: means financial assistance made available to an institution for its program costs prior to the month in which such costs will be incurred. Advances are approved only with the initial application submitted and approved timely.

6.   Please check yes or no; if the organization is considered to be faith based
      Note: USDA-donated commodities or Cash payment in lieu of commodities. As of July 1, 2007 the option of cash-in-lieu and/or commodities has changed, all day care centers in New Mexico (NM) will be receiving cash-in-lieu. Both the Family Nutrition Bureau and Food & Nutrition Services have agreed that cash-in-lieu is the best method to serve the centers of NM

8.   (a) If Private Non-profit, Subtype is checked for Non-profit organizations, please insure that subpart question (b) is completed correctly with all board of directors personal information. If "yes" is answered to questions (vii) or (viii) please explain, additional sheets may be used.

10.   (a) If "yes" include the date of your last audit . Audits are not required if your organization receives less than $500,000 total in federal funds annually (including the value of commodities).

11.   If "No" explain in detail how you will keep records or accounting documents for program cost. Will you keep time sheets for employees? Will cash register tapes for foods be kept separate or identified from other program supplies, etc.? How will reviewers be able to examine documents to verify and determined allowable cost?

12.   Must provide information about the income and expenses for the entire organization, i.e., tuition, donations, grants, or income from other sources and expenses, which will be used to demonstrate financial viability. USDA regulations approve using information from financial statements to determine viability. You may be asked to provide any or all of the following items:
      1.) A Balance Sheet
      2.) Income & Expense Statement [otherwise known as a profit/loss statement]
      3.) Statement of Retained Earnings
      4.) Cash flow statement

13.   Training must be provided by the organization to their CACFP Staff, training should include any topics relating to CACFP such, actual meal service information such as menu planning, required components, portion size, reimbursable foods, eating habits of children, meal counts and all CACFP recordkeeping requirements per federal regulations 226.15. (*Refer to the State Agenda provided*)

Item #

14. Nutrition education may include: introduction of new foods, food preparation or cooking activities, gardening activities, food grouping or classification exercises. Nutrition education is not just an art project or play time activity that involves edible materials. Be creative while teaching nutrition concepts.

15A. List all of your personnel staff assigned to performing the specific CACFP duties in the list outlined in the first section of the table (the same person may be listed as performing several duties). Specify yes or no if this person is being paid with CACFP funds for performing that duty. On column three-If you specify, "yes" please continue to fill out the following section of the table calculating their salary. Once the total amount of cost for salaries is figured, please refer to the Proposed Budget Plan page 7 of 7, line item 18. II(c). III(b) a portion or all of this amounts is what can be used for labor cost, not to exceeding the total annual budget allowed for salary expenses.

<u>**For Sponsors with more than one center:**</u>

18. When adding a new center to your sponsoring organizations please ensure the State agency that a pre-approval visit for that site is conducted, complete a pre-approval visit form and retain on file. Be specific when answering question 18 (a) (b) (c) (d).

PROPOSED BUDGET PLAN:

Organizations must account for all costs of operation through the consistent use of generally accepted accounting principles. Allowable costs are the customary costs that occur in the routine operation of CACFP. Complete the budget expenses for the entire fiscal year (12 calendar months); include expenses associated with CACFP administration (CACFP expenses for office staff and supplies) and operational expenses (CACFP food service expenses).

Complete items (I) (II) (III).

(I) **Projected Reimbursement** - Take a current monthly average expense and multiply by the number of 12 months you will be operating CACFP. Ensure that cost is reflected if you plan on adding/deleting sites or changes thru the year.

(II) **Operating Expenses -** Operational costs are those directly associated with the preparation, service, and clean up of the food service operation. Any food service purchased services (vended meals) contracts allow you to list this food service related expenses as food cost.

Line (a)- This is a projected amount expended on food cost, typically most organizations appropriate 50% up to 100% of the amount on line (I).
Line (b)- Cost incurred by purchases such as paper goods, utensils, small equipment and any supplies for the food service, under $500.00 per item
Line (c)- If claiming food service labor cost 15A, on page 5 of 7, and seek funds to help with that cost, you can appropriate budget money on this line item

Line (d)- Budget approval for capital outlay does not automatically grant purchase approval. Once your organization has solicited 3 bids for items over $500, a written request is necessary for approval to purchase.

(III) **Administrative Budget Costs**—Administrative costs are those associated with allowable expenses for planning, organizing and managing the program. Examples of these costs are staff labor, office supplies, and other administrative expenses. Monitoring related expenses may be included for all multi-site organizations. Independent organizations with only one site will not have monitoring expenses.

Line (a)- Indirect cost- Please include a copy of your indirect cost plan and notification of approval

Line (b)- List the type of expense anticipated, example office supplies, postage, printing and training supplies

Line (c)- If claiming Admin. labor cost 15A, on page 5 of 7, and seek funds to help with that cost, you can appropriate budget money on this line item

Line (d)- If you're a non-profit organization and receive over $500,000 in federal funds annually, you are required to have a yearly audit conducted. You could budget funds on this line to help with the cost of that audit. If you choose not to budget CACFP funds, please indicate how you will cover the cost of the audit.

Reminder: Administrative expense is limited to 15% of the total reimbursement payments received for the year or the net allowable cost of expenses whichever is less.

Note: We may approve your budget as requested or it may be modified slightly. **Actual approval is on Percentages.**

Read the certification carefully. Print the name and title of the ultimately responsible authorized person, make sure the form is signed and dated by this person.

Form #3   CACFP AGREEMENT
(Please complete all items with the requested information)

<u>Section A</u>
Please note: **"Retroactive payments may be made only to institutions operating under an agreement with the State Agency for the meal types specified in the agreement in accordance with provisions of the program to the first day of the calendar month in which the agreement is executed. The agreement is considered executed when it is dated and signed by an authorized representative of NMCYFD.**

<u>Section C</u>
Write in the type of center you operate, i.e., CCC for Child Care Center, H.S. for Head Start, OSH for outside school hours, etc.
Section C - Indicate the time of meal service and any sifts if applicable, should reflect or be the same as #12 of meal service on the Application for Participation form.

Form #4   NON-PRICING MEAL POLICY STATEMENT

The person signing this form is the person authorized on the certificate of authority as the Director or Board President.

Form #5   CERTIFICATE OF AUTHORITY
(Please complete items 1-6)

1) Type the name of the official of the organization, must be a person authorized to sign agreements, critical documents etc. This person must be the Sponsor official wholly responsible of operating the organization, i. e., Board President, Owner, Dean, Tribal governor, etc.

4) The signature of the sponsor official who assumes complete responsibility for the operation of the program, i.e., Board President, Owner, Dean, Tribal governor, etc,. must be entered on this line.

Form #6   PUBLIC RELEASE STATEMENT
This includes information pertaining to eligibility, benefits, services and the location of facilities' (*See form for direction of publication*). This information can be communicated by methods such as, but not limited to, newspaper articles, radio and television announcements, letters, leaflets, brochures, and bulletins.

Form #7   LETTER TO HOUSEHOLD
Please enter the name of center and the sponsor representative, sign this form, and insure that a copy is accompanied with each income eligibility form include it with the enrollment packet (*see eligibility guidance instructions*). For multiple centers one should be done for each facility.

Form #8   CIVIL RIGHTS QUESTIONNAIRE
(Please respond to items 1-19)

1)   Explain your meal service procedures from the beginning of the meal to the end of the meal. If children or adults are separated for any reason, please describe.

4)   Write actual # of children on line one of table.

6)   (a) table use percentages (%) only.

11)   What kind of outreach do you do? Where do you advertise to insure that you are reaching those minority areas that may not be presently served by your program? If you have not contacted grassroot organizations in the past, describe what your plans are for the future. Grassroot organizations are any organization at the local level which interacts directly with the potential participants or beneficiaries, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of NAACP, or other similar groups.

Form #9   W-9 FORM
(Please see instructions on forms

Form #10   CERTIFICATE REGARDING LOBBYING
(Please see instruction on the form)

Certificate of Training
A precondition of the principal administrator, page 1 of 7, item 4- (a), overseeing the Child and Adult Care Food Program is to verify by submitting a copy of a certificate of training that he/she attended the New Sponsor Orientation Trainings made available by the State agency. Call: 1-800- eat-cool for the next available training.

Organizations with "Non-Profit" Status to participate on CACFP:
The organization must provide and attach a copy of the letter from IRS, documenting that tax-exempt status [IRS (501-C-3)] was granted or documentation that the organization participates in another Federal program requiring non-profit status.

Organizations for "Profit" Status seeking to participate on CACFP:
The organization must provide and attach a copy of
1) The State of New Mexico Tax and Revenue Dept. [Registration Certificate]
2) A Department of The Treasury IRS form with your Employer Identification Number (EIN) which identifies your business account.
3) Submit the Certificate of Eligibility of **POPRIETARY "FOR PROFIT" CENTERS ONLY FORM** (enclosed with packet)

Sponsor Name _____   Agreement Number _____

Child and Adult Care Food Program
APPLICATION PACKET FOR DAY CARE CENTERS

Center Sponsor use *(follow check list, fill out and complete all that apply and submit along any attachments necessary.)*

Notes/Documentation
Date in   (Phone calls etc.)

Center Facility Site Application *(complete one for each facility)*

Licensing or Approval for Non-licensed i.e. *(Tribal, Military)*

Sanitation: Kitchen permits/EID survey reports etc.

Application Management Plan & Instructions *(6 pages)*

Permanent Agreement   Form 003- Regular   Form 004- Tribal

Form 010-Non-Pricing Meal Policy Statement

Form 015-Certificate of Authority

Form 020-Public Release Statement

Form 025-Letter to Household *(Sample copy)*

Form 035-Civil Rights Questionnaire *(2 pages)*

Form 040-Certification Regarding Lobbying

Form 045-NM Substitute W-9 Form

Certificate of Sponsor Training *(Acquired after completion)*

Copies of one months' menus for "New Participants" Only
  (multi-center sponsors, submit one week of menus per center.)

Sample copies of forms your center uses for the Enrollment Packet, Attendance, and Meal Counts.

Form 050-Food Service Vending Contract *(if applicable only)*

Agreement Number: _____

RENEWAL

Child and Adult Care Food
**Application and Management Plan
for Institutions and Sponsors of day care centers**

(Please Print or Type)

1.   **LEGAL NAME OF ORGANIZATION:** _____

Mailing Address: _____ Zip: _____

City: _____ State: _____ County*:* _____

Location: _____

(Use only if mailing address does not describe physical location)

2.   **Number of centers under administration:** _____

3.   **OFFICIAL INFORMATION:** *(Owner, Chairman of the Board/President, Dean, Tribal governor, Pastor, etc.)*

Salutation: _____ Name: _____ Title: _____

E-Mail Address: _____ **D.O.B** _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

(**Note:** *Name of the sponsor official must be identical to the Certificate of Authority)*

4.   a). **PRINCIPAL ADMINISTRATOR OVERSEEING THE OPERATION OF THE CACFP:**
(This person must have attend one of the annual training sessions provided by the State Agency, and will be the one to receive all
correspondence pertaining to the day to day operations of the program) **Must a include copy of training certificate**

Salutation: _____ Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

E-Mail Address: _____ **D.O.B** _____

Describe all duties assigned to this person: _____

_____

_____

b). **NAME OF REPRESENTATIVE (S) AUTHORIZED TO SUBMIT CLAIMS**

Full Name: _____ Full Name: _____

Full Name: _____ Full Name: _____

（**Note:** *Name of representatives must be same as on Certificate of Authority)*

6.   **Is this organization considered faith-based?**   ☐ Yes   ☐ No

(Note: *as of October 1, 2007 all participants, will be receiving cash-in-lieu of commodities*

7.   **Organization Approval Type :**   ☐ **For - Profit** *(please ensure a copy of the certification of propietary is on file)*
☐ **Non - Profit** *(if non-profit, answer question 8(a) below*)*

a) Non-Profit, Subtype*:

☐ Tribal – *Attach copy of tribal letter*   ☐ School Authority (Public, Private)

☐ Government Entity   ☐ Private- Non Profit, 501-C-3 exemption

8.   a) Give a start date ____/____/____ and ending date ____/____/____ of your organization's fiscal year

b) **Did the institution/organization receive & expended over $500,000.00 in Federal, State or Local government program funds and require an audit?** ☐Yes-Give date of last Audit: _____

☐No-If "<u>Not</u>" (*please complete below*)

List ALL funding sources received (federal, state and local) during the last complete fiscal year for the institution/ organization. Also list the funding year and corresponding amounts of funding received and expended. The following information is necessary as part of a federal requirement in OMB Circular A-133 Sub-part B - Audits Section. Use additional sheets if necessary.

Name of Source/Program/Grant	*CDFA # (if Federal)*	*Funding Year*	*Funding Received*	*Total Yearly Expenditures*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Use additional sheets if necessary.		*Total:*	_____	_____

c) What was the CACFP reimbursement and expense for your last fiscal year? **please attach a CACFP income & expense tracking report for ALL months covered by your Fiscal Year,** could include income as Total Projected Reimburesement on the Budget Page 6 of 6).

9.   Provide the Dun & Bradstreet, Data Universal Numbering System (DUNS) Number   __ __ __ __ __ __ __ __ __ __

10.   List ALL publicly funded programs that the organization has participated in during the past seven (7) years.

     _____

     _____

     _____

11.   Will the sponsor keep original copies of receipts, invoices and time sheets on site in order for reviewers to validate CACFP expenses? ☐Yes   ☐ No

If Not **(Explain,** how reviewers will be able to examine your accounting documents to verify and determine allowable costs).

     _____

     _____

12.   List <u>all sources</u> of income available for the organization and all expenses for the previous year. **NOTE:** This <u>is</u> Applicable to <u>ALL</u> institutions. **(For the following organizations provide information only about the child care center - Municapalities, Military Base, Colleges etc.)**

Income:	*Total Income:*	*Expenses:*	*Total Expenditure:*
CACFP	$ _____	Salaries	$ _____
CYFD Child Care	$ _____	Utilities	$ _____
Tuition	$ _____	Supplies/Materials	$ _____
List grant/other income	$ _____	Rent/Mortgage	$ _____
_____	$ _____	Insurance	$ _____
_____	$ _____	Loans	$ _____
_____	$ _____	Food/Non-Food	$ _____
_____	$ _____	Transportation	$ _____
_____	$ _____	Equipment/Furniture	$ _____
Use additional sheets if necessary.		Taxes	$ _____
		Other- _____	$ _____
Total Funds:	$ _____	**Total Expense:**	$ _____

13. a) Outline your **Plan for providing the monthly Nutrition Education** required for participants in your Center(s). (*Use additional sheets if necessary*)

b) Does this organization have more than one center facility; will this plan be used for all sponsored sites? ☐ Yes ☐ No

If "<u>Not</u>" (***please complete a plan for each center facility or explain below how requirement will be met at each site***)

_____

_____

c) Who will conduct the Nutrition Education, please explain?

_____

Month	Activity	Date	Nutrition Learning Objective:
Example-	*Prepare (2) two different recipes using pumpkin as an ingredient*	12	*Children will be able to pour and mix ingredients, knead dough and be able to understand the preparation process*
October-			
November-			
December-			
January-			
February-			
March-			
April-			
May-			
June-			
July-			
August-			
September			

14. **Organization structure for the administration of the CACFP**
   (List ONLY the personnel who will be administering the Child & Adult Care Food Program, Attach additional sheets
   if necessary.) Also <u>Submit a copy of any organizational structure charts available.</u>

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

CACFP Duties/Responsibilities **Type below:** 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
Overseeing CACFP, Contact for State Agency								
Conducts Monitoring of Facilities								
Conducts Training of staff								
Prepares Claims for reimbursements								
Deposits, Tracks Receipts, Accounting Activities								
Other Duties- specify								
Other Duties- specify								

Total Labor Cost sub-total salaries for program year…..........…..

CACFP ADMIN LABOR COST request for program year ………….
(Must include this amount on Proposed Budget Line Item III. a)

Note: *The primary purpose of the CACFP is to provide reimbursement for food expenses, but a portion of your annual budget may be applied toward related program expenses (For example, administrative salaries, office supplies, training materials, etc.).*

15. a) Outline of **Training Plan for all CACFP staff**, administrative and food service personnel listed on (*CACFP Site Info page 2 of 2 and question 14a above*). Training must consist of civil rights and CACFP requirements. ***[Specify training date(s) and check all topics being covered]*** this does <u>not</u> include CACFP training provided to the sponsor by the State Agency.

   b) Planned training Date(s): _____

   c) Who will conduct the training session(s)? *(Person(s) must have attended State Training)*
   _____

   d) Topics being covered (*please check all that applies*):

   ☐ Menu Record Book- food production   ☐ Monitoring Center Facilities
   ☐ Meal Counts & Attendance   ☐ Family Style Dining
   ☐ Income Eligibility Applications   ☐ Financial – Claim for reimbursement
   ☐ Nutrition Education   ☐ Civil rights
   ☐ Income & Expense Tracking – Receipts, Invoices
   ☐ Menu planning, Meal Pattern & Creditable foods

   e) Any other topics or plans (please specify):
   _____
   _____
   _____

************************* (**Please certify form by signing below**) ******************************

I CERTIFY THAT the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals served to enrolled participants and; that the CACFP will be available to all eligible participants regardless of race, color, national origin, sex, age, and handicap, and I further certify that the organization has not been terminated from any publicly funded program for failure to comply with program requirements with in the past 7 (seven) years.

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

I CERTIFY THAT no board members or principals of the organization have been convicted of a crime which would indicate a lack of business integrity at any time during the past 7 (seven) years.

_____

Name and Title of Authorized Sponsoring Organization Representative (print or type)

_____   _____

Signature of Authorized Organization Representative   Date

Proposed Annual Budget (Complete the following plan for reimbursement and expenses involved in the operation of the CACFP.)	Proposed Budget by Line Item	Total Expense	(For State Use) Only	
I. TOTAL PROJECTED REIMBURSEMENT- *Calculate the average CACFP reimbursement for a month and multiply by 12.*	$		100%	$
II. OPERATING EXPENSE- *Cost directly associated with food service operation; food cost, non food, meal preparation, clean-up and for vended meal purchases*				
a. **Food cost for the CACFP-***Determine the monthly foods cost and multiply that by 12. If the cost of food equals or exceeds projected reimbursement, **STOP**; the budget is complete.*	$		%	$
b. **Non-Food cost for the CACFP-** *Complete only if food costs does not equal or exceed projected reimbursement.* **Enter the total of (b.1 - b.6)**, *if food plus non-food costs equal or exceeds projected reimbursement **STOP**; the budget is complete.*	$		%	$
b.1) Disposable plastics/paper products	$			
b.2) Cleaning supplies	$			
b.3) Kitchen wares	$			
b.4) Recordkeeping supplies	$			
b.6) Other- Specify	$			
c. **Operating Labor Cost-** *(Total all CACFP site Page 2 of 2)* **-** *only if total reimbursement has not been allocated above.* **STOP** *when all projected reimbursement has been allocated*	$		%	$
d. **Equipment for Food Service-** *(Items with a value of $500 or greater) Specific prior written approval is required* **Enter the total of (d.1- d.2)**	$		%	$
d.1 Specify Item:	$			
d.2 Specify Item:	$			
III. ADMINISTRATIVE EXPENSE- *Costs are associated with planning, organizing, and managing the food service operation and normally used only by sponsors of multiple centers receiving over $100,000 per year.* **Administrative expenses are limited to the lesser of 15% total reimbursement payments received or net allowable costs**				
a. **Admin Labor Cost-** *(see page 4 of 6)* - *only if total reimbursement has not been allocated above.* **STOP** *when all projected reimbursement has been allocated*	$		%	$
b. **Contract Services related to CACFP**-*(pest control, payroll processing, accounting)* **Note***:(Institutions may not contract out for the management of the CACFP)*	$		%	$
c. **Other-** *Attach additional sheets if necessary* **Enter the total of (b.1 - b.3), include any total amount from additional sheets**	$		%	$
b.1 Specify-	$			
b.2 Specify-	$			
b.3 Specify-	$			
d. **Audit Fees**	$		%	$