



Child and Adult Care Food Program (CACFP) Contract Manual

Revised September 2023

Click on a link in the Table of Contents to go to a section.
When on a page, click on the heading to return to the Table of Contents.

NEW
This means an addition/change has been made to the contract that may require your attention.

In this manual, websites are referenced that will need to be opened. Right click on the link and select 'open link in new tab.' This will keep the Contract Manual open in a different tab.

Table of Contents	Pages
Logging into the Contract	2-3
Navigating the Contract	4
General Information	5-6
Estimated Enrollment Information	7
Records Information	8
Corporate Official/Owner Information (For Profit Agencies Only)	9
Board Members Information (Nonprofit Agencies Only)	9
Additional Governing Board Members	10
Board Information	11
Controls A	12
Controls B	13
Staffing Personnel	14-15
Sponsor Training & Monitoring (Sponsoring Organization Only)	16
Controls C (Sponsoring Organization Only)	17
Budget Summary Information (Independent Only)	18
Budget Summary Information (Sponsoring Organization Only)	19
Controls D (Sponsoring Organization Only)	20
List of Sites	21
Site Application	21-23
Site Meal(s) Information (All Agencies)	24-25
Site Meal(s) Information (Adult Day Care and At Risk Only)	26
Site Uploads	27
Program Uploads	28
Certification & Confirmation	29
What Happens Next?	29
Unique Entity Identifier	30
Upload Instructions	31
Print/Browse the CACFP Contract	32-33
Closing a Site (Sponsoring Organization Only)	34
Sites that Move	34
Deleting New Sites	34
Password Assistance	34
Amending the Contract	34
CACFP Contacts	34
Nondiscrimination Statement & Complaint Filing Procedures	35

NOTE: Throughout this manual are words that are blue & underlined. Click on these to open a specific document, go to a website, or to learn more information.

Logging into the Contract



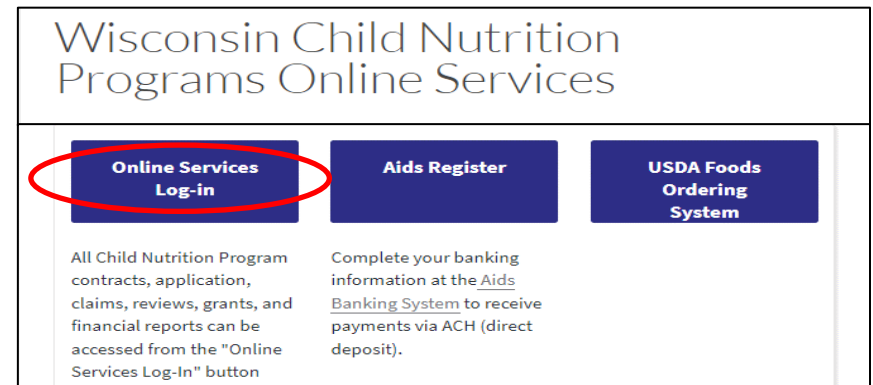
Google Chrome is highly recommended when logging into Wisconsin Child & Nutrition Programs Online Services.

1. To log into the CACFP Contract, right click on this link and choose 'Open link in new tab': <http://dpi.wi.gov/nutrition/online-services>.



Bookmark this webpage for future access to Online Services and to view important information regarding claims and contracts.

2. Click on 'Online Services Log-in.'



3. On the Log In page, enter Agency Code and Password. Click 'Submit'

NEW AGENCY: Enter the temporary agency code and password provided to you in the *Steps to Complete the CACFP Contract* document emailed to you. After your contract is approved, you will receive a permanent agency code and password.

- School Food Authorities (SFA) wanting to join the CACFP must go to the [Join the CACFP](#) webpage to verify eligibility. Do not proceed with completing the CACFP contract.

Do not bookmark this log-in page.

Logging into the Contract (continued)

4. In the blue menu bar, select 'Community Nutrition Program.'



5. In the yellow menu bar select 'Contract.'



6. In the yellow menu bar select 'Enter-Modify Contract.'



- During contract renewal agencies can select 'Renew Contract via Annual Certification' once if updates are minimal. The following pages must be opened, reviewed, and updated if applicable:

- **Independent and Sponsoring Organizations:**
 - Budget: Revise (if applicable) for the upcoming FFY
 - Site(s) List: Review each site listed for any update(s)
 - Program Uploads: Pricing Programs must update Pricing Program Addendum
- **Sponsoring Organizations Only:**
 - Training and Monitoring
 - Controls D: Update current or upload new document(s)

6. Enter the name and contact information of the person who is completing the contract. DPI staff uses this information to know who completed the contract.

Click 'Continue'

Child And Adult Care Food Program FFY Application
Contract Enterer Information

[Contract Preparer/Enterer Information]

Please fill in all requested information. It will be used to contact the agency for any questions regarding the submitted Application.

First Name Last Name

Phone Number Extension

Email

CONTINUE

Navigating the Contract

➔ You are now ready to complete the contract! Before you start, review the following important information about navigating the contract.

Saving Contract Data:

- Clicking 'Continue' at the bottom of each page saves information/data entered on that page.
- If exiting before completing the contract, click 'Continue' on that page to save current data.



Time Limitations:

- A timer starts the moment the contract is entered. **If there is no activity for 30 minutes, the user will get an error message and must return to the main Login screen. Any data on the page you were working on will not be saved.** Any movement on a page will reset the 30-minute timer.

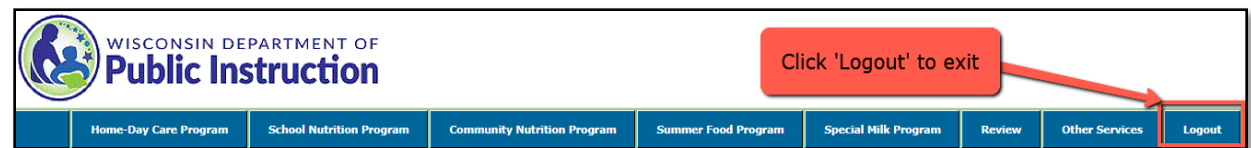
Returning to previous pages:

- Click on one of the links at the bottom of the page. The name of the link tells you what page you will go to.
- Links with an asterisk (*): the link is only accessible to Sponsoring Organizations.
- Do not click on the 'Back' icon at the top of the screen as data entered on the current screen will not be saved.



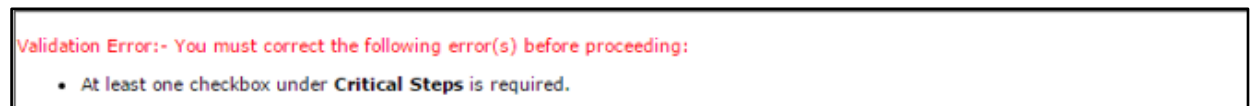
Exiting the Contract:

- Click 'Logout' in the upper right corner of the blue boxes.
 - If exiting before completing the contract, click 'Continue' on that page to save current data.



Validation Errors:

- If required information is missing or has been entered incorrectly, you will see a 'Validation Error' at the top of the page. The error will list what information is missing or was entered incorrectly.



General Information

When entering information make sure to use correct spelling, capitalization, punctuation, etc., as the data will be saved as it is entered.

Review all fields, including those pre-populated from the Previous FFY.

Agency Name: Must match name at the top of contract page. Do not include agency code.

- Agency with a legal name change must contact their [consultant](#) before changing the contract.

Federal Employer Identification Number: (FEIN): Do not include dashes (-).

- Agency with a FEIN change must contact their [consultant](#) before changing the contract.

Unique Entity ID (SAM): This cannot be entered on this page. Go to page 30 for instructions to enter agency's UEI.

Sponsor Type: Select the applicable type: Nonprofit, Public, or For Profit

- Tribal agency must select Private Nonprofit

For Profit Organization Only: Select whether your organization is required to have a governing board.

Sites Information:

- Select if your agency will operate more than one site in the CACFP.
- Enter the number of sites participating in the CACFP this year.

Type of Program:

- Non-Pricing Program:** No charge for meals.
- Pricing Program:** Separate charge for meals. Pricing programs must complete a yearly [Pricing Program Addendum](#) and upload on the *Program Uploads* page. Contact your [consultant](#) for additional information and guidance.

Emergency Shelters Only: Select applicable option for your agency. If **not** an Emergency Shelter, you must select 'None'

Child And Adult Care Food Program FFY General Information		Application
999999	Faith Lutheran Church	
<i>To apply for participation in the Child and Adult Care Food Program (CACFP) complete the application along with site(s) information and submit it to DPI. Collection of this information is a requirement of the CACFP.</i>		
Agency Name	<input type="text" value="Faith Lutheran Church"/>	Federal Employer Identification Number <input type="text"/>

Child And Adult Care Food Program FFY General Information		Application
<i>To apply for participation in the Child and Adult Care Food Program (CACFP) complete the application along with site(s) information and submit it to DPI. Collection of this information is a requirement of the CACFP.</i>		
Agency Name	<input type="text"/>	Federal Employer Identification Number <input type="text"/>
Unique Entity ID (SAM)	<input type="text"/>	Sponsor Type <input type="text" value="Public"/>
For Profit Organization Only:		
Is your for profit organization required to have a governing board? <input type="text"/> [If 'Yes' is selected you have to complete Board information at a later part of the application.]		
Sites Information:		
Will your agency operate more than one site in the CACFP? <input type="text"/> [If your agency will be operating the CACFP in other States and/or Territories, please contact your assigned DPI consultant for additional information.]		
Number of sites participating on the CACFP this year <input type="text"/>		
Type of Program: [If Pricing Program is selected, upload the Pricing Program Addendum on the Program Uploads page.]		
<input checked="" type="radio"/> NonPricing Program <input type="radio"/> Pricing Program Charge separate fee for meals		
Emergency Shelter: (if not an emergency shelter select none)		
<input type="radio"/> Residential Meal Service <input type="radio"/> Nonresidential Meal Service <input type="radio"/> Residential and Nonresidential Meal Services <input checked="" type="radio"/> None		

General Information (Continued)

Agency Street Address

- **Independent Agencies:** Enter address of site location
- **Sponsoring Organizations:** Enter address of the administration office or main location

Mailing Address: Enter agency mailing address

Agency Street Address

Street Address

City Zip +

Mailing Address (Enter even if it is the same as the street address listed above)

Street/P.O. Box

City State Zip +

Enter information for the following:

- Authorized Representative
- Executive Director (if N/A, check the 'Check if Not Applicable' box)
- Secondary Contact (if N/A, check the 'Check if Not Applicable' box)

Authorized Representative (AR): Official within the organization with the legal authority to enter into contracts and execute such documents on behalf of the organization. The AR certifies that the organization agrees to conform to the CACFP regulations, guidelines, and policies and may or may not complete any or all CACFP tasks but is ultimately responsible for the CACFP.

Executive Director: Chief Executive Officer or managing director of an organization, company, or corporation. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

Secondary CACFP Contact: Additional person designated to receive all CACFP email correspondence.

- This person cannot have the same e-mail address listed as the Authorized Representative.

Authorized Representative

First Name Last Name

Date of Birth / / [MM/DD/YYYY] Title

Phone Number Extension

Email Address

Executive Director Check if Not Applicable

First Name Last Name

Date of Birth / / [MM/DD/YYYY] Title

Phone Number Extension

Email Address


Secondary CACFP Contact Check if Not Applicable

First Name Last Name

Title

Phone Number Extension

Email Address

 **CONTINUE**

Click 'Continue'

Estimated Enrollment Information

Estimated Monthly Enrollment by Need Category

a) **Child Care Centers, Outside of School Hours Centers:** Enter the total estimated **monthly** number of children in the non-needy, reduced and free categories for all sites in the *Child Sites* row.

At-Risk: Enter estimated **monthly** number of participants in the free category in the *Child Sites* row.

Adult Care: Enter the estimated **monthly** number of adult participants in the non-needy, reduced, and free categories for all sites in the *Adult Sites* row.

b) **Emergency Shelters (ES):** Enter estimated enrollments and total daily meals for all sites. **For all other agencies enter zeros.**

ALL ES sites must check the box: *Check here to certify that your agency's primary purpose of the emergency shelter is to provide temporary residential and food services to homeless children and their families.*

USDA Foods or Cash-in-Lieu

Choose USDA Foods or cash-in-lieu of USDA Foods. **ALL agencies will receive the selection preferred by a majority of the respondents.** Agencies can view information on potential foods available in plentiful supply by accessing the [USDA Foods Program](#) website. More details about Cash-in-Lieu of USDA Foods can be found in [GM 2](#).

Click 'Continue'

Child And Adult Care Food Program FFY Application
Estimated Enrollment Information

Estimated Monthly Enrollment by Need Category for all centers/sites participating in the CACFP under your administration. This information needs to be submitted only once.

a) **Child Care Centers, Outside of School Hours, At Risk, and Adult Day Centers**

Type	Estimated Enrollment for Non-Needy/Paid Categories All Sites	Estimated Enrollment for Reduced Categories All Sites	Estimated Enrollment for Free Categories All Sites	Total Enrollment All Sites
Child Sites	0	0		
Adult Sites	0	0	0	0

b) **Emergency Shelters Only (Sites)**

Check here to certify that your agency's primary purpose of the emergency shelter is to provide temporary residential and food services to homeless children and their families.

Participants Category	Estimated Enrollments for all sites	Meal Type	Estimated Total Daily Meals for all sites**
Eligible Children 0-18 Years	0	Breakfast	0
Resident of Any Age Who Have Disabilities	0	Lunch	0
Ineligible Children*	0	Supper	0
Adults	0	AM	0
Total Enrollment All Sites	0	PM	0
		Additional	0

*Meals and snacks served to children 19 years and older may not be claimed for reimbursement. A day shelter (a site that does not offer overnight services) may claim reimbursement for eligible children if it provides written assurances to DPI that the shelter is a legitimate provider of services to homeless children, and that it is able to certify that the children who receive meals and snacks are residents of emergency shelters.

**Meal Information must correspond to that reported on the Site Application(s)

USDA Foods or Cash-in-lieu
Does your agency wish to receive USDA Foods or cash-in-lieu of USDA Foods? Cash-in-lieu of USDA foods ▼

Records Information

Select 'Yes' or 'No' to the questions for:

- Seriously Deficient
- National Disqualified List
- Disbarment

If 'Yes,' provide an explanation.

Federal Awards: If your agency expended more than \$750,000 in federal funding during the prior FFY, select 'Yes'. If less than \$750,000, select 'No'.

The following are common federal programs:

- Child Nutrition Programs: CACFP, SFSP, NSLP, SMP
- Federal Head Start (HS)
- Weatherization Assistance for Low-Income Persons
- Low Income Energy Assistance Program
- Emergency Shelter Grants Programs

W-2 and Medicaid are not considered federal programs for Single Audit purpose.

Publicly Funded Programs (PFP):

- List all PFP (federal, state, or local) the institution and its principals have participated in the past 7 years.
 - Examples: CACFP, Head Start, WI Child Care Subsidy
- To help collect this information from all principals you may use the [Publicly Funded Programs](#) form.
- Has the institution or any of its principals ever been disqualified from participation in any PFP? Select 'Yes' or 'No.'
- If 'Yes' answer the next question.

Click 'Continue'

<p>Seriously Deficient: Has your institution or any person working for your institution, including board members and principal officers (e.g. Owner, Board President), ever been determined to have been seriously deficient or currently declared seriously deficient in this state or any state for its operation of any USDA Child Nutrition program, including the Child and Adult Care Food Program? <input type="checkbox"/></p> <p><i>If "Yes", please explain in the box below.</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Disbarment: Has your institution or any person working for your institution, including board members and principal officers, ever been listed on the federal Excluded Parties List System (EPLS) for the mismanagement of any federal program? <input type="checkbox"/></p> <p><i>If "Yes", please explain in the box below.</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>National Disqualified List: Has your institution or any person working for your institution, including board members and principal officers, ever been terminated or disqualified in this state or any other state from any USDA Child Nutrition Program, including the Child and Adult Care Food Program? <input type="checkbox"/></p> <p><i>If "Yes", please explain in the box below.</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<p>Federal Awards: Did Agency expend \$750,000 or more in total Federal awards during the prior Federal Fiscal Year? <input type="checkbox"/></p>
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<p>Publicly Funded Programs:</p> <p>List all publicly funded programs (PFP) the institution and/or its principal(s) have participated in during the past seven years.</p> <ul style="list-style-type: none"> • Publicly Funded Program (PFP): Any program funded whole or in part by federal, state or local government. • Principal: Any individual who holds a CACFP related management or supervisory position within, or is an officer or, an institution. This includes the executive director and all members of the institution's governing board of directors or similar body.

<p>Has the institution or any of its principal(s) ever been disqualified from participation in any PFP for violating that program's requirements?</p> <p><input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, were the violation(s) corrected and eligibility restored to participate in the program(s)? (If "No", submit a written explanation via email to your assigned consultant.) <input type="checkbox"/></p>

Corporate Official/Owner Information (For Profit Agencies Only)

Corporate Official/Owner

Enter the required information in all fields for each Corporate Official/Owner:

- Select the correct state, the default is Alabama
- Provide current email address for all listed owners and/or corporate officials
 - If the Authorized Representative and the Corporate Official/Owner are the same person you must list a different e-mail address on this page
- If agency does not have additional Corporate Officials/Owners, you must select the “Check If Not Applicable” box(es)

Agency with a owner(s) change must contact their [consultant](#) before changing the contract.

Public Agency: Not applicable & screen will not appear.

Click ‘Continue’

[Note: Immediately notify the Department of any changes in agency ownership between application]

1. Corporate Officials/Owners (mandatory)

First Name Last Name
 Date of Birth / / [MM/DD/YYYY]
 Street Address:
 City State Zip + 4
 Email Address

2. Corporate Officials/Owners Check If Not Applicable.

First Name Last Name
 Date of Birth / / [MM/DD/YYYY]
 Street Address:
 City State Zip + 4
 Email Address

Board Members Information

All non-profit and for-profit agencies with governing boards must have an independent board of directors. Refer to [GM 9](#) for additional information.

An acceptable independent board of directors consists of a majority of voting members:

- Whose livelihood is independent from, and who hold **no personal financial interest** in, the agency’s activities.
- Who are **not family-related** to each other and/or agency personnel, including the Authorized Representative, Executive Director, and staff listed on the *Staffing Personnel* page of the CACFP contract;

A majority is defined as greater than 50% of the total number of voting board members. Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Enter required information for all four governing board members:

- Agencies must list a board President. Board President cannot have the same email as the Authorized Representative
- Enter a different email address for all four governing board members
- If there is a **vacant board position**, check the box next to: *Check if position is vacant. Once the position is filled update your contract and answer the board member questions.*

For each board member, answer the following two questions:

- Does this board member have a financial interest in the agency’s activities?
- Is this board member family-related to another board member or staff member performing CACFP tasks?

Click ‘Continue’

Definitions of family-related and financial interest are included at the top of this contract page.

An acceptable independent board of directors consists of a majority of voting members, including the Authorized Representative, Executive Director and staff listed on the Staffing Personnel page of the agency’s CACFP contract and whose livelihood is independent from and who hold no personal financial interest in the agency’s activities. A majority is defined as 50% or greater of the total number of voting board members. The following criteria must be met to maintain an independent governing board.

- The majority of the total number of voting board members do not have a financial interest in the agency, which includes but not limited to: wages, salary, consulting fees, contractor services, honoraria, equity interests (e.g., stock, stock options, or other ownership interests), interest in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt.
- The majority of the total number of voting board members are not family-related to each other as well as to agency personnel, including the Authorized Representative, Executive Director and staff listed on the Staffing Personnel page of the agency’s CACFP contract. Family-related members are defined as an individual’s spouse, domestic partner or similar designation, and the individual’s or spouse’s (or domestic partner’s) children, grandchildren, great grandchildren, siblings (whether by whole or half-blood), and the spouses/partners of the children, grandchildren, great grandchildren, and siblings.

President

First Name Last Name
 Date of Birth / / [MM/DD/YYYY]
 Street Address:
 City State Zip + 4
 Email Address

Does this board member have a financial interest in the agency’s activities? Yes No

Is this board member family-related to another board member or staff member performing CACFP tasks? Yes No

Vice President Check if position is vacant. Once the position is filled update your contract and answer the board member questions.

First Name Last Name
 Street Address:
 City State Zip + 4
 Email Address

Does this board member have a financial interest in the agency’s activities? Yes No

Is this board member family-related to another board member or staff member performing CACFP duties? Yes No

Additional Governing Board Members

List additional board members that have voting rights. Additional board members must meet the requirements of an acceptable independent board of directors listed on the [Board Members Information](#) page.

Adding a New Board Member:

- Click on 'Add Board Member' button,
- On next screen:
 - Enter first and last name
 - Answer questions about financial interest and family-related
 - Click 'Save'

Update/Change Board Member

In the list of additional board members, click on the first or last name and update the information

Delete Board Member

In the list of additional board members, click on the first or last name and select 'Delete'

List the names of any additional members of your board of directors, do not list governing board officials listed on previous page. **Only list additional board members that have voting rights.**

To add an Additional Governing Board Member, click 'Add Board Member' button. To delete or update from the list, select a name and follow the instructions.

First Name	Last Name	Financial Interest	Related

Add Board Member
▶ CONTINUE

First Name	Last Name

Does this board member have a financial interest in the agency's activities? Yes No

Is this board member family-related to another board member or staff member performing CACFP duties? Yes No

SAVE
BACK

[To Add information enter data and click save button]

First Name	Last Name

Does this board member have a financial interest in the agency's activities? Yes No

Is this board member family-related to another board member or staff member performing CACFP duties? Yes No

SAVE
BACK
DELETE

The President, Vice President, Secretary, and Treasurer listed on the Board Members Information page cannot be included on the Additional Governing Board Members page.

Click 'Continue'

Board Information

Applicable to all Non-Profit agencies and any For-Profit agency required to have a governing board of directors.

Answer the question:

'Is the Executive Director or the Authorized Representative a member of the board of directors?'

- Answer the next question even if the answer is 'No':
 - **If yes, do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board decisions regarding their salary or other human resource issues that affect them, such as hiring and firing?**

The Executive Director and the Authorized Representative cannot be members of the board unless the agency's bylaws, articles of incorporation, or the board's policies and procedures include a resolution stating they are not eligible to vote on items relating to board decisions regarding their salary or other human resource issues that affect them, such as hiring and firing of staff.

Schedule of Board Meetings: Enter the anticipated dates (by month, do not specify year) of all governing board meeting for the upcoming FFY.

Click **'Continue'**

Changes to the Executive Director, Authorized Representative or Board Members will require the agency to complete this page.


Is the Executive Director or the Authorized Representative a member of the board of directors? Yes No

If yes, do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board decision regarding their salary or other human resource issues that affect them, such as hiring and firing? Yes No

The Board of Directors is responsible for setting policy, fiscal guidance, and ongoing governance. It regularly reviews the organizations policies, programs, budgets and operations. Decisions are documented in the Board minutes which are maintained and available for DPI review. Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Schedule of Board Meetings (Report the months for all governing board meetings for the upcoming federal fiscal year) [4000 characters allowed]

First Thursday of each month



Controls A

Claims Processing:

Child Care Institution, Adult Day Care, and Outside School Hours Child Care:
Must read and select the three boxes in the middle.

- If 'Other' selected, specify the policies/procedures that are followed by your institution to ensure accuracy of the claim.

At Risk, Emergency Shelters, or agencies with Head Start children only:

- Must select 'N/A.'

Meal Count Tallies:

- Infant Section: Select one of the boxes. Agencies not claiming infant meals should check the 'N/A' box.
- All Agencies: Read and select the two boxes as shown checked in the picture.
- If 'Other' box is checked, you must provide an explanation.

Agencies that care for infants are not required to claim infant meals, however, must offer a minimum of one type of iron fortified infant formula and foods.

Menu Review:

- Infant Section: Select one of the boxes. Agencies not claiming infant meals should check the 'N/A' box.
- All Agencies: Read and select the two boxes as shown checked in the picture.
- If 'Other' box is checked, you must provide an explanation.

Effective Month of Determination of the Household Size-Income Statements

- **Child Care Institutions, Adult Day Care, and Outside School Hours Child Care:** Choose one of the first two options.
- **At Risk, Emergency Shelter, and agencies that are only Head Start:** Choose 'N/A'

Click 'Continue'

Critical Steps Check the boxes below to certify the critical steps that are implemented to ensure accuracy of the data submitted on the claim for reimbursement. If your institution does not follow the policies/procedures as described below, do not check the boxes. Instead, use the Other space to specify the policies/procedures that are followed by your institution to ensure accuracy of the claim.

Claims Processing Including Enrollment Data (At Risk, Emergency Shelters, and Head Start only - Check N/A below)

N/A (At Risk, Emergency Shelters, and Head Start Only)

Attendance and enrollment records are checked to ensure all eligible participants in attendance and considered enrolled each month are the only participants recorded as Free, Reduced or Non-needy on the Household Size-Income Record for the respective month

Household Size-Income Statements are reviewed each month to assure that those participants who are reported as Free or Reduced on the Household Size-Income Record have a current and correctly approved income statement on file.

The DPI Household Size-Income Record is used to track the eligible participants reported as Free, Reduced, and Non-needy each month.

Other specify below:

Meal Count Tallies (meal participation records, time of service meal counts)

Infants

N/A (Agencies that do not claim infant meals but care for infants are required to offer a minimum of one iron fortified infant formula and developmentally-appropriate infant foods.)

Infant meals are recorded on infant meal records when a reimbursable meal is offered.

Meal counts for eligible participants will be recorded at the time the meal is served, while the participants are sitting at the tables or immediately afterward, counting only the participants who have been served a complete meal and remain under the program's supervision while eating.

After the month has ended, meal count totals for the eligible participants will be added together for each meal type to be claimed. All tallies and calculations will be double checked for accuracy.

Other specify below:

Menu Review (meal pattern compliance, claiming only reimbursable meals/snacks)

Infants

N/A - Our Agency does not claim meals for infants under 1 year of age.

Center staff who are familiar with the CACFP infant meal pattern requirements will record the infant meals and snacks when all required components are offered in at least the minimum amount. All items, or all but one item, are supplied by the center.

Menus are developed and reviewed by staff familiar with the CACFP meal patterns to assure that all required components will be served. At least the minimum serving size for each meal component are served for each meal and snack claimed.

Center staff who are familiar with the CACFP meal patterns review the menus served during the month to assure that any substitutions made to the planned menu are documented and are creditable to the meal pattern. If required components were not served according to the CACFP meal pattern, the counts for the incomplete meals are not claimed.

Other specify below:

Effective Month of Determination for Household Size-Income Statements

From the choices below, select the method used for establishing the Effective Month of Determination when determining Household Size-Income Statements. The selection your agency makes must be uniformly applied to all Household Size-Income Statements and must be maintained for an entire Federal Fiscal Year (October 1 - September 30). Regardless of the method selected, Household Size-Income Statements expire one year from the Effective Month of Determination.

Month the Household Size-Income Statement is initialed and dated by the agency's Determining Official.

Month the Household Size-Income Statement is signed and dated by household member.

N/A (Agency only administers At Risk and/or Emergency Shelters and/or Head Start sites.)

Controls B

Financial Viability:

Check applicable box(es) that describe source(s) of money your agency will have on hand to supplement food program expenditures when costs exceed CACFP reimbursement.

- At least one box must be checked.

If 'Other' box is checked, you must write an explanation in the box provided.

Procurement Procedures:

Check applicable box(es) to indicate procurement procedures. At least one box must be checked.

Most agencies will select:

- Compare prices, quality, and services offered, and
- Goods and services purchased are under \$250,000.

If 'Other' box is checked, you must provide an explanation.

Click 'Continue'

Controls - B

Financial Viability

Source of Money Check the box(es) below that describe the source(s) of money that your agency will have on hand to supplement food program expenditures. This may include repaying fiscal overclaims, paying food program bills during interruptions in food program reimbursement, and paying for food program costs when costs exceed the earned reimbursement.

Tuition or private pay

Headstart

Wisconsin Shares Childcare Subsidy

Other Specify below:

Procurement Procedures Check the appropriate box(es) to indicate current procurement procedures. Refer to Guidance Memorandum 4, Procurement and Vendor Agreements, for additional information.

Compare prices, quality, and services offered.

Goods or services purchased are under \$250,000 in aggregate value. Informal procurement methods as outlined in Guidance Memorandum 4 are followed to ensure best price and best value.

Competitive negotiation occurs according to Guidance Memorandum 4 for goods or services over \$250,000.

Other Specify below:

CONTINUE

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#) [\[Records\]](#) [\[Boards/Corporate Officials\]](#) [\[For Profit Board\]](#) [\[Additional Gov Board Members\]](#) [\[Board Information\]](#) [\[Controls-A\]](#)

Staffing Personnel

Enter the name(s), title(s), and date(s) of birth of staff completing the required CACFP task. Use the table on the next page to determine which tasks apply to your type of agency. **There must be at least one staff person entered for each task.** Sponsoring Organizations have additional tasks.

Adding a New Record

- Click on 'Add Personnel' button
- Select a Program Task from drop down box.
- Enter title, first name, last name, and date of birth of the person performing each task.
- Click 'Save'
- Two or more staff may perform a given task, enter each separately.

Repeat this process until all required tasks are listed.

Note: If teachers or cooks all perform the same task, ex. maintains meal counts by meal type(s) for participants, enter general information in each field, including numbers for the Date of Birth. See example to the right.

See [next page](#) for required tasks for each type of program.

Existing Entries

Update by selecting the first or last name on the *Staffing Personnel* page and update the required fields.

Delete an existing entry by selecting the first or last name on the *Staffing Personnel* page and select **Delete**.

Click 'Continue'

To add a staff, click the 'Add Personnel' button. To delete or update from the list, click on First or Last Name and follow instructions.

First Name	Last Name	Title	Date of Birth	Program Tasks
------------	-----------	-------	---------------	---------------

ADD PERSONNEL
CONTINUE

Staffing Personnel

Provide the names, titles and dates of birth of the staffing personnel. To modify information, change data, and click "Save" button. To delete the record click "Delete" button.

Program Tasks: Completes CACFP Financial report

Title:

First Name:

Last Name:

Date of Birth: / / [MM/DD/YYYY]

BACK
SAVE

Staffing Personnel

Provide the names, titles and dates of birth of the staffing personnel. To modify information, change data, and click "Save" button. To delete the record click "Delete" button.

Program Tasks: Maintains meal counts by meal type(s) for participants.

Title: Teachers

First Name: Teachers

Last Name: Teachers

Date of Birth: 00 / 00 / 0000 [MM/DD/YYYY]

BACK
SAVE

First Name	Last Name	Title	Date of Birth	Program Tasks
Sally	Apple	Director		Plan Menu
Sally	Apple	Director		Completes monthly claim form

Click here

Staffing Personnel

Provide the names, titles and dates of birth of the staffing personnel. To modify information, change data, and click "Save" button. To delete the record click "Delete" button.

Program Tasks: Plan Menu

Title: Director

First Name: Sally

Last Name: Apple

Date of Birth: 1 / 1 / 1955 [MM/DD/YYYY]

BACK
SAVE
X DELETE

Staffing Personnel (continued)

REQUIRED TASKS FOR EACH TYPE OF PROGRAM

<p><u>Child Care Institutions /Adult Day Care /Outside School Hours Child Care</u></p> <ul style="list-style-type: none"> • Completes CACFP Financial Report • Completes/maintains participant(s) attendance records • Maintains meal counts by meal type(s) for participants • Prepares Meals • Maintains participant(s) enrollment/intake forms • Completes production records (quantity of food prepared) • Completes, approves, and maintains household-size income record* • Approves and maintains household size-income statements* • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus <p><i>*Not applicable to Head Start only agencies</i></p>	<p><u>Emergency Shelters</u></p> <ul style="list-style-type: none"> • Completes CACFP Financial Report • Maintains meal counts by meal type(s) for participants • Prepares Meals • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus
<p><u>At Risk Afterschool Meals</u></p> <ul style="list-style-type: none"> • Completes CACFP Financial Report • Completes/maintains participant(s) attendance records • Maintains meal counts by meal type(s) for participants • Prepares Meals • Completes production records (quantity of food prepared) • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus 	<p><u>Sponsoring Organizations (All Types)</u></p> <p>These are the additional responsibilities that must be completed along with the tasks listed under your type of agency.</p> <ul style="list-style-type: none"> • Training • Purchases food supplies • Supervises food preparation • Issues policies and procedures • Monitor sites • Approves site applications

Sponsor Training & Monitoring (Sponsoring Organizations Only)

Independent Centers: Training information is not applicable and will not be in the contract. Go to [Budget Summary Information](#) (Independent Agency).

Refer to [GM 5](#) for further details and resources on training and monitoring.

Annual Sponsor Training Requirements

Check all boxes to certify your agency will provide the required annual training to all key staff.

“Key staff” is defined as any staff member with responsibilities for the operation of the CACFP and/or maintenance of the records that support the monthly reimbursement claim and compliance with any other CACFP requirement, including those who have monitoring responsibilities.

Annual Sponsor Monitoring Requirements

Check all boxes to certify your agency will complete the required monitoring at each site.

Annual Sponsor Training Requirements:

Check all boxes below to certify that your agency will provide the required annual training to all key staff.

“Key staff” is defined as any staff member with responsibilities for the operation of the CACFP and/or maintenance of the records that support the monthly reimbursement claim and compliance with any other CACFP requirement, including those who have monitoring responsibilities.

Refer to Guidance Memorandum 5 - CACFP Sponsoring Organization Requirements for DPIs training resources for completing and documenting the required training. (e.g. The CACFP Training Checklist and CACFP Training Agenda/Attendance Form)

- New staff will be trained on the CACFP requirements pertinent to their assigned tasks prior to being held responsible for compliance.
- Current staff will be trained on the CACFP requirements pertinent to their assigned tasks at least once each Federal Fiscal Year (October 1 - September 30).
- CACFP training will, at minimum, include instruction, as applicable to each staffs assigned tasks, on the following seven (7) required areas (as specified by federal regulation 7 CFR 226.15(e)(14)): CACFP meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements, the reimbursement system, and civil rights requirements.
- Records of staff training will include the following: training date(s) and location(s); topics covered; copies of materials used; and names of attending staff including the site they are from.

Annual Sponsor Monitoring Requirements:

Check all boxes below to certify that your agency will complete the required monitoring at each site.

Refer to Guidance Memorandum 5 - CACFP Sponsoring Organization Requirements for further detail on the CACFP monitoring requirements and the required monitoring forms.

- Prior to beginning CACFP operation:** Pre-operational visits will be completed at new sites, sites that have moved to new locations, and sites closed for more than one month. The most current CACFP Site Pre-operational Visit Form will be used to complete these pre-operational visits unless another form has been approved by DPI.
- The first site review of new sites and those that have moved to new locations will be completed during the site's first four (4) weeks of CACFP operation.
- Each site operating its CACFP will be reviewed at least three (3) times each year. The most current CACFP Site Review Form will be used to complete these reviews unless another form has been approved by DPI.
- A minimum of two (2) of the three (3) annual site reviews will be unannounced (no prior notification), and at least one (1) of the unannounced reviews will include a meal service observation where participants are present.
- No more than six (6) months will lapse between site reviews.

Click ‘Continue’

Controls C (Sponsoring Organizations Only)

Outside Employment Policy

- Sponsors must have an outside employment policy for CACFP staff. Check 'Yes,' and in the box describe the agency's outside employment policy.
 - The policy must restrict other employment that interferes with an employee's performance of CACFP related responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

Outside Employment Policy	
Does your agency have personnel policies on outside employment of CACFP employees?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Explain Outside Employment Policies. Employees must tell the agency about outside employment and ensure it will not interfere with their job tasks for CACFP	

Cost Allocation Plan

- Select 'Yes' or 'No' for each question listed.
 - If 'Yes' is selected for any of the three questions, a copy of the cost allocation plan must be uploaded on the [Controls D](#) page.

Cost Allocation Plan Sponsoring Organizations must answer the following three questions regarding any cost allocation plans used for preparing the budget submitted as part of this Application.	
Did your agency use a cost allocation plan for CACFP-funded personnel (administrative and/or operational staff)? If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded office and/or operational space ? If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded supplies ? If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Fiscal Overclaim

- Sponsors of Unaffiliated sites: Check 'Yes' or 'No.'
- Sponsors of affiliated sites (same legal entity) must check 'N/A.'

Fiscal Overclaim	
Does the agency have a written policy to obtain a fiscal overclaim from its sites if the agency has determined that the site(s) has been paid an overclaim? (Not applicable to sponsors of only affiliated sites; sites that are the same legal entity as the sponsoring organization.)	
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable-agency only sponsors sites that are the same legal entity as the sponsoring organization.	

Claim Edit Checks

Select all that apply.

- At a minimum, **all** sponsoring organizations are **required** to check the 1st and 2nd boxes.

Claim Edit Checks Check the boxes below to certify that each of the two required edit checks are completed to ensure accuracy of the data submitted on the claim for reimbursement. If your agency uses some 'Other' method, specify the policy/procedure that is followed. The edit checks below must be conducted on each month's claim prior to submitting to DPI for payment.	
<input checked="" type="checkbox"/>	Monthly meal counts from each facility are checked to assure the site has been approved to serve the types of meals claimed.
<input checked="" type="checkbox"/>	The number of meals claimed by each facility in a given month does not exceed the total of the site's number of approved meal types times days of operation times enrollment.
<input type="checkbox"/>	If a number other than enrollment, such as licensed capacity or average daily attendance, is used in the formula above, prior DPI and USDA approval is required.
<input type="checkbox"/>	Other. Specify below:

Click 'Continue'

Budget Summary Information (Independent Agency)

Enter the projected annual income and expenses to administer the CACFP for the upcoming FFY (October 1-September 30).

Do not use commas or dollar (\$) signs.

Projected Sources of Income:

- To calculate **lines A & B**, refer to:
 - Child care, Head Start, Outside of School Hours, Adult Care: [Reimbursement Calculation Worksheet](#)
 - At-Risk Afterschool Programs, Emergency Shelter: [Reimbursement Calculation Worksheet](#)


Note: Line B will be zero (0) if you will not be claiming lunch or supper meals.

- **Lines C, D, &/or E**, enter a source and amount of income that is available to supplement your CACFP expenses (ex. private pay tuition, Head Start, Wisconsin Shares).
- The total income must **equal or exceed** the total projected food service costs.

Projected Sources of Income	Projected Annual Income (\$)
A. CACFP Projected Meal Reimbursement	15000.0
B. CACFP Projected Cash-in-Lieu of USDA Foods	1200.0
C. Other Income (Specify below)	17000.0
Parent Tuition	17000.0
D. Other Income (Specify below)	0.0
E. Other Income (Specify below)	0.0
Total Income	33200.0

Projected Expenses:

- Only enter CACFP expenses that will be paid directly with CACFP funds. Refer to the CACFP Training Spotlight: [CACFP Costs](#) or [GM 11](#) for expense documentation requirements.
- If entering '**Projected other food service costs**' (#4), specify the type of cost(s) in designated box.
- If you include a dollar amount in one of the expense fields, you must select '**Yes**' or '**No**' in the drop-down box in the right-hand column indicating whether the expense listed will be directly paid in whole or in part with CACFP reimbursement.
- Total projected food service costs must equal or exceed CACFP Projected Meal Reimbursement and Cash in Lieu (Lines A & B).
- Total projected food service costs must equal or be less than Total Income.

Projected Expenses	Requested Food Service Cost (\$)	CACFP Paid in Full or in Part
1. Projected food costs this year, including food vendor costs	97000.00	Yes ▼
2. Projected Non Food/kitchen supply costs	4000.00	Yes ▼
3. Projected food service labor costs, including both operational and administrative salaries and benefits	36000.00	Yes ▼
4. Projected other food service costs (specify below)	0	▼
Total projected food service costs (Line 1+2+3+4)	137000.00	
 CONTINUE		

Click '**Continue**'

Budget Summary Information (Sponsoring Organization)

Refer to [‘Upload Instructions’](#)

Attachment G: Complete and upload this document FIRST before completing the online Budget Summary page.

- **New Sponsoring Organizations:** Complete the [Attachment G](#) form to support the Budget Summary. Instructions for completing the budget are included in the Attachment G.
- **Renewing Sponsoring Organizations:** Review the Attachment G and Budget Summary in the contract. Update both if there are changes for the renewing Fiscal Year.

Attachment G – Must support Budget Summary figures:

Income:

- Total income must equal or exceed the grand total of all expenses
- Another source and amount of income that funds your CACFP expenses must be listed in addition to the CACFP reimbursement
- To calculate CACFP Projected Meal Reimbursement, refer to:
 - Child care, Head Start, Outside of School Hours, Adult Care: [Reimbursement Calculation Worksheet](#)
 - At-Risk Afterschool Programs, Emergency Shelter: [Reimbursement Calculation Worksheet](#)

Expenses:

- Complete the detail in the Attachment G workbook by completing the respective tabs. Totals will transfer to the Budget Summary tab.
- Administrative expenses are costs associated with compiling the claim and monitoring
- Operational expenses are costs associated with the meal service and/or kitchen.

Save the **Attachment G** as an Excel file.
Do NOT convert to PDF.

Budget Summary Information Page:

- Enter numbers from the *Attachment G: Budget Summary* tab onto this contract page
- Enter the projected dollar amounts so they match exactly with the Attachment G
- No commas or dollar (\$) signs
- Tab through the fields on this page to have the totals calculate correctly

Expenses:

- For each expense field with an amount, select ‘Yes’ or ‘No’ in the drop-down box in the right-hand column indicating whether the expense will be directly paid in whole or in part with CACFP reimbursement.
- If ‘Yes,’ upload applicable documentation to the [Controls D](#) page.

Click **‘Continue’**

Annual Administrative and Organizational Budgeted Income and Expenses.

Enter the projected costs to administer the Child and Adult Care Food Program (CACFP) at your institution for the upcoming federal fiscal year. Program reimbursement can only be used on approved expenses listed on the budget. Administrative expenses are any costs associated with completing the monthly CACFP claim for reimbursement, including completing the enrollment, attendance, and other recordkeeping duties. Operating expenses are any costs associated with the kitchen facility, including the preparation and serving of the meals. Retain supporting documentation for the projected costs at your office. In addition to reporting your projected expenses you are required to list all projected income and sources of income that will be used to supplement the Child and Adult Care Food Program reimbursement. The total income must equal or exceed the total of all expenses.

New Sponsoring Organizations: Complete the Attachment G form to support the Budget Summary.

Renewing Sponsoring Organizations: Review the Attachment G and Budget Summary below. Update both if there are changes for the renewing Fiscal Year.

Click below to upload new file or update previously uploaded file. The format for the file name should be: (Agency Code with dash)_FFY_CACFP_BUDGET_(Original, Rev 1, Rev 2, etc).xlsx(or xls).

File Name	Date File Last Uploaded	File	Upload / Update
cacfp_detailed_budget_affiliated_attach_g (5) (2) (1) (1) (1) (3).xlsx	8/28/2020		Update

Upload/update Attachment G here.

Enter \$ Amount with NO commas. Only decimal is allowed.

Projected Sources of Income	Projected Annual Income (\$)
A. CACFP Projected Meal Reimbursement	54000.00
B. CACFP Projected Cash-in-Lieu of USDA Foods	2996.24
C. Other Income (Specify below)	274616.99
W-2	
D. Other Income (Specify below)	220000.00
Private Pay	
E. Other Income (Specify below)	12000.00
Local school district	
Total Income	563613.23

Projected Expenses	Requested Food Service Cost (\$)	CACFP Paid in Full or in Part
A. Administrative Labor		
1. Salaries and Required Employer Taxes	1500.00	No
2. Benefits	325.00	No
A. Total Sum of Lines A1 plus A2		
	1825.00	
B. Other Administrative Expenses		
1. General Office Supply Expense	250.00	No
2. Contracted Services*	0	No
3. Equipment Rental/Lease Expense	0	No
4. Travel Expense	0	No
5. Training Expense	200.00	No
6. Misc. Administrative Expense (Specify below)	0	No
B. Total Sum of Lines B1 to B6		
	450.00	
C. Operational Labor		
1. Salaries and Required Employer Taxes	32000.00	No
2. Benefits	9600.00	No
C. Total Sum of Lines C1 plus C2		
	41600.00	
D. Other Operational Expenses		
1. Food Supplies	31100.00	Yes

Controls D (Sponsoring Organizations Only)

Refer to '[Upload Instructions](#)'

Financial Viability

All Sponsoring Organizations must upload:

- Support documents for any item listed in the CACFP Budget (Attachment G) as being directly paid in whole or in part with CACFP reimbursement.
- A complete copy of the agency's most recent audit (A-133, financial review by a Certified Public Account or last **Federal** tax return).
- Recruitment Policy: Explain how your agency recruits other sites, including that it will not recruit sites from another organization.

Administrative Capability (N/A for School Food Authorities (SFAs) administering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP))

All Sponsoring Organizations must upload:

- A current organizational chart, which must include the CACFP
- Organization Mission
- Sponsoring Organizations with 25 or more sites:
 - Job descriptions for CACFP monitors including percentage of time spent on monitoring
 - Child and Adult Care Food Program Addendum to Application/Agreement form. Contact your [Consultant](#) for the form.

For FFY 2024, an Excel file cannot be uploaded into the contract and a completed addendum must be emailed to the consultant in the Excel format.

Program Accountability (N/A for SFAs administering the NSLP and/or SBP)

All Sponsoring Organization must upload:

- A completed detailed description of the organization's accounting and financial system. At a minimum, your description should include:
 - how your agency funds CACFP expenses; what method is used for payment (i.e., center credit/debit card, check or invoice) of CACFP expenses;
 - how CACFP reimbursement funds are tracked;
 - how your agency tracks CACFP direct expenses from other center/non-CACFP expenses; include the type accounting software/system used (i.e., QuickBooks, Peachtree, etc.) and what accounts are designated for tracking of CACFP direct expenses.
 - Also include in your description what documentation is retained on file to support the CACFP expenses reported on the quarterly financial reports. If you have a copy of the latest monthly expense tracking report for your agency include it with your description. **Written formal accounting procedures for the entire organization would be preferred.** If your agency contracts out for accounting service please have your contracted accountant supply the minimal procedures listed above along with their contact information.

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Financial Viability	Written Personnel Policies for CACFP funded employees			Upload	
	Job Description and Work Schedules worked for CACFP funded Administrative Employees			Upload	
	Job Description and Work Schedules for CACFP funded Operational Employees			Upload	
	Description of CACFP Funded Employee Benefits(I.e. Employee Handbook)			Upload	
	CACFP funded Equipment Inventory list			Upload	
	CACFP Funded office or kitchen space agreement. Include rental/lease agreement or depreciation schedule with purchase agreement			Upload	
	CACFP Funded Outside Service Contracts (include Professional and Equipment)			Upload	
	CACFP Funded Insurance Policy(ies)			Upload	
	CACFP Funded professional dues or membership application/description			Upload	
	Detailed Description of any CACFP funded Travel during budget year			Upload	
	Other Budget Support documentation			Upload	
	Description of CACFP Allocation Plan	09/22/2015		Update	Delete
	Organization Audit(A-133,financial review by CPA or last Federal tax return) *	09/22/2015		Update	Delete

Administrative Capability	Current Organization Chart(must include CACFP)			Upload	
	Organization Mission			Upload	
	For sponsors of 25 or more sites only: Job Description for all employees performing CACFP monitoring duties including the percentage of time spent on monitoring, along with PI-6070-A			Upload	
	Other			Upload	

Program Accountability	Detailed Description of the organizations accounting and financial system			Upload	
	For sponsors of Unaffiliated Sites Only: Detailed Description of how you disburse CACFP payments to your facilities.			Upload	
	Other			Upload	

Sponsoring Organization which administers unaffiliated sites (sites that do not share the same legal identity as the sponsor) must also upload a complete detailed description of how the sponsor disburses CACFP payments to the sites. Click '**Continue**'

List of Sites

Refer to '[Upload Instructions](#)'

CONTACT YOUR [ASSIGNED CONSULTANT](#) BEFORE ADDING A NEW SITE TO THE CONTRACT OR BRINGING BACK A PREVIOUS SITE.

New Site(s): New Agencies and SO Adding a New Site

- Click 'Add New Site(s)' to access the *Site Application* page
- Sponsoring Organizations: Select 'Add New Site(s)' for each site

If you are an independent center, and would like to add another site refer to '[Becoming a Sponsoring Organization](#)' and contact your [consultant](#).

Site No.	Site Name	Type of Site	

ADD NEW SITE(S)
 CONTINUE

Non-school agencies sponsoring sites in school buildings can contact the Agency's [consultant](#) for a template letter to notify the school.

Renewing Site(s)

- If a site's license has changed, select 'Update Day Care License' to upload a **current** license for each site
- Click the 'Site No.' or 'Site Name' of each site to access the *Site Application* page and make any required updates

to ensure all information is still current for this site to the contract, click the 'New Site' button on this page. Select/click the new site to create the 'Add New Site Form' to access the 'Site Meal(s)'.
 Action page(s):

Site No.	Site Name	Type of Site	
3235	Jefferson After School Program	At Risk Snack-After School Hour	Update Day Care License
3243	Radford Center	At Risk Snack-After School Hour	
11385	Smith After School Program - B & G Club	Outside School Hours Center	Update Day Care License

Site Application

Site Status

- Select 'Active'
- To close a site, refer to [Additional Information](#) page
- Is the site the same legal entity as the agency? Select 'Yes' or 'No'
 - Same legal identity: Site shares the same FEIN as the agency

Site Status:

Is site active in CACFP or closed? Active Closed If closed, provide Closure Date / / [MM/DD/YYYY]

Is this Site the same legal entity as the agency? Yes No

General Information

- Site Name: List name of site
- Type of Site: Select the one applicable to the site
 - Adult Day Care For Profit Title XIX
 - Adult Day Care For Profit Title XX
 - Adult Day Care Non-Profit/ Public
 - At-Risk Snack-Afterschool
 - Child Care For Profit Title XX
 - Child Care Non-Profit/Public
 - Emergency Shelter
 - Head Start
 - Outside School Hours Center

General Information: Enter numbers like Zip, Phone, Provider No without hyphen or dashes.

Site Name

Type of Site Tax Status

County Provider No*

Street Address City State Zip

Name of Person in Charge of Site: First Name Last Name Phone

Site Application (continued)

General Information (continued)

- Tax Status: Select For Profit, Nonprofit, or Public
- County: Select County of the site street address
- Provider Number: Enter the 13-digit number (without dashes) assigned by DCF. If there is no provider number, enter 13 zeros (without dashes)
- Street Address/City/State/Zip: Enter for the site location
- Name of Person in Charge of Site: First name, last name, phone

General Information: Enter numbers like Zip, Phone, Provider No without hyphen or dashes.

Site Name

Type of Site Tax Status

County Provider No*

Street Address City State Zip

Name of Person in Charge of Site: First Name Last Name Phone

License Information:

Is the site licensed, certified, or approved by federal, state, or local authorities?
Select 'Yes' or 'No'

- If 'Yes,' complete this section
 - Licensed Type:
 - Select 'Licensed'
 - ADC Only: Select 'Certified'
 - Licensed Capacity: Enter capacity listed on license/certificate
 - Expiration Date:
 - Non-expiring license (or license that automatically renews): Leave these fields blank
 - Probationary license or certified: Enter the expiration date listed on license or certificate
- If 'No,' go to 'Health and Safety Standards' section

License Information:

Is Site licensed, certified, or approved by federal, state, or local authorities? Yes No

Licensed Type Licensed Capacity Expiration Date / / [MM/DD/YYYY]

(Leave Date Blank if non-expiring license)

Health and Safety Standards: All agencies must answer this question

If site is not licensed, does it meet local health and safety standards?

- Sites that are licensed, Head Start only, or operated by School Food Authority (SFA) select 'N/A.' See page 28 for additional details for sites in school buildings.
- All other sites select 'Yes' or 'No'
 - If 'Yes,' upload required documents on the [Site Upload\(s\)](#) page
 - If 'No,' you must meet local health and safety standards

Health and Safety Standards:

If site is not licensed, does it meet local health and safety standards? Yes No N/A

(If yes, upload applicable documents on the Site Uploads page.)

Operation:

Enter hours and days of operation, and age range of children attending site

Operation Must be within limits stated on license or certification:

Hours of Operation		Days of Operation	Children Age Range (N/A for Adult Day Care)	
From Hrs <input type="text"/>	Mins <input type="text"/>	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	From	<input type="text" value="none"/>
To Hrs <input type="text"/>	Mins <input type="text"/>	<input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Through	<input type="text" value="none"/>

Site Application (Continued)

USDA Programs:

- If site does not participate in other child nutrition programs, select 'None'
- If applicable, check the boxes next to the other child nutrition programs to which this site participates in:
 - Special Milk Program (SMP)
 - National School Lunch Program (NSLP)
 - School Breakfast Program (SBP)
 - Summer Food Service Program (SFSP)

Check all USDA Program in which this site participates:					
<input type="checkbox"/> None	<input type="checkbox"/> Special Milk Program	<input type="checkbox"/> National School Lunch Program	<input type="checkbox"/> School Breakfast Program	<input type="checkbox"/> Summer Food Service Program	

Collaborative Agreements:

Does this site have any collaborative agreements with other entities, such as schools (e.g., 4-K classrooms), Head Start agencies, etc.?
Select 'Yes' or 'No.'

- If 'Yes,' provide the following information in the box provided:
 - Classroom part of the site's licensed capacity
 - Meals/snacks served to participants during session
 - Identify which entity claims meals for reimbursement

Collaborative Agreement(s)	
Does this site have any collaborative agreements with other entities, such as schools (e.g. 4-k classrooms), Head Start agencies etc.?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
If Yes, provide the following information below: specify whether the collaborative classroom(s) is counted within the site's licensed capacity, what meals/snacks are served to the children while in session, and which entity claims reimbursement for these meals.	

Closing Dates:

Indicate if the site closes for more than one month

Closing Dates (if Any)	
Does site stop CACFP operation for periods of one month or more. If Yes, Specify the dates: <input type="radio"/> Yes <input checked="" type="radio"/> No	
Site closing dates	

CACFP Enrollment Policy:

Child Care Centers, Outside School Hours, and Adult Day Care Centers

- Select one enrollment policy for this site
- Refer to [GM 6](#) for more information. Select the applicable CACFP GM component.

CACFP Enrollment Policy:	
Group Child Care Centers, Outside of School Hours, and Adult Care Centers Only:	
<small>Select the CACFP enrollment policy this site follows when determining which participants are counted within each months enrollment data on the reimbursement claim. (Enrollment data is the total numbers of Free, Reduced, and Non-needy participants who are considered enrolled within a calendar month.)The agency must consistently follow this selected CACFP enrollment policy for the site, for each claim month, unless the agency requests DPI approval by submitting its updated selection through the contract approval process.</small>	
A participant must be counted in the enrollment for a given month when completed, current enrollment documentation is on file. This site counts a participant within the reported monthly enrollment when (s)he:	
<input type="checkbox"/> is in attendance at least one time in the month;	
<input type="checkbox"/> the center maintains a vacant opening in anticipation of the participant(s) future attendance at the center, or	
<input type="checkbox"/> Other Specify below:	
At-Risk, Emergency Shelters and Head Start Only:	
Please specify below how attendance is documented:	

At-Risk, Emergency Shelters, and Head Start Only

- At-Risk: Describe how daily attendance will be tracked.
- Emergency Shelter: Describe how a list of residents for the CACFP will be maintained.
- Head Start: Describe how daily attendance will be tracked and how a list of participants will be maintained for each month.

Click 'Continue'

Site Meal(s) Information

NEW AGENCIES ONLY: After clicking 'Continue' you will be brought back to the *List of Sites* page shown here.

- Upload license (Refer to '[Upload Instructions](#)')
- Select the 'Site No.' or 'Site Name' which will bring you back to the *Site Application* page. Click 'Continue'
- Complete the *Site Meals Information* page(s)

Site No.	Site Name	Type of Site	Upload day care License
1759	Red Caboose School Age - Lapham	Outside School Hours Center	Upload
1760	Red Caboose School Age - Marquette	Outside School Hours Center	Upload
136810	Red Caboose Day Care Center Inc	Center-Child Care Inst. Day Care	Upload

Food Service Data:

Indicate meal services, times, estimated average daily participation, and type of meal prep for each meal you want to claim on the CACFP

- Type of Meal Prep
 - Self-Prep: Site prepares own meals
 - Central Kitchen: Meals prepared in off-site kitchen
 - Vendor/School: Purchases meals from outside vendor (i.e., schools, restaurants, hospitals)
 - Food Service Management Company: Provides meals and manages any or all aspects of food service operations

Food Service Data Reimbursement may be made only for meals approved by DPI. Check box(es) in front of requested meal service. Also indicate the type of **Meal Preparation** for each of the meal service(s). Use the following options provided. *If site uses Vendor, School or Food Service Management Company, a contract must be submitted if this is a new site or changes are being made to the previous submitted contract.*

Requested Meal Service*	Begin Time (i.e., hh:mm)	End Time(i.e., hh:mm)	Estimated Average Daily Participation	Type of Meal Prep
<input type="checkbox"/> Breakfast	: : AM PM	: : AM PM	0	
<input type="checkbox"/> AM Snack	: : AM PM	: : AM PM	0	
<input checked="" type="checkbox"/> Lunch	12 :00 AM PM	1 :00 AM PM	60	Self Prep
<input checked="" type="checkbox"/> PM Snack	3 :00 AM PM	4 :00 AM PM	85	Self Prep
<input checked="" type="checkbox"/> Supper	5 :00 AM PM	6 :30 AM PM	60	Self Prep
<input type="checkbox"/> Additional Snack	: : AM PM	: : AM PM	0	

At-Risk Sites:

- Only supper and/or PM snack on regular school days may be claimed
- Breakfast or lunch may be claimed, in lieu of supper, on weekends, holidays, and school vacations. If the agency wants to claim breakfast or lunch on a non-school day, complete the information for those meals under **Food Service Data** and provide an explanation under the **Meal Reimbursement Procedure**

Vendor/Food Service Management Company Agreement:

Select 'Yes' or 'No' if any meals/snacks are purchased from a vendor or Food Service Management Co.

- If 'Yes,' upload the agreement on the *Site Upload(s)* page
- Refer to [GM 4](#) for more information and for the most current **Vendor Agreement**.

Vendor/Food Service Management Company Agreement

Will any meals or snacks be purchased from a vendor or a Food Service Management Company? Yes No

Site Meal(s) Information (Continued)

Meal Reimbursement Procedure:

If more than 3 meals/snacks have been checked, provide a response in this box explaining the procedure for how the site will record time of service meal counts by participant and ensure that no participant is claimed for more than 2 meals/1 snack or 2 snacks/1 meal per day. (Emergency shelters may claim up to three meals per participant per day).

Meal Reimbursement Procedure:

If more than two meals and one snack, or two snacks and one meal, are checked above, explain how the agency will ensure that reimbursement is not claimed for more than two meals and one snack, or two snacks and one meal, per child per day. (Emergency shelters may claim up to three meals per child per day.)

Below is information to help with writing a Meal Reimbursement procedure:

- Identify the form(s) that will be used to record the time-of-service meal count such as the *Greater than 3 Meals Record* or another meal count form that records meals by child.
- Explain the process staff will follow when compiling meal counts such as crossing off meals served to participants that are more than 2 meals/1 snack, or 2 snacks/1 meal per child per day.

Explain Process when ADP exceeds licensed capacity:

If Estimated Average Daily Participation (ADP) for each meal service exceeds licensed capacity provide a narrative explanation.

Explain Process when Average Daily Participation(ADP) exceeds licensed capacity:

If the estimated ADP for any given meal service(s) exceeds the licensed capacity of the center (site), provide an explanation. If conducting "shift" feeding, list the meal service(s) and the time of each "shift" meal service below:

Estimated Average Daily Participating numbers are found under the **Food Service Data** chart from above.

Food Service Data Reimbursement may be made only for meals approved by DPI. Check box(es) in front of requested meal service. Also indicate the type of **Meal Preparation** for each of the meal service(s). Use the following options provided. If site uses *Vendor, School or Food Service Management Company*, a contract must be submitted if this is a new site or changes are being made to the previous submitted contract.

Requested Meal Service*	Begin Time (i.e., hh:mm)	End Time(i.e., hh:mm)	Estimated Average Daily Participation	Type of Meal Prep
<input type="checkbox"/> Breakfast	: : AM PM	: : AM PM	0	
<input type="checkbox"/> AM Snack	: : AM PM	: : AM PM	0	
<input checked="" type="checkbox"/> Lunch	12 : :00 AM PM	1 : :00 AM PM	60	Self Prep
<input checked="" type="checkbox"/> PM Snack	3 : :00 AM PM	4 : :00 AM PM	85	Self Prep
<input checked="" type="checkbox"/> Supper	5 : :00 AM PM	6 : :30 AM PM	60	Self Prep
<input type="checkbox"/> Additional Snack	: : AM PM	: : AM PM	0	

Click 'Continue'

Site Meal(s) Information (Adult Day Care and At-Risk Sites Only)

(Not applicable to Child Care Centers, Outside of School Hours Centers, or Emergency Shelters)

Adult Day Care Center:

- Must check all three boxes to certify the site meets requirements for an Adult Day Care on the CACFP
- Answer the two questions regarding Title III reimbursement and functionally impaired adults
- **Offer vs Serve (OVS):** If 'Yes,' specify which meal(s) OVS will be used

Adult Day Care Center:
Check all boxes to certify the following.

Each adult day care center provides a community-based group program designed to meet the needs of functionally impaired adults through an individual plan of care. This program is a structured, comprehensive program that provides a variety of health, social and related support services to enrolled adult participants.

Each adult day care center maintains records on the age of each enrolled person. In addition, each center maintains records which demonstrate that each enrolled person under the age of 60 meets the functional impairment eligibility requirements established under the definition of "functionally impaired adult" contained in this part.

Each adult day care center maintains records which document that qualified adult day care participants reside in their own homes (whether alone or with spouses, children or guardians) or in group living arrangements meeting the Program eligibility requirements.

Does the site receive reimbursement for meals served under Title III of the Older Americans Act? Yes No

Does the site serve functionally impaired adults? Yes No

Offer Vs Serve (This option allows participants to select foods they wish to eat at breakfast, lunch or supper)

Does this site use the Offer Versus Serve meal service option Yes No

If 'Yes' indicate the applicable meal service type(s) Breakfast Lunch Supper

At Risk Site:

Check the box to certify your agency's primary purpose at each site to be eligible for CACFP.

Site Area Eligibility: List the name of the qualifying school.

- The site must be in the attendance area of the qualifying public school or within the qualifying school building: A qualifying school has 50% or more Free/Reduced (F/R) students based on the current DPI certified September data found on DPI's [Wisconsin Public School Eligibility Data Report](#).

Offer versus Serve (OVS): If 'Yes,' specify which meal(s) OVS will be used

Only for School Food Authorities (SFAs): Select the meal pattern used for each meal type using the dropdown box provided:

- SFAs participating in CACFP At-Risk program may choose to use either the National School Lunch Program (NSLP)/School Breakfast Program (SBP) or CACFP meal pattern for their At-Risk sites.

At Risk Site:
Check the box to certify your agency's primary purpose at each site
To be eligible for reimbursement, an afterschool care program must:

Be organized primarily to provide care for participants after school or on weekends, holidays, or school vacations during the regular school year (an at-risk center may not claim snacks during summer vacation, unless it is located in the attendance area of a school operating on a year-round calendar); have organized, regularly scheduled activities (i.e., in a structured and supervised environment); include education or enrichment activities. (Eligibility limitation: Organized athletic programs engaged in interscholastic or community level competitive sports are not eligible afterschool care programs.)

Site Area Eligibility Meal sites must be located in the attendance area of a qualifying public school or within the qualifying school building (an elementary, middle, or high school). A qualifying school has 50 percent or more Free/ Reduced (F/R) students based on the current Wisconsin Public School Eligibility Data Report.

Using the [Wisconsin Public School Eligibility Data Report](#) look up the school eligibility percentage for the elementary, middle, or high school in the attendance area of your meal site(s) location(s). List the name of the qualifying school.

Big Bird Elem.

Offer versus Serve (OVS)

Will the Offer versus Serve provision be used? Yes No

If Yes is selected, choose the meal(s) at which Offer versus Serve will be used.

Breakfast Lunch Supper

Only for School Food Authorities (SFAs) Select the meal pattern used for each meal type:

Breakfast

Lunch

Supper

Click 'Continue'

Site Upload(s)

Refer to '[Upload Instructions](#)'

Sponsor of Unaffiliated Sites Only: For sponsors of unaffiliated sites only. This does not apply to sites with the same legal entity.

- **Unaffiliated Site – Agreement:** Upload Sponsor/site agreement
- **Unaffiliated Site – Other:** Email IRS FEIN and if applicable, Federal Tax-exempt (501 c 3) documentation, to your [consultant](#).

Health and Safety Standards:**

- Not applicable to licensed sites, and school sites operated by a public SFA that participates in NSLP/SBP.**
- **Occupancy Permit: One time submission**
 - Copy of the current permit or
 - Letter from the local housing authority indicating that an occupancy permit is not required/issued
- **Fire Inspection Report: Upload current document each year**
 - Current report, or
 - Letter from the local fire marshal detailing how often the site(s) must be inspected, or
 - Letter from the applicable fire department certifying that the site(s) does not require a fire inspection
- **City or County Health Department Inspection/Letter: Upload current document each year**
 - Most recent inspection, or
 - Letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s).
 - Agency may use the sample [Health Department Letter/Email Template](#).
 - To find the contact at your local health department, visit [WI Department of Health Services, Local Public Health](#) webpage.
- **PI-6016 (Group Child Care License Exemption): Upload current document each year**
 - Complete and upload the [PI-6016 Group Child Care License Exemption](#).
 - Private schools not licensed by the Department of Children and Families are required to complete the PI-6016 form and upload into contract.



Vendor: Upload current agreement when applicable

(Only applicable to agencies receiving prepared food from an outside source or using a Food Service Management Company (FSMC))

- [CACFP Vendor Agreement to Provide Meals/Snacks](#) or [CACFP Vendor Agreement to Provide Meals/Snacks – Adult Care Component](#)
- Food Service Management Company Contract
 - School Food Authorities Only
 - If adding CACFP during the year use the [Summer Food Service Program \(SFSP\) / Child and Adult Care Food Program \(CACFP\) Amendment to FSMC RFP](#)
 - If completing an annual renewal go to the [FSMC webpage](#) to select the appropriate amendment. Scroll down to the **Renewal Templates** section.

Click '**Continue.**' **NOTE:** You will return to the *List of Sites* page. Click '**Continue**' to access the *Program Uploads* page.

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Sponsor of Unaffiliated Sponsors Only	Unaffiliated Site - Agreement			Upload	
	Unaffiliated Site - Other			Upload	
Health and Safety Standards	Occupancy Permit			Upload	
	Fire Inspection Report			Upload	
	City or County Health Department Inspection/Letter			Upload	
	PI-6016 (Group Child Care License Exemption)			Upload	
Vendor	CACFP Vendor Agreement or Food Service Management Company Agreement			Upload	

****Non-licensed sites operated by an outside organization (i.e., YMCA or Boys & Girls Club) in a school building of an SFA that participates in the NSLP/SBP the following applies:**

- Not Required: Occupancy permit, Fire inspection report, or health department inspection.
- REQUIRED: PI-6016 (Group Child Care License Exemption) and must be completed annually.

Program Uploads

Refer to '[Upload Instructions](#)'

NEW AGENCIES ONLY:

Must upload the following:

- Complete Permanent Agreement attached to contract email: Fill in Agency legal name, address, sign & date.
 - The Permanent Agreement on the DPI webpage is for viewing purpose only and must not be used by new agencies.
- Federal Employer Identification Number (FEIN) documentation (one of the following):
 - Copy of the Internal Revenue Service (IRS) form SS-4 (Notice of Employer Identification Number)
 - Complete copy of your agency's most recent IRS tax form:
 - IRS form 990 (Return of Organization Exempt From Income Tax),
 - IRS form 1120 (U.S. Corporation Income Tax Return)
- Federal Tax-Exempt Status Verification (**Non-profit agencies only; does not apply to for-profit or public agencies, including public SFAs**): Upload documentation verifying your Federal tax-exempt status.
 - Copy of your agency's 501(c)(3) IRS or
 - An equivalent Federal tax-exempt documentation

Do not upload the *Wisconsin Sales and Use Tax Exempt Certificate* or the *Sales & Use Tax Certificate of Exempt Status*

NEW SPONSORS ONLY: *(Adding two or more sites)*

Statement of Unmet Program Need:

Upload a written explanation of the *Unmet Program Need* that will be addressed by your agency's sponsorship of the CACFP. To help answer this requirement, think about:

- Region(s) of services your agency is in (counties, cities);
- The need in the community you are serving;
- How your service will be different or unique from other sponsoring organizations;
- Any underserved populations not receiving CACFP without your sponsorship.

Pricing Programs Only:

Upload the [Pricing Program Addendum](#) each year.

Click '**Continue**'

NEW AGENCIES: Upload all applicable documents.

RENEWING AGENCIES: Do not upload/update documents for all institutions.

PRICING PROGRAM ONLY: Upload new Pricing Program Addendum.

Institution Type	Document	File Last updated	File	Upload / Update	Delete
All Institutions (DO NOT UPDATE DURING RENEWAL)	Permanent Agreement	01/18/2019		Update	Delete
	Federal Employer Identification (FEIN) documentation (IRS Form SS-4 or IRS form 1120)	01/15/2019		Update	Delete
	Federal Tax exempt verification (non profits only -501(c)(3))			Upload	
New Sponsor Only	Statement of Unmet Program Need			Upload	
Pricing Program (Pricing Agency Only)	Pricing Program Addendum (Required if type of Program selection on General Information page is Pricing, upload annually)			Upload	
Other Institutions	Other			Upload	

CONTINUE

Certification & Confirmation

Certification statement:

Read the certification statement. The [CACFP Permanent Agreement and Policy Statement](#) outlines the requirements for participating in the CACFP. Open the link and read it prior to agreeing to the terms and conditions of the document on the Certification page.

- The CACFP Permanent Agreement and Policy Statement linked above and within the Certification Statement is for viewing purposes only. **New Agencies** must use the CACFP Permanent Agreement and Policy Statement emailed to them that requires agency information and signature of the Owner, Authorized Representative or Board President.



Check the box next to: **‘By checking this box, I have read and agree to above certification and permanent agreement of the CACFP’**

Click ‘Submit’

‘Contract Successfully Submitted’ will appear.

The contract will be locked after it is submitted, and you have logged out. If you need to get back into your contract, contact your [consultant](#).

NEW AGENCIES and Unique Entity Identifier: After you submit your contract, click the **Home** button to go back to the home page to access the *Other Services* tab to enter your Unique Entity Identifier. See instructions on the next page of this contract manual.

CERTIFICATION
<p>I CERTIFY that the information on this Application, and all site applications, is true and correct to the best of my knowledge and that the Institution herein named is in compliance with the audit requirements stated in 7 CFR Part 3052. The Institution named herein accepts final financial and administrative responsibility for management of an effective food service, and further agrees to comply with all requirements as specified under 7 CFR 226. A Sponsoring Organization certifies that all key staff (as defined by DPI) have attended annual Program training and documentation is on file in support of this certification. The Institution certifies that neither it nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that program's requirements. In addition, the Institution certifies that neither it or any of its principals has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. (A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the state agency.) Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties. The Institution further certifies that a screening process is in place to scrutinize any criminal convictions of board members that may disqualify them from performing program administrative functions. I understand that this information is being provided in connection with receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I further agree to abide by the terms and conditions outlined in the permanent agreement https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/cacfp_permanent_agreement.pdf</p>
OUTSIDE OF SCHOOL HOURS CENTERS AND AT RISK SITES
<p>In accordance with USDA guidance, Outside of School Hours Centers and At Risk Sites participating in the CACFP are not required to be licensed unless there is a State or local requirement for licensing. As a condition of receiving federal reimbursement under the CACFP, the Institution/Sponsoring Organization certifies that:</p> <p>Outside of School Hours Centers and At Risk Sites participating in the CACFP under the Institution's/Sponsoring Organization's Application which are not licensed are not required to be licensed based on the Department of Health and Family Services criteria that "No person may for compensation provide care and supervision for 4 or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a day care center from the department." Sec 48.65(1) Wis. Stats.</p> <p>The Institution/Sponsoring Organization shall require Outside of School Hours Centers and At Risk Sites to advise the sponsor of any change in conditions that may require such sites to be licensed and that such requirement shall be part of the site agreement the Institution/Sponsoring Organization executes with such site(s).</p> <p>Should the Institution/Sponsoring Organization receive information or otherwise have knowledge of any change at a site that may affect the site's need to obtain a license, the Institution/Sponsoring Organization shall immediately notify the Department of Children and Families Services in effort to obtain licensure if the site elects to continue participation on the CACFP, or if licensure is required and the site elects not to satisfy the licensure requirement, the site shall be immediately terminated from the CACFP. The Institution/Sponsoring Organization also agrees to immediately notify the Department of Public Instruction of such action(s).</p> <p>The Institution/Sponsoring Organization agrees that meals and snacks will not be claimed for any site that is not in compliance with the licensure requirement.</p>
<p><input type="checkbox"/> By checking this box, I have read and agree to the above certification and permanent agreement of the CACFP.</p> <p style="color: red; font-size: small;">Caution! Your application will be LOCKED for review by DPI upon submission. Once submitted, you will need to contact us to have it unlocked to make revisions do not submit unless you are ready to have DPI review your application.;</p> <p style="text-align: center;"> Submit</p>
<p>CONTRACT SUCCESSFULLY SUBMITTED TO DPI</p> <p>ON</p> <p>Aug 31, 2018</p> <p>Your agency's contract information has been successfully submitted to the Department of Public Instruction (DPI) and is now LOCKED for review by an assigned consultant. Contract changes will become effective after they have been reviewed and approved by the DPI consultant. If needed, the consultant will contact your agency to resolve issues with your contract prior to approval.</p> <p style="color: red; font-weight: bold;">Click logout at top right corner to exit application completely or click the Home button to go back to home page.</p> <p style="text-align: right;"> Home</p>

What Happens Next?

Once you have submitted the contract, your [consultant](#) will review it. The agency will be notified if the contract is incomplete and of changes that must be made. A contract will not be approved until it is complete, including all applicable uploads. Once approved, DPI will e-mail an approval letter.

NEW AGENCIES:

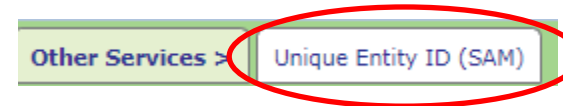
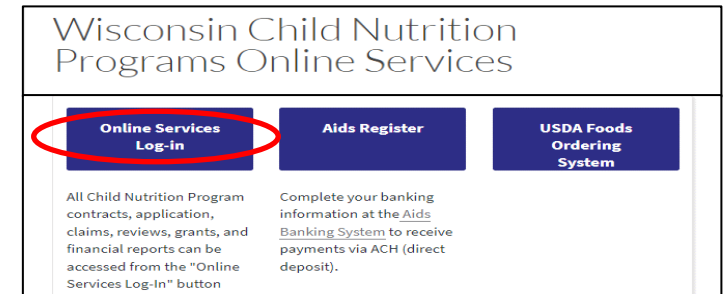
After your agency has a complete contract, your DPI consultant will complete a Preapproval visit to verify your agency has systems in place to operate the CACFP successfully. If the visit is successful, an email will be sent to your agency that contains the agency code and site code numbers. A separate email containing the agency's log-in password will be sent to your agency and the email will provide instructions on completing the Aids Banking System Information. The Aids Banking Information must be completed before final approval of the contract. After the Aids Banking Information is completed, your agency will receive an e-mail indicating final approval of the CACFP contract.

Unique Entity Identifier

All organizations that receive funding from the Federal government are required to have a Unique Entity Identifier (UEI) from [SAM.gov](https://sam.gov). This is a unique 12-character alphanumeric value assigned, managed, and owned by the Federal government. SAM.gov is the system that assigns it. The Unique Entity ID (SAM) validates the organization's legal business name and address. This will only need to be entered once, even if the agency participates in multiple Child Nutrition Programs.

How to report UEI to DPI's Child Nutrition Programs:

1. Go to the *Child Nutrition Programs* [Online Services](#) and select the button for *Online Services Log-in*.
2. Log in using your temporary Agency Code and temporary Password.
3. Select **"Other Services"** from the blue menu bar at the top of the screen.
4. Select **"Unique Entity ID (SAM)"** from the menu bar.
5. Enter the agency's information in the required fields.
6. Fill out your name, phone number and email address, and select **"I Agree"** in the CERTIFICATION section at the bottom of the page.
7. Click the **"Submit"** button at the bottom of the screen. You will receive a confirmation screen which will indicate that your information has been received.



Unique Entity ID (SAM) Update Information

The Unique Entity ID (SAM) is a unique 12-character alphanumeric value assigned, managed, and owned by the federal government. SAM.gov is the system that assigns it. The Unique Entity ID (SAM) validates your organization's legal business name and address. More information can be found at [SAM.gov](https://sam.gov)

Unique Entity ID (SAM)

Confirm Unique Entity ID (SAM)

Enter your agency's physical address as it was entered in SAM.gov

Physical Address

City **State:** **Zip**

CERTIFICATION

I HEREBY CERTIFY to the best of my knowledge that this information is true, correct, that records are available to support the information.

First Name **Last Name**

Phone Number

Email

I Agree

Upload Instructions

1. On the page(s) requiring an upload, click 'Upload' or 'Update'

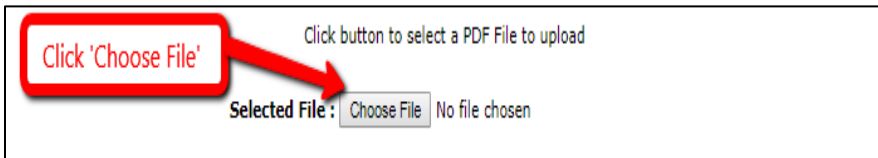
Institution Type	Document	File Last updated	File	Upload / Update	Delete
All Institutions (DO NOT UPDATE DURING RENEWAL)	Permanent Agreement (PI-1486-AP)	10/05/2015		Update	Delete
	Federal Employer Identification (FEIN) documentation (IRS Form SS-4 or IRS form 1120)	10/05/2015		Update	Delete
New Sponsor Only	Statement of Unmet Program Need			Upload	
Pricing Program (Pricing Agency Only)	Pricing Program Addendum (Required if type of Program selection on General Information page is Pricing, upload annually)			Upload	
Other Institutions	Other			Upload	

Upload: Appears when you must upload a file for the first time

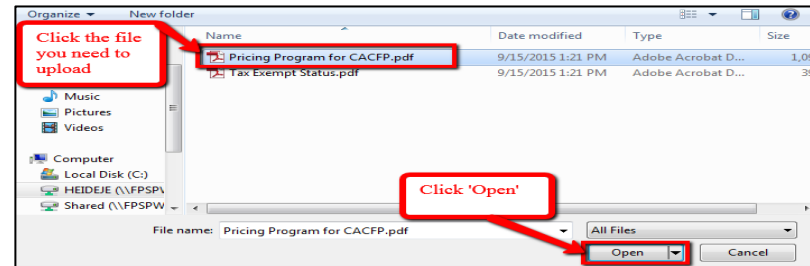
Update: Appears when you have already uploaded a file but need to upload a more current file

Delete: Only choose this if the document no longer applies to your agency

2. Click 'Choose File'



3. Locate the PDF file on your computer, click 'Open'



IMPORTANT UPLOAD REMINDERS:

- All uploads must be in pdf format (Adobe Acrobat Reader), maximum file size **8MB**.
 - *Attachment G* must be uploaded as an Excel file
- [Adobe Reader](#) can be downloaded for free
- [PDF Converter](#) can be used to convert Jpeg to a PDF
- When scanning a document as a pdf file, scan in black and white (or grayscale), with a resolution of 200 dpi or lower
- Do not include a comma (,) a dash (-) or and underscore (_) as part of the file name

4. Click 'Upload'

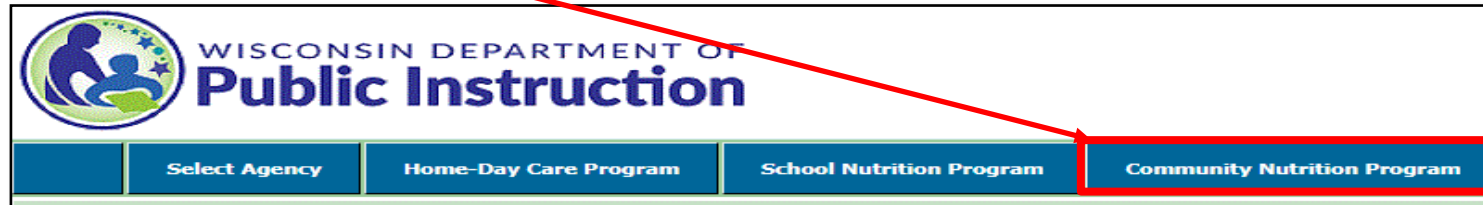


5. The upload page will reappear. Click 'Continue.'

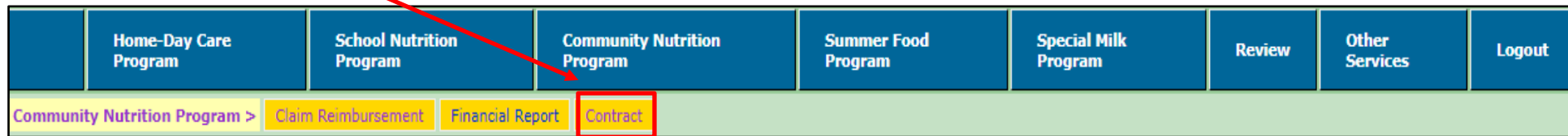
[Print/Browse the CACFP Contract](#)

You can print and browse the approved CACFP contract at any time. Log into the contract.
For instructions on how to log in, refer to [Logging into the Contract](#).

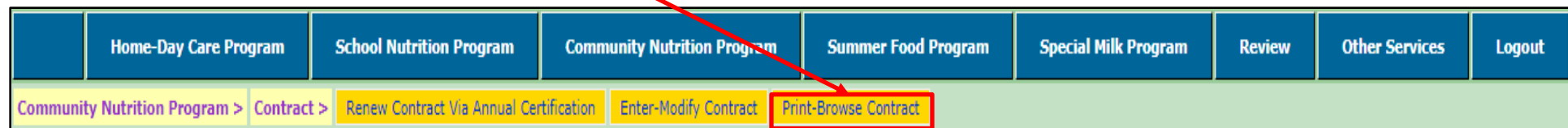
1. From the Main menu, select 'Community Nutrition Programs'



2. From the Community Nutrition Program menu, select 'Contract'



3. From the Contract menu, select 'Print-Browse Contract'




4. Select Program year from the drop-down box


[Program Fiscal Year]

Select Fiscal Year for which your Agency want to Browse/View Contract.
[No Year in List Box mean Agency does not have approved Contract]

Select Program Year: 2016 ▼

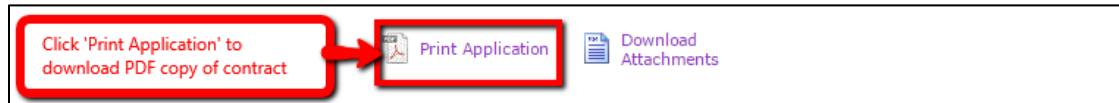
Select the dropdown box to select year

 Print Application

 Download Attachments

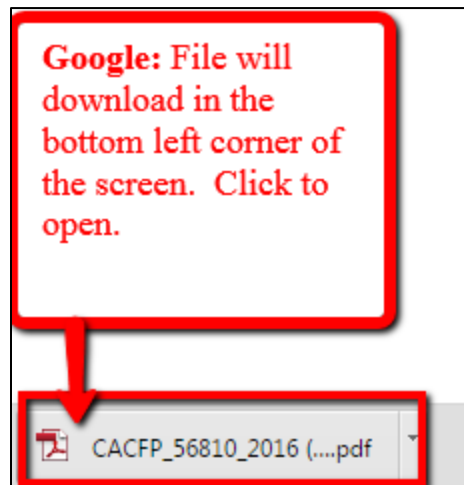
[Print/Browse the CACFP Contract](#) (continued)

5. Select 'Print Application.'

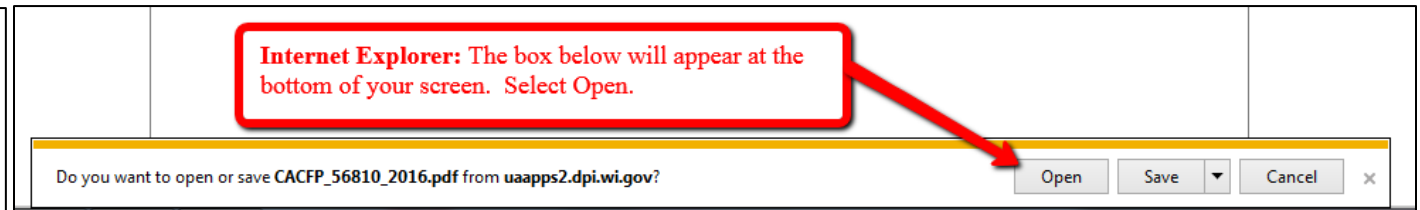


6. Depending on the type of Internet Browser you are using, screen 1 or 2 (below) will appear allowing you to open the PDF file. You may save or print the contract.

Screen 1



Screen 2



[Additional Information & DPI Contacts](#)

Contact your [assigned consultant](#) before updating the contract for closing a site or sites that move.

<p><u>Closing a Site (Sponsoring Organizations Only)</u></p> <ul style="list-style-type: none"> • Refer to 'Logging into the Contract' • Click 'Continue' until you get to the <i>List of Site(s)</i> page • Select the 'Site No.' or 'Site Name' of the site that will be closed • On the <i>Site Application</i> page select 'Closed' and enter the closure date • Click 'Continue' • Refer to Certification & Confirmation to submit the contract • Email your Consultant <p>Independent Agency: Contact your Consultant</p>	<p><u>Sites That Move</u></p> <ul style="list-style-type: none"> • Refer to 'Logging into the Contract' • Update the address on the <i>General Information</i> page (if applicable) • Click 'Continue' until you get to the <i>List of Site(s)</i> page • Upload the new license on the <i>List of Sites</i> page • Back on the <i>List of Sites</i> page Select the 'Site No.' or 'Site Name' • On the <i>Site Application</i> page under 'General Information,' update the Address, Provider Number, and other applicable information • Click 'Continue' • Refer to Certification & Confirmation to submit the contract • Email your Consultant
<p><u>Deleting New Sites</u> For agencies that added new sites that do not qualify or should not be in the CACFP contract.</p> <ul style="list-style-type: none"> • Refer to 'Logging into the Contract' • Click 'Continue' until you get to the <i>List of Site(s)</i> page • Select the 'Site No.' or 'Site Name' of the site that will be deleted 	
<p><u>Password Assistance</u></p> <ul style="list-style-type: none"> • Contact the DPI Federal Aids and Audit Section if you forgot your password or need to change your password <ul style="list-style-type: none"> ○ Jacque Darrow: 608-267-9134 or jacqueline.darrow@dpi.wi.gov ○ Changing this password will change the password for all child nutrition programs, including claims for reimbursement & contract access. If you change your agency's password, you will need to notify other staff at your agency that access the claim &/or contract. ○ Passwords should be changed when the Authorized Representative or person authorized to submit a contract and/or claim has left the agency. 	<p><u>Amending the CACFP Contract</u> <i>After submitting the CACFP contract, your agency may need to make changes or additions to the approved contract</i></p> <ul style="list-style-type: none"> • Refer to 'Logging into the Contract' • Click 'Continue' to proceed through the contract to make the needed changes or additions • Refer to Certification & Confirmation to submit the contract • Email your Consultant informing them that there are changes to your contract • You can access and update your contract online at any time after it has been approved
<p><u>CACFP Contacts</u></p> <ul style="list-style-type: none"> • You can find your assigned DPI consultant on the Consultant Assignments webpage 	<p><u>Guidance Memorandums (GM)</u></p> <ul style="list-style-type: none"> • Wisconsin's operations manual for the CACFP and referenced throughout the contract manual. • Provided to help administer the program • Include all documents needed to operate the program • Updated when USDA requires changes or when forms are revised • Located at the CACFP Guidance Memorandum webpage

[Nondiscrimination Statement with Complaint Filing Procedures](#)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.