



Child and Adult Care Food Program Internet Application Manual Version 5.1

Revised March 2014

*Your 'how to' guide for successful
submission of the CACFP Application*

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Overview of Application Process

The Child and Adult Care Food Program (CACFP) requires the annual submission of an application or contract to participate in the CACFP. This Manual will help you navigate through the on-line application process. It is recommended that you print the manual first before logging on to the on-line application so you can follow along while completing each page. If you have any questions after reading through the Manual please contact your assigned consultant by phone or email.

What can on-line contracts do for you?

Decrease the time you spend on the application process! Much of the information that will be entered the first year using this system will 'roll-over' the following year and require that your agency only update the information that has changed from the previous year.

Why is it important to follow this Manual?

The Manual provides you with step-by-step instructions for each screen you will need to complete. Following these instructions will help prevent loss of data and prevent frustration on the part of the Enterer! Read the instructions for each screen thoroughly and complete all applicable fields. If a required field is left blank or is answered incorrectly, an error message will appear in **red** at the top of the screen and you will not be able to proceed with the application until you have fixed the error.

Sponsoring Organizations versus Independent Centers

An Independent Center is defined as an institution that will be operating only one center (site) on the CACFP during the upcoming program year.

A Sponsoring Organization is defined as an institution operating two or more centers (sites), and/or an institution that operates one or more centers (sites) which is/are not the same legal entity(s) of the sponsoring organization.

New Agencies Only

In order to access the on-line application, new agencies must obtain a temporary agency code and password. Please contact the DPI office at (608) 267-9129. A permanent agency code and password will be provided to you upon approval of your application.

What do you need to know prior to entering the application information?

Everything that is part of the application! You need to be prepared BEFORE sitting down at the computer to complete the application process. For renewing agencies, you should have a copy of the **APPROVED** FFY 2013 contract in front of you. (A copy can also be obtained by going online and browsing your approved application.) The following is an outline of what will be asked for:

- **General Information:**
 - Name, address, email address, phone and fax number of the agency
 - Agency's Federal Employer Identification Number (FEIN)
 - Copy of the federal tax exempt status (if a new Non-Profit Institution)
 - Authorized Representative's information, including date of birth
 - Executive Director's information, including date of birth, if applicable
 - Congressional District Number and Cooperative Educational Service Agency (CESA) number
 - Estimated enrollment by need category
 - Board member information, including President's birth date (Private, Non-Profit), or Corporate Official information (For-Profit)
 - Board relationship information

Overview of Application Process (continued)

- **Staffing Personnel (Responsible for CACFP Duties)**
 - Names, titles, dates of birth, program duties
- **Training Sessions (For Sponsoring Organization's Only)**
 - Name of person conducting the training, training date(s) listed by month(s), no years, and topics to be covered
- **Budget Information**
 - Estimated income to be used to finance the CACFP
 - Administrative budget (administrative labor – completing the application, claims; training, office supplies, etc.)
 - Operational budget (food, non-food supplies, food service labor, kitchen utilities, cost of vended meals, etc.)
 - For Sponsoring Organizations, you should take this information from your completed Attachment G
- **Site Application Detail**
 - Name, address and phone number of site(s)
 - Name of person in charge of site
 - Type of site (Child Care Center, Adult Care Center, Head Start, Emergency Shelter, At-Risk, Outside of School Hours, etc.)
 - Tax status (Private Non-profit, For-profit, Public)
 - DWD provider number
 - Days, hours, age range of children
 - Whether or not the site participates in any other Child or Adult Nutrition Programs
 - Enrollment policy
 - Tentative monitoring dates for each site-list months only, no years (Sponsoring Organizations Only)
 - Site Meal Service Information
 - Meal count procedure for each site that claims greater than three (3) meals
 - Whether or not meals are prepared on-site, in a central kitchen or by a vendor
 - Beginning and ending time of each meal service
 - Average Daily Participation: Estimated number of children to be served at each meal

What kind of documents still need to be mailed/faxed/e-mailed to DPI?

ALL INSTITUTIONS

- a. Submit a copy of the current group day care license or certification **for each site** (if changes from last fiscal year)**OR,**
- b. Documentation of Health and Safety Standards (For unlicensed site that are not Head Start locations)

This includes:

- i. A copy of the current occupancy permit for each site or a letter from the local housing authority indicating that the site(s) is located in a residential area and therefore an occupancy permit is not required by local statute **(Not applicable if a non-expiring occupancy permit is already on file with DPI.)**
- ii. A copy of the current fire inspection report or a letter from the local fire marshal detailing how often the site(s) must be inspected, or a letter from the applicable fire department certifying that the site(s) does not require a fire inspection
- iii. A copy of the most recent health department inspection or a letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s), and
- iv. A letter from the City or County Human (Social) Services Department certifying that there is no local requirement for the site(s) to be licensed or certified for the provision of child care services

What kind of documents still need to be mailed/faxed/e-mailed to DPI? (Continued)**Additional Requirements****1. New Agencies Only:**

- a. One month of menus for each meal service offered (i.e. Breakfast, AM ~~S~~nack, Lunch, PM Snack, Supper, Additional Snack)
- b. 2 complete copies of the Permanent Agreement/Policy Statement, sign and date page 7. You may find a copy at: <http://fns.dpi.wi.gov/files/forms/doc/f1486-ap.doc>
- c. Federal Tax-Exempt Documentation (New Non-profit Agencies Only)
- d. IRS Form SS-4 (Submit Employer Identification Number (EIN) assignment letter from the IRS)
- e. Webcast Certification Statement and Self-Study Questions. You may find a copy at: <http://fns.dpi.wi.gov/files/fns/pdf/webcastcert.pdf>
- f. Copies of five (5) completed and determined Household Size-Income Statements (HSIS) for 5 separate households.
- g. A copy of at least one (1) page of the agency's Household Size-Income Record (HSIR). Enrolled children represented in the 5 HSIS mentioned above must be included on the HSIR the agency submits.
- h. Data Universal Numbering System (DUNS) number submission

2. Sponsoring Organizations Only – Agencies with more than one site participating in the CACFP:

- a) Email an electronic copy of any new or revised pages of Attachment G (Budget) to Cari Ann Muggenburg at cari.muggenburg@dpi.wi.gov.
- b) Submit any applicable attachments to the Addendum to the Application/Agreement (PI-6070) that have changed since FY 2013. You may find a copy of the Attachment G or the Addendum to the Application/Agreement (PI-6070) at: http://fns.dpi.wi.gov/fns_cacfpapps

3. New Sponsoring Organizations Only – Agencies with more than one site participating in the CACFP:

- a) Email a complete electronic copy of Attachment G (Budget) to Cari Ann Muggenburg at cari.muggenburg@dpi.wi.gov.
- b) A copy of the sponsoring organization's most recent independent audit or financial statements prepared by a certified public accountant
- c) Narrative of the unmet Program need(s) that will be addressed by your agency's sponsorship of the CACFP
- d) Addendum to the Application/Agreement (PI-6070) and all applicable documentation. You may find a copy at: <http://fns.dpi.wi.gov/files/forms/pdf/pod6070.pdf>

4. Vended Food Programs Only:

- a. Vendor Agreement to provide Meals/Snacks. You may find a copy at: http://fns.dpi.wi.gov/files/fns/pdf/gm_13c_va_ccc.pdf
- b. Record of vendors and/or schools contacted (For new contracts under \$100,000). You may find a copy at: http://fns.dpi.wi.gov/files/fns/pdf/gm_13c_ccc.pdf
- c. Formal Bid Packet (for contracts that total yearly expenditure over \$100,000)

5. At-Risk After School Hours Care Sites Only:

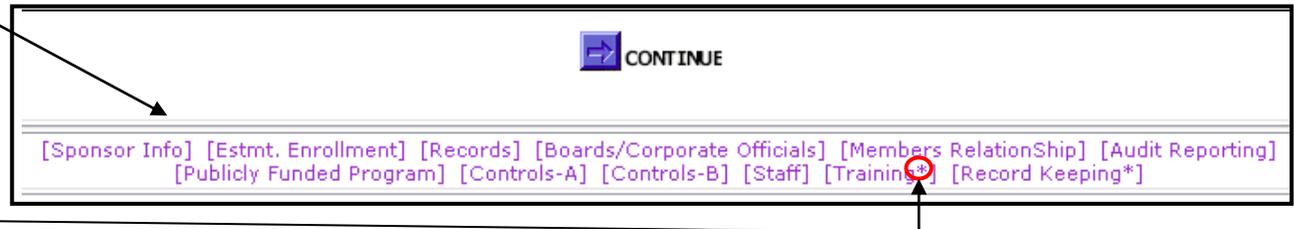
- a. Documentation of area eligibility (each site must be located in an area served by a school in which at least 50 percent or more of the enrolled children are certified eligible for free and reduced price meals). You can locate this data at the following website: http://fns.dpi.wi.gov/fns_cacfpapps Scroll down and click on the following link, "The Wisconsin School Meals Eligibility Data Report." Enter the applicable school name in the text box titled "Site Area Eligibility" and below that enter the percentage of children eligible for free and reduced price meals, the month and year
- b. Click to agree to the Certification statement.

6. Pricing Programs Only:

Two copies of the completed Pricing Program Addendum with the authorized representative's signature on page 3. You may find a copy at: http://fns.dpi.wi.gov/files/fns/pdf/cacfp_pricing_programs.pdf

Basic Application Navigation Instructions

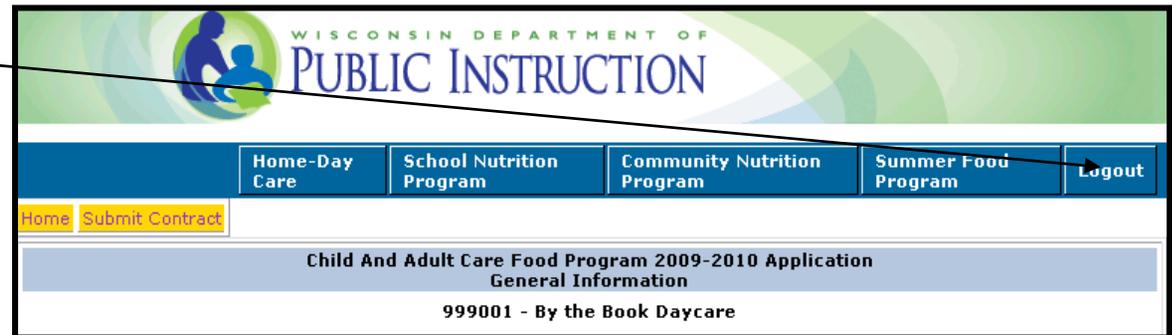
LINKS TO PRIOR PAGES –At the bottom of every page there are links for all previous pages that you have already completed. You should use the links rather than the “Back” browser button to ensure the data you are seeing is correct. The links with an asterisk (*), means the link is only accessible to Sponsoring Organizations.



Remember that you must go forward to the next page (by clicking on the “Continue” button) to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen, your newly entered data **WILL NOT BE SAVED** when you return to the page.

TIME LIMITATIONS – A timer starts from the moment the application site is entered. **If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen.** Any movement at all on a page, such as going from one screen to another or even just moving to another entry field on the same page, will reset the 30-minute timer. This limit is set up so that users do not log in to the FNS site and stay on it all day without entering any information.

EXIT PROGRAM – Blue boxes at the top of the screens include “Logout.” Click on this “Logout” box to exit from the entire program. **If exiting the system before completing the contract, be sure to click on the “Continue” button at the bottom of the screen you are working on. This will save the information from that page.**



ACCESS CONTRACT AFTER FINAL DPI APPROVAL – After the completed agency contract has been approved by the assigned consultant at DPI, the agency can access the contract to browse, print or update information. Access the DPI site at: http://fns.dpi.wi.gov/fns_cacfpapps. New Agencies must use the permanent agency agreement number (Agency Code) and password assigned after final contract approval.

Logging on to the Website

Starting the FNS Web Pages

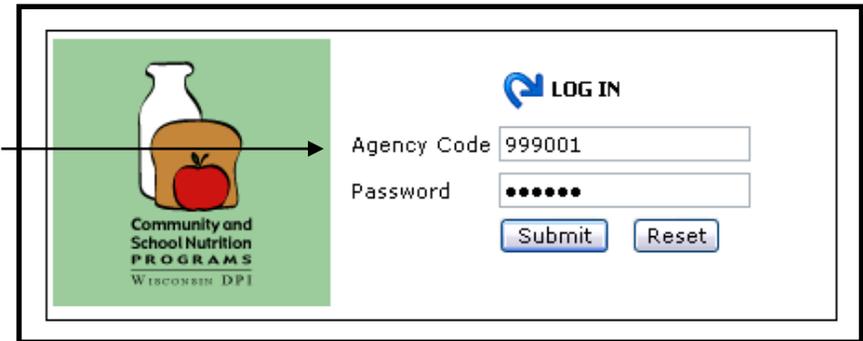
1. **Open the Internet Browser.** You may use either Internet Explorer or Netscape. Screens will appear differently on each. Internet Explorer is recommended, but data will be accepted from either.
2. **Use the mouse to click on the “Address”** at the top of the Browser page. The entire ‘address link’ should be highlighted to start with. If not, highlight it with the mouse.
3. **Type the following:** http://fns.dpi.wi.gov/fns_cacfpapps to replace ‘address link’. Press “Enter: to go to site. (**Bookmark the site at this point, NOT at later pages**).
4. Click on “FFY 2014 On-Line Application” to begin the application process. **Note:** All other application enclosures necessary to complete the application are also listed on this page.

The screenshot shows the Wisconsin Department of Public Instruction website. The header features the state logo and the text "WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION". Below the header is a navigation menu with links for Home, Parents & Students, Schools & Educators, Libraries, and Data & Media. A search bar is located on the right side of the menu. The main content area is titled "FFY2014 Application for the Child and Adult Care Food Program (CACFP)". It includes a "Share This" button and a list of links: CACFP Internet Application Manual, FFY 2014 On-line Application, CACFP Regional Contact Map, Congressional District Map, and CESA Map. A note states: "Please print a copy before logging onto the on-line application. Read this manual carefully while completing the application." Below this is a section for "Application Enclosures" with links for Publicly Funded Programs Addendum - Attachment A and Attachment B, and a section for "New Agencies Only" with links for Application Checklist for NEW Agencies and Permanent Agreement/Policy Statement - PI-1486-AP (Rev. 08/13).

Logging on to the Website (Continued)

1. Enter the Agency's permanent Agency Code and Password. **Note:** the password will be the same as the password used by your agency to submit reimbursement claims. If your agency code starts with a zero, do not include the leading zero(s) in your agreement number. For example, if your agency code is 01-2345, you would enter 12345 as your agency code. Enter the password as it was assigned to you. When done, click on the “**Submit**” button.

For New Agencies: enter the temporary agency code and password. After your application has been approved, you will receive your permanent agency code, site code(s) and password.



2. Select “**Community Nutrition Program**” from the Main Menu



3. Select “**Contract**”

Logging on to the Website (Continued)

NEW FOR FFY 2014 - Once an agency clicks on “Contract”, two new links will appear.



Per the 2010 Child Nutrition Reauthorization Institutions are no longer required to re-apply for CACFP participation after submitting the initial application. Instead institutions are required to annually submit the following information: (a) a certification that any information previously submitted is still current, including all licenses, and (b) an updated budget.

The two new links have the following functionality:

1. Renewal of Application via Annual Certification

Renew Application via Annual Certification

- ✓
- ✓ An agency can only use this option once per year, when renewing their application;
- ✓ All the online application information can be reviewed and updated while renewing the application via the annual certification function;
- ✓ This page provides an option to update each page information within the approved online application, then return to the certification page;
- ✓ All agencies are required to review, amend and update their budget as needed; and
- ✓ Any corrections/changes after the contract is submitted to DPI is only allowed via the Enter New-Update Application option, and NOT using the Certification option.

NOTE: Use of this option is recommended if there are no or few changes to be made to the online application.

2. Enter New – Update Application Information

Enter New-Update Application Information

Used by:

- ✓ An agency newly joining the CACFP;
- ✓ An approved agency that has many changes to make to the online application at the time of renewal;
- ✓ An approved agency that has online application changes to make throughout the year; (i.e. staff changes, updated license data, etc.).

Logging on to the Website (Continued)

NOTES: (1) Licenses / Health and Safety Standards:

Regardless of the method used to renew your CACFP application (step 1 or 2 above), a copy of the current DCF license for all approved, licensed locations must always be on file with DPI and the online application [site page(s)] must accurately reflect said licensing information (i.e. location name and street address, capacity, days and hours of operation and age range of children served).

For each site approved based on Health and Safety Standards, the agency must **annually** submit to DPI updated documentation of compliance with the four (4) required Health and Safety Standards.

Health and Safety Standards includes ALL of the following

- **Occupancy permit** – current permit for each site, or a letter from the local housing authority indicating that the site(s) is located in a residential area and therefore an occupancy permit is not required by local statute (**Not applicable if a permanent, non-expiring occupancy permit is already on file with DPL.**)
- **Fire inspection report** – current report, or a letter from the local fire marshal detailing how often the site(s) must be inspected, or a letter from the applicable fire department certifying that the site(s) does not require a fire inspection
- **Health department inspection** – most recent inspection, or a letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s)
- **Letter from the City or County Human (Social) Services Department** certifying that there is no local requirement for the site(s) to be licensed or certified for the provision of child care services

(2) At Risk Afterschool Meals Site

Once approved as an At Risk Afterschool Meals site the area eligibility determination is valid for 5 federal fiscal years. DPI recommends that for these locations the agency annually updates the online site application to detail the most current school fiscal year eligibility data. By doing so this will re-establish a new five (5) year window of area eligibility.

CACFP Contract Enterer Information

Each time you enter the FNS system to submit or revise the contract information, you will be asked to enter the name and contact information for the person who is entering the data.

1. Enter the “Contract Enterer Name and Contact Information” for the person actually entering the information or who can answer questions on the information given.
2. An email address for the Contract Enterer is **required**. This will be the person your Consultant will contact with questions regarding your application.
3. Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application
Contract Enterer Information**

999001 - By the Book Daycare

[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**

General Information

Enter all requested information. For renewing agencies, some fields will “pre-populate.” **Please be sure to review all completed fields, including those that have been pre-populated.** New agencies must provide all information.

1. Enter the Agency Name.
2. Enter the Agency's Federal Employer Identification Number (FEIN). Do not include dashes (-).
3. Enter your Congressional District Number: If you are uncertain of your institution's congressional district, you may access a map at: http://fns.dpi.wi.gov/fns_cacfpapps.
4. Enter the Cooperative Educational Service Agency (CESA) number which serves your location. If you are uncertain of your CESA number please view the map located at: http://fns.dpi.wi.gov/fns_cacfpapps. On the map, click on a CESA number to see which counties are located in each CESA.
5. Select the County of the street address for the Institution/Sponsoring Organization. Click on the drop-down box to select the county in which the site is located. If your county is listed more than once, choose the first one.
6. Enter Sponsor Type. If "Private, Non-Profit" is selected, **NEW** agencies will be required to submit a copy of the Agency's Federal Tax Exempt Status - 501(c)(3).
7. Only for a For Profit Organization: Specify (Yes or No) whether your for profit organization is required to have a governing board.
8. Select if your agency will operate more than one site on the CACFP in Wisconsin. (If your agency will operate the CACFP in any other State or territory contact your assigned DPI consultant with a full listing of all said States and/or Territories.)
9. Enter the number of sites participating in the CACFP this upcoming year in Wisconsin.
10. Select Type of Program: A **Non-Pricing** program has **no charge** for meals served to enrolled children. A **Pricing Program** has a separate charge for meals that is specifically identified, either in the tuition or as an additional charge, as payment for meals served to children. Pricing programs must complete a yearly Pricing Program Addendum and submit it with the application. **Contact your assigned Consultant for additional information and guidance.**
11. For Emergency Shelters **Only:** Select applicable option for your agency. If **not** an Emergency Shelter, you must select “None.”

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*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.
(Do not enter dashes in phone/fax numbers)*

Agency Name Federal Employer Identification Number

Congressional District CESA No. County Sponsor Type

Only for For Profit Organization:
Is your for profit organization required to have a governing board?? [If 'Yes' is selected you have to complete Board Information at later part of the application.]

Sites Information:
Will your agency operate more than one site on the CACFP? [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

Type of Program:
 NonPricing Program Pricing Program Charge separate fee for meals
Emergency Shelters Only:
 Residential Meal Service Nonresidential Meal Service Residential and Nonresidential Meal Services None

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 +

General Information (Continued)

12. Enter Agency Street and Mailing Addresses. You must enter information for both addresses, even if they are the same. For Sponsoring Organizations and most Independent agencies, the ‘Agency Street Address’ must match the address listed at the top of the license. For Independent Agencies, that have their home address listed on the top of the license, the ‘Agency Street Address’ must be the center location listed on the bottom of the license.
13. Enter Contact Information for the Authorized Representative of the CACFP
- First and last name
 - Date of Birth: MM/DD/YYYY
 - Select Title of Authorized Representative
 - Phone number - enter only digits - no parentheses (), dashes (-) or periods (.)
 - Enter phone extension if applicable
 - Fax number - enter only digits - no parentheses (), dashes (-) or periods (.)
 - An email address is required. The contract approval letter and all other CACFP information will be sent via email to this email address.

Authorized Representative			
First Name	<input type="text" value="Polly"/>	Last Name	<input type="text" value="Perfect"/>
Date of Birth	<input type="text" value="2"/> / <input type="text" value="1"/> / <input type="text" value="1986"/> [MM/DD/YYYY]	Title	<input type="text" value="Administrator"/> ▼
Phone Number	<input type="text" value="6081234567"/>	Fax Number	<input type="text" value="6089876541"/>
Email Address	<input type="text" value="pollyperfect@yahoo.com"/>		

14. Enter all requested information on the organization’s Executive Director, or check not applicable.

Executive Director is defined as the Chief Executive Officer or managing director of an organization, company, or corporation. The role of the Executive Director is to design, develop and implement strategic plans for the organization. The Executive Director is also responsible for the day-to-day operation of the organization, including managing committees and staff and developing business plans in collaboration with the board for the future of the organization. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

Executive Director <input type="checkbox"/> Check if Not Applicable			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> [MM/DD/YYYY]	Title	<input type="text" value="None"/> ▼
Phone Number	<input type="text"/>	Extension	<input type="text"/>
		Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

Click on the “**Continue**” button at the bottom of the page when you have finished entering the information

Estimated Enrollment Information

1. Enter all requested information.

a. For child care centers, **outside of school hours care centers and At Risk sites**, enter the total estimated **monthly** number of children in the non-needy, reduced and free categories for all sites. Note, At-Risk sites must report all children in the free category.

b. For adult care centers, enter the estimated number of adult participants in the non-needy, reduced and free categories for all sites.

c. For emergency shelters, enter estimated enrollments and total daily meals for all sites. **For all other agencies enter zeros.**

Child And Adult Care Food Program 2012-2013 Application
Estimated Enrollment Information

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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 and Adult Care Centers (Sites)

Type	Estm. Enrollment for Non-Needy/Paid Categories All Sites	Estm. Enrollment for Reduced Categories All Sites	Estm. Enrollment for Free Categories All Sites	Total Enrollment All Sites
Child Sites	5	0	0	5
Adult Sites	0	0	0	0

b) Emergency Shelters Only (Sites)

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

Total enrollment of all sites must equal the reported number of non-needy plus reduced plus free categories that you entered on the screen.

2. Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

Records Information

- For each of the four questions in this section, select “Yes” or “No” from the drop-down boxes provided. If you answer “Yes” to any of the first three questions, you must provide an explanation in the box(es) provided.

**Child And Adult Care Food Program 2009-2010 Application
Records Information**

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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?

(If "Yes", please explain in the box below.)

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?

(If "Yes", please explain in the box below.)

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?

(If "Yes", please explain in the box below.)

[Publicly Funded Program (PFP) Information]

Has the institution or any of its principals ever been disqualified from participation in any publicly funded program for violating that program's requirements? "Publicly funded program" means any program funded, whole or in part, by federal, state, or local government. A "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

[\[Sponsor Info\]](#) [\[Estmt. Enrollment\]](#)

- Click on the “Continue” button at the bottom of the page when you have finished entering the information.

Board Member or Corporate Official/Owner Information

Based on your agency's sponsor type selected (Private/Non-Profit, For-Profit, Public), different screens will be displayed.

1. **Private/Non-Profit:** Board Member Information screen will appear. All member information is mandatory. A current email address must be provided for all listed Board members. If a position is vacant or not applicable, you must enter "vacant" or "N/A." Fields cannot be left blank.

Note: "Zip + 4" field must include at least five numbers. If not applicable, enter 5 zeros (00000).

2. **For-Profit:** Corporate Official/Owner Information screen will appear. At least one Corporate Official/Owner must be entered. A current email address for all listed owners and/or corporate officials must be provided. If agency does not have additional Corporate Officials/Owners, you must select the "Check If Not Applicable" box(es).

Note: "Zip + 4" field must include at least five numbers. If not applicable, enter 5 zeros (00000).

3. **Public:** Not applicable. This screen will not appear.
4. Click on the "**Continue**" button at the bottom of the page when you have finished entering the information

**Child And Adult Care Food Program 2010-2011 Application
Board Members Information**

999001 - By the Book Daycare

[Note: Immediately notify the Department of any changes in Board Membership between application]

President

First Name Last Name

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

Street Address:

City State Zip + 4

Email Address

Vice President

**Child And Adult Care Food Program 2010-2011 Application
Corporate Official/Owner Information**

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[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 Information

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

1. List all additional members of your board of directors; do not list governing board officials previously listed. If your agency does not have any additional board members enter 'None'
2. Answer the question regarding board members having a financial interest in the agency. (A majority of the board [defined as 50% or greater of the total board members, rounding up to the next whole number] cannot have a financial interest in your agency.)
3. Specify whether any of the board members are family-related to any agency personnel performing CACFP-related duties as listed on the Staffing personnel page. If answering Yes the application cannot be approved.

Board members cannot perform any CACFP duties.

4. Answer whether any of the board members are family-related to each other. If answering Yes the application cannot be approved.
5. Specify whether the Executive Director or the Authorized Representative are members of the board of directors. If answering No you do not need to answer question 5a.

If answering Yes to question 5, then you must answer Yes to question 5a. If your agency answers No to question 5a the application cannot be approved.

6. Specify whether the Executive Director or the Authorized Representative are family-related to any member of the board. If answering Yes the application cannot be approved.
7. Enter the number of board members employed by the agency. If none enter zero (0). The agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online application as performing any CACFP duties.
8. Schedule of Board Meetings – Enter the anticipated dates (by month, do not specify the year) of all governing board meetings for the upcoming federal fiscal year.

1. List the names of any additional members of your board of directors; do not list governing board officials listed on previous page. [4000 characters allowed]

Test Name

2. Do any of the board members have a financial interest in your agency? Yes No

If **Yes**, list the board member(s) name and describe the financial interest. The majority of the board members must not have a financial interest in your agency. *(Financial interest is defined as anything of monetary value, including but not limited to wages,*

3. Are any of the board members family-related to any agency personnel performing CACFP duties as listed on the Staffing Personnel page of the online application? Yes No
(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.)

4. Are any of the board members family-related to each other? Yes No

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

5a. 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

6. Is the Executive Director or Authorized Representative family-related to any member of the board? Yes No

7. Enter the number of board members employed by the agency.
(If the agency's bylaws, articles of incorporation or board policies and procedures require one or more employees (e.g. clergy, teachers, staff) to be members of the board, the agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online application as performing any CACFP duties.)

Schedule of Board Meetings (Report the dates for all Governing Boards meeting for the upcoming federal fiscal year) [4000 characters allowed]

Audit Reporting Requirements

Enter all Federal programs for which your agency receives funding.

Not Applicable for For-Profit Agencies.

When entering this information for the first time, click on “New Record.”

1. All agencies must enter “Child and Adult Care Food Program” or “CACFP” as one of the Federal Programs.
2. Enter the CFDA (Catalog of Federal Domestic Assistance) number(s). Listed below are some common CFDA numbers for Federal programs your agency may participate in.
 - 10.558 - Child and Adult Care Food Program (CACFP)
 - 10.559 - Summer Food Service Program (SFSP)
 - 10.555 - National School Lunch Program (NSLP)
 - 10.556 – Special Milk Program
 - 93.600 - Federal Head Start (HS)
 - 81.042 - Weatherization Assistance for Low-Income Persons
 - 93.568 - Low Income Energy Assistance Program
 - 14.231 - Emergency Shelter Grants Program

**Child And Adult Care Food Program 2010-2011 Application
Audit Reporting Requirements [Only For Non-Profit and Public Agencies]**

The Code of Federal Regulations, Title 7-Agriculture, Part 3052 (7 CFR Part 3052) establishes audit requirements. Specifically, Sec 3052.200 requires an annual audit if nonfederal entities expend \$500,000 or more in a year in total federal awards. The \$500,000 audit threshold applies to all federal grant awards combined.

Section 3052.320 describes the report submission requirements for nonprofit agencies required to have an audit. To determine if your agency must have an audit conducted, complete the following table.

List all federal programs for which your agency receives funding, the assigned federal number, CFDA (found in the *Catalog of Federal Domestic Assistance*) Numbers and the amount expended during federal fiscal year 2009 (October 1, 2008-September 30, 2009).

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To add a program click 'New Record' button. To delete or update from the list select the CFDA program and follow the instructions.

CFDA*	Name of Federal Program	Amount Expended
10559	cccccc	0.00
Total		0.00

NEW RECORD
 CONTINUE

3. Enter the amount expended for each Federal Program during the prior federal fiscal year, FFY 2012 (October 1, 2011 – September 30, 2012). **Do not enter any commas.** To obtain the amount expended for the CACFP, refer to your Non-Profit Food Service Financial Report(s) for the fiscal year 2011. If you are a **new agency**, enter zero (0) under the “Amount Expended” column for the Child and Adult Care Food Program.

List all federal programs for which your agency receives funding, the assigned federal number, CFDA (found in the *Catalog of Federal Domestic Assistance*) Numbers and the amount expended during federal fiscal year 2008 (October 1, 2007-September 30, 2008).

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[To Add information enter data and click save button]

CFDA*	Name of Federal Program	Amount Expended
10.558	Child and Adult Care Food Program	11258

SAVE
 BACK

4. Click on the “Save” button at the bottom of the page after entering each program.

Audit Reporting Requirements (Continued)

5. Once the program data has been entered, you may delete or update information for this program by clicking on the CFDA number. A new window will open. Modify program information and/or change data and then click the “Save” button. To delete the record, click the “Delete” button.

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To Modify information change data and click save button. To delete the record click delete button.

CFDA*	Name of Federal Program	Amount Expended
10.558	Child and Adult Care Food Program	11258.0

 BACK
  SAVE
  DELETE

6. Click on “New Record” to enter each additional Federal Program.

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New Record' button. To delete or update from the list select the CFDA program and fi

CFDA*	Name of Federal Program	Amount Expended
10.558	Child and Adult Care Food Program	11,258.00
93.600	Head Start	2,564.00

 NEW RECORD
  CONTINUE

7. Click on the “Continue” button at the bottom of the page when you have finished entering the information

Publicly Funded Program (PFP) Information

1. **NEW AGENCIES** - List all publicly funded programs in which the **Institution and/or its principals** have participated in during the past **7 years**. Your agency must provide at least one publicly funded program to continue with the application.

Renewing Agencies - Only list any **NEW** publicly funded programs in which the **Institution and/or its principals** have participated in during the past year. **DO NOT DELETE EXISTING RECORDS**

2. To add a program click on the **“New Record”** button. Enter applicable information based on publicly funded programs. Below is an example:

1. Enter:
 - Name of Organization (“By the Book DC”)
 - Name of Principal (“N/A”)
 - Name of Program (“W2”)
 - Job Title (“N/A”)
 - Years of Participation (“7”)

Fields cannot be left blank. Enter “N/A.”

Note: Attachments A and B to the Publicly Funded Programs Addendum contain sample letters and prototype forms that the Agency/Sponsoring Organization can use to collect the needed information needed. The sample letter and form should be sent to all relevant employees and Board members at your agency. Information contained in the completed forms must be retained on file as documentation and for audit purposes. **Do not submit to the DPI.** The sample letter and prototype forms are simply examples of how your agency could collect the information needed to answer these questions. Agencies are free to decide how best to collect and document the requested information. The sample forms can be found at the following website: http://fns.dpi.wi.gov/fns_cacfpapps.

3. Click on the **“Save”** button at the bottom of the page after entering information for each program.
4. Click on **“New Record”** to enter each additional Publicly Funded Program.
5. Click on the **“Continue”** button at the bottom of the page when you have finished entering the information.

Note, multi-state agencies must list all publicly funded programs in all state and territories in which the agency operates the CACFP.

**Child And Adult Care Food Program 2009-2010 Application
Publicly Funded Program (PFP) Information**

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Publicly Funded Programs and Years of Participation
List all publicly funded programs in which the Institution and/or its principal(s) have participated in during the past 7 years. "Publicly-funded program" means any program funded whole or in part by federal, state or local government. "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

To add a program click 'New Record' button. To delete or update, select Name of Organization and follow instructions.

Name of Organization	Name of Principal	Name of Program	Job Title	Years of Participation
By the Book Daycare	N/A	W2	N/A	7

[Complete Form and Click 'Save' Button to Add program]

Name of Organization	By the Book Daycare
Name of Principal	N/A
Name of Program	W2
Job Title	N/A
Years of Participation	7

BACK
 SAVE

**Child And Adult Care Food Program 2009-2010 Application
Publicly Funded Program (PFP) Information**

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Publicly Funded Programs and Years of Participation
List all publicly funded programs in which the Institution and/or its principal(s) have participated in during the past 7 years. "Publicly-funded program" means any program funded whole or in part by federal, state or local government. "Principal" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or a sponsored center's governing board of directors or similar body.

To add a program click 'New Record' button. To delete or update, select Name of Organization and follow instructions.

Name of Organization	Name of Principal	Name of Program	Job Title	Years of Participation
By the Book Daycare	N/A	W2	N/A	7
ABC Day Care	Polly Perfect	CACFP, W2	Director	3

NEW RECORD
 CONTINUE

Controls – A (Critical Steps, Meal Count Tallies, Menu Review)

According to your agency’s procedures:

1. Check the boxes under each **Critical Steps** category.

- a. Claims processing: (Note, **At-Risk and Emergency Shelters** select “N/A” in the box provided. Also select “Other” and describe how daily attendance will be tracked.

All other agencies must check the first three boxes:

- b. Meal Count Tallies: Three of the five boxes must be checked by all agencies. Agencies not claiming infant meals should check the “N/A” box.

- c. Menu Review: Three of the five boxes must be checked by all agencies. Agencies not claiming infant meals should check the “N/A” box.

2. **For any “Other” box that is checked you must provide a narrative answer.**

Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

Child And Adult Care Food Program 2010-2011 Application
Controls - A

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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 After School Hours Care Sites and Emergency Shelters” - Check “N/A” below)

N/A (At-Risk or Emergency Shelters 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-ready” 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-ready each month. If not, submit a copy to DPI of the form used by your agency if changes from last year’s form.

Other. [Specify below]:

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

[Check only one box below for Infant meal participation records]

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

Infant meals are recorded on infant meal records as each component is offered to an infant. The records are reviewed by center staff who are familiar with the CACFP infant meal patterns, and those meal requirements are tallied for the claim.

Meal counts of the 1 to 12 year old children or other eligible participants are recorded at the time the meal participants are sitting at the tables or immediately afterward, counting only the participants who have been served a meal and remain under the center’s supervision while eating.

After the month has ended, daily meal count totals for the eligible participants and infant meal counts from records (if applicable) are added together for each meal type to be claimed. All tallies and calculations are done for accuracy.

Other. [Specify below]:

[Check only one box below for Infant meal pattern compliance]

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 patterns tally the infant meals and snacks by reviewing infant meal records, counting those that show all required components were offered in at least the minimum amount or at least one item supplied by the center as the infant is developmentally ready for foods in addition to breast milk or fortified infant formula.

Menus for participants age 1 and older are developed and reviewed by center staff familiar with the CACFP meal pattern to assure that all required components will be served in at least the minimum portion size for each meal and snack to be claimed for reimbursement.

Center staff who are familiar with the CACFP meal patterns review the menus served during the month to assure that 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]:

Controls – B (Edits, Financial Viability, Procurement Procedures)

Edits:

1. Enter any additional edit checks to ensure accuracy of claim data. Be sure to check “Other Specify below” box if entering additional edit checks. Leave blank if not applicable.

Financial Viability (Source of Money):

1. Check applicable box(es). At least one box must be checked.
2. If “Other” box is checked, you must provide an explanation.

Procurement Procedures:

1. Check applicable box(es). At least one box must be checked.
2. If “Other” box is checked, you must provide an explanation.

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application
Controls - B**

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Edits. (Enter additional edit checks to ensure accuracy of claim data.)

Other Specify below:

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 they exceed the earned reimbursement.

Tuition or private pay

Headstart

Other Specify below:

Procurement Procedures. Check the appropriate box(es) to indicate current procurement procedures. Refer to Guidance Memorandum 4, Procurement Requirements for Purchase of Food, Supplies, and Services, for additional information.

Compare prices, quality, and services offered.

Goods or services purchased are under 100,000 in aggregate value. Small purchase procedures 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 \$100,000.

Other Specify below:

 **CONTINUE**

Staffing Personnel

List the names, titles and birth dates of the person(s) responsible for the CACFP program duties. **Board members cannot perform any CACFP duties.**

1. Click on “New Record”

Child And Adult Care Food Program 2009-2010 Application
Staffing Personnel

999001 - By the Book Daycare

Staffing Personnel
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "New Record" button to add another person.

To add a staff click 'New Record' button. To delete or update from the list, click on First or Last Name and follow instruction.

First Name	Last Name	Title	Date of Birth	Program Duties

2. Select program duty from drop down box.

3. Enter title, first name, last name and date of birth of the person performing each duty.

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

Program Duties: Maintains participant(s) attendance records.

Title: Maintains participant(s) attendance records.

First Name: Maintains meal counts by meal type(s) for participants.

Last Name: Maintains participant(s) intake forms/enrollment forms

Date of Birth: Completes production records (quantity of food prepared) 3

Complete, Approves, and maintains household size-income record 1,2

Approves and maintains household size-income statements 1

Maintains program fiscal ledgers, receipts, invoices, etc.

Prepares monthly claim form

Plan Menus

4. Click on the “Save” button at the bottom of the page when you have finished entering the information.

If more than one person performs a given duty, click on the “New Record” button to add additional staff.

Staffing Personnel
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "New Record" button to add another person.

To add a staff click 'New Record' button. To delete or update from the list, click on First or Last Name and follow instruction.

First Name	Last Name	Title	Date of Birth	Program Duties
Sally	Hansen	Director	05/26/1964	Approves and maintains household size-income statements 1
Melinda	Jones	Director	12/11/1975	Approves and maintains household size-income statements 1

Note: There must be an assigned staff person for each program duty. Please read the footnotes at the bottom of the online page for exceptions.

Staffing Personnel (Continued)

Independent centers: there are **9** program duties. Sponsoring organizations: there are **14** program duties. **Board members cannot perform any CACFP duties.**

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 Duties	Maintains participant(s) attendance records.
Title	Maintains meal counts by meal type(s) for participants.
First Name	Maintains participant(s) intake forms/enrollment forms
Last Name	Complete, Approves, and maintains household size-income records
Date of Birth	Approves and maintains household size-income statements 1

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 Duties	Maintains meal counts by meal type(s) for participants.
Title	Maintains meal counts by meal type(s) for participants.
First Name	Prepares meals.
Last Name	Purchases food supplies.
Date of Birth	Supervises food preparation.

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 Duties	Maintains daily participation records by meal type(s) for participants.
Title	Teacher in each room
First Name	Teachers
Last Name	Teachers
Date of Birth	00 / 00 / 0000 [MM/DD/YYYY]

Note: There are some job duties (listed below) that may have many staff members (teachers or cooks) that perform those duties.

- “Maintains meal counts by meal type(s) for participants”
- “Prepares meals”
- “Purchases food supplies”
- “Completes production records”

In these cases, you may include general information in each field (i.e. Teachers, cooks). However, in the “Title” field, please indicate “Cooks at each site” or “Teachers in each room.” For the “Date of Birth,” type “00/00/0000.” See the example on the right

For all other duties, you must include a specific person.

Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

First Name	Last Name	Title	Date of Birth	Program Duties
Maureen	Healthwise	Registered Dietitian	03/16/1978	Plan Menus
Polly	Perfect	Administrator	02/01/1986	Prepares monthly claim form
Gene	Money	Accountant	08/15/1965	Maintains program fiscal ledgers, receipts, invoices, etc.
Directors	Directors	Director at each site	11/30/0002	Approves and maintains household size-income statements 1
Sally	Hansen	Director	05/26/1964	Complete, Approves, and maintains household size-income record 1,2
Melinda	Jones	Director	12/11/1975	Complete, Approves, and maintains household size-income record 1,2
Cooks	Cooks	Cook at each site	11/30/0002	Completes production records (quantity of food prepared) 1
Directors	Directors	Director at each site	11/30/0001	Completes/maintains enrollment or intake forms and attendance records
Polly	Perfect	Administrator	02/01/1986	Approves site applications.
Susan	Catchall	Monitor	05/03/1965	Monitors sites.
Polly	Perfect	Administrator	02/01/1986	Issues policies and procedures.
Directors	Directors	Director at each site	11/30/0001	Supervises food preparation.
Cooks	Cooks	Cook at each site	11/30/0001	Purchases food supplies.
Cooks	Cooks	Cook at each site	11/30/0001	Prepares meals.
Teachers	Teachers	Teacher in each room	11/30/0002	Maintains daily participation records by meal type(s) for participants.

Training Information (Sponsoring Organizations Only)

Independent Centers: Pages 23-26 of this manual are not applicable. These screens will not appear on-line. Skip to page 29 (Budget Summary Information-Independent Agency).

It is required that sponsoring organizations provide training on CACFP duties and responsibilities to key staff from all sponsored facilities:

- (a) prior to the beginning of program operations and
- (b) not less frequently than annually thereafter. Each staff member with monitoring responsibilities must also receive training.

1. Click on **“New Record”**
2. Select topics covered from the drop-down box.
3. Enter training date(s) and name(s) of person(s) conducting trainings.
Date(s) of training must be **listed by month-do not enter a year**
 - a. Click on **“Save”**

Note: Information must be entered for all seven training topics.

To add additional training topics, click on the “New Record” button.

All sponsors must specify their plans for providing annual Civil Rights training to ALL front line staff. Front line staff: Any staff person who interacts with program applicants or participants, and those persons who supervise them.

Click on the **“Continue”** button at the bottom of the page when you have finished entering the information.

**Child And Adult Care Food Program 2009-2010 Application
Training Information**

Specify the required annual training covering program requirements your agency will provide to key staff in FY 2010 (Oct 1, 2009-Sep 30, 2010). Key staff who must attend this training are listed in Guidance Memorandum 5 Sponsoring Organization Requirements for CACFP Monitoring, Training and Edit Checks.

The training must include instruction, appropriate to the level of staff experience and duties, on CACFP meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system. Documentation must be maintained that shows training session date(s) and location(s), topics presented, and names of participants. Guidance Memorandum 9: Record Keeping Requirements for the CACFP has a Sample Training Record that may be used to document this information.

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To add a training click "New Record" button. To delete or update from the list select training date and follow instruction.

Training Date(s)	Name(s) of Person(s) Conducting Training	Topics Covered
-------------------------	---	-----------------------

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[To Add information enter data and click save button]

Topics Covered	<div style="border: 1px solid black; padding: 2px;"> Serving meals which meet the CACFP meal patterns. <ul style="list-style-type: none"> Serving meals which meet the CACFP meal patterns. Taking accurate meal counts. Submitting accurate meal claims. The Sponsoring Organization's review procedures. The Program's reimbursement system. Compliance with the Program's record keeping requirement. </div>
Training Date(s)	
Name(s) of Person(s) Conducting Training	

[To modify information, change date and click the "Save" button. To delete the record, click the "Delete" button]

Topics Covered	<div style="border: 1px solid black; padding: 2px;"> Submitting accurate meal claims. </div>
Training Date(s)	August
Name(s) of Person(s) Conducting Training	Polly Perfect

To add a training, click on the "New Record" button. To delete or update from the list, select the training date and follow the instructions.

Training Date(s)	Name(s) of Person(s) Conducting Training	Topics Covered
August	Polly Perfect	Submitting accurate meal claims.
July/August	Polly Perfect	Serving meals which meet the CACFP meal patterns.
July/August	Polly Perfect	Taking accurate meal counts.
August	Polly Perfect	The Sponsoring Organization's review procedures.
July	Polly Perfect	The Program's reimbursement system.
August	Polly Perfect	Civil Rights Requirements for all agency staff.
August	Polly Perfect	Compliance with the Program's record keeping requirement.

Recordkeeping Information (Sponsoring Organizations Only)

Describe the procedure for obtaining records from each center (site). Indicate how often these records are collected (daily, weekly and/or monthly) and where the records are filed.

Enter all applicable information.
Please refer to the example on the right.

Note:
All child care, adult care and outside of school hours sites must enter information in all fields.
At-Risk and Emergency Shelters do not need to complete information for items 1, 2, and 6.

Child And Adult Care Food Program 2010-2011 Application RecordKeeping Information			
999001 - By the Book Daycare			
Record Information	Methods Used to Collect from Sites	Frequency of Collection	Where Records are Filed
1. Household Size-Income Statement 1	fax, mail, hand deliver	Enrollment & annually	Onsite & Admin office
2. Household Size-Income Record 1,2	fax, mail, hand deliver	Monthly	Admin Office
3. Daily Participation Records by Meal Types for Children and Adults	fax, mail, hand deliver	Daily/Monthly	Admin Office
4. Food Program Income and Expenditures	fax, mail, hand deliver	Monthly	Admin Office
5. Production Records 3 and Menu	fax, mail, hand deliver	Daily/Monthly	Onsite & Admin Office
6. Enrollment Forms 1	fax, mail, hand deliver	Ongoing & annually	Onsite & Admin Office
7. Attendance Records	fax, mail, hand deliver	Daily/Monthly	Onsite & Admin Office



Click on the “**Continue**” button at the bottom of the page when you have finished entering the information.

Controls – C (Sponsoring Organizations Only)

All sponsors must have procedures for overseeing staff that monitor sites on the CACFP. **You must check “Yes” to this question to be eligible for the CACFP. In the text field add a narrative description of your agency’s monitoring policies.**

All sponsors must have personnel policies in place for outside employment of staff that perform CACFP duties. **You must check “Yes” to this question to be eligible for the CACFP. In the text field add a narrative description of your agency’s outside employment policy.**

(The policy must restrict other employment by employees that interferes with an employee’s performance of Program related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.)

Claim Edit Checks – Check all that apply. At a minimum, all sponsoring organizations are **required** to have the 1st and 2nd edit checks in place to be eligible to participate in the CACFP.

Sponsoring Organizations and personnel policies.	
Does your agency have procedures for supervising staff that perform CACFP monitoring duties? Detail below your policies and/or procedures for supervising agency staff that monitor the sites participating in the CACFP. These policies and/or procedures must ensure effective management and monitoring of all CACFP activities at all sites. Refer to Guidance 5C (child care) and 5A (adult care) for additional information. <i>Explain Monitoring Policy.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>	
Does your agency have personnel policies on outside employment of CACFP employees? <i>Explain Outside Employment Policies.</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<div style="border: 1px solid gray; height: 40px; margin-top: 5px;"></div>	
Does your agency require that any outside employment be approved in advance by the sponsoring organization?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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, Submit a copy of the cost allocation plan if it has changed in the last year.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded office and/or operational space ? if Yes, Submit a copy of the cost allocation plan if it has changed in the last year.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded supplies ? if Yes, Submit a copy of the cost allocation plan if it has changed in the last year.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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 to submission to DPI and USDA approval is required.	
<input type="checkbox"/> Other. Specify below:	
<div style="border: 1px solid gray; height: 20px; margin-top: 5px;"></div>	

Controls – C (Sponsoring Organizations Only) - Continued

Documentation (Financial Viability, Organizational Capacity, Internal Controls):

Renewing Sponsoring Organizations - If there are any changes to the information and/or documentation, check the appropriate box, and submit the new documentation.

New Sponsoring Organizations - Submit a signed copy of the Addendum to the Application/Agreement (PI-6070) and all applicable documentation. This can be found at the following website:
http://fns.dpi.wi.gov/fns_cacfpapps

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

Documentation: Is all the information and documentation submitted by the Sponsoring Organization as part of PI-6070 for the federal fiscal year 2009 (Oct 1, 2008-Sep 30, 2009), financial viability, organizational capability and internal controls, still current and valid? If "No", check the appropriate box and submit new documentation as needed. Yes No

Financial Viability

<input type="checkbox"/> Work Schedules and Job Descriptions	<input type="checkbox"/> Equipment Purchases/Inventory
<input type="checkbox"/> Federal and State Tax Payments	<input type="checkbox"/> Office Supplies, Printing, Photocopying, Postage
<input type="checkbox"/> Written Personnel Policies	<input type="checkbox"/> Travel
<input type="checkbox"/> Life Insurance and Retirement Policies and Payment Plans	<input type="checkbox"/> Professional/Contract Services
<input type="checkbox"/> Rental, Lease and other Contracts	<input type="checkbox"/> Bonding Expense
<input type="checkbox"/> Payments for Rental, Leases and other Contracts	

Organizational Capacity

<input type="checkbox"/> Organizational Chart	<input type="checkbox"/> Staff Performance Appraisals
<input type="checkbox"/> Organizational Mission	<input type="checkbox"/> Employee Certification Statements

Internal Controls

<input type="checkbox"/> Governing Board Policies	<input type="checkbox"/> Disbursal of Funds
<input type="checkbox"/> Accounting System	<input type="checkbox"/> Parents Audits/Contacts
<input type="checkbox"/> Seperation of Costs	

 **CONTINUE**

Budget Summary Information (Independent Agency)

Enter the projected annual income and expenses to administer the CACFP at your agency for the entire upcoming federal fiscal year (October 1, September 30).

Note: Enter the dollar amount with NO commas. Do not include a dollar (\$) sign.

Income: Report all projected sources of income available to fund the CACFP at your institution. The total income listed must **equal or exceed** the grand total of all expenses. **Every agency must list another source of income in addition to the CACFP reimbursement, and specify the source of the other income.**

Note: To calculate CACFP Projected Meal Reimbursement, you may reference the “2013-2014 Reimbursement Calculation Worksheet,” which can be found on-line at http://fns.dpi.wi.gov/fns_centermemos under Guidance Memorandum #2.

Expenses: Report the projected expenses to administer the CACFP at your agency. If you include a dollar amount in one of the expense fields, you must check “Yes” or “No” in the drop-down box in the right-hand column stating whether the expense listed will be directly paid in whole or in part with CACFP reimbursement.

If entering projected other food service costs you must specify what these other costs are.

All totals must be entered by the preparer, the system does not total for you.

Projected Sources of Income	Projected Annual Income (\$)
A. CACFP Projected Meal Reimbursement	29000.00
B. CACFP Projected Cash-in-Lieu of Commodities	0
C. Other Income (Specify below)	
Enrollment Fees	5000
D. Other Income (Specify below)	
	0
E. Other Income (Specify below)	
	0.0
Total Income	34000

Projected Expenses	Requested Food Service Cost (\$)	CACFP Paid in Full or in Part
1. Projected food costs this year, including food vendor costs	15000.00	Yes
2. Projected Non Food/kitchen supply costs	400.00	Yes
3. Projected food service labor costs, including both operational and administrative salaries and benefits	6000.00	No
4. Projected other food service costs (specify below)		
Utilities	500.00	Yes
Total projected food service costs (Line 1+2+3+4)	21900.00	

 CONTINUE

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

Budget Summary Information (Sponsoring Organization)

Enter the projected annual income and expenses to administer the CACFP at your agency for the entire upcoming federal fiscal year (October 1, September 30). For Sponsoring Organizations, this page must match the Budget Summary of your Attachment G.

Note: Enter the dollar amount with NO commas. Do not include a dollar (\$) sign.

Income: Report all projected sources of income available to fund the CACFP at your institution. The total income listed must **equal or exceed** the grand total of all expenses. **Every agency must list another source of income in addition to the CACFP reimbursement and specify the source of the other income.**

Note: To calculate CACFP Projected Meal Reimbursement, you may reference the “2013-2014 Reimbursement Calculation Worksheet,” which can be found on-line at http://fns.dpi.wi.gov/fns_centermemos under Guidance Memorandum #2.

Expenses: Report the projected expenses to administer the CACFP at your agency. If you include a dollar amount in one of the expense fields, you must check “Yes” or “No” in the drop-down box in the right-hand column stating whether the expense listed will be directly paid in whole or in part with CACFP reimbursement.

Note: Administration expenses are costs associated with compiling the claim and monitoring. Operational expenses are costs associated with the meal service and/or kitchen.

All totals must be entered by the preparer, the system does not total for you.

Click on the “Continue” button at the bottom of the page when you have finished entering the information.

Child And Adult Care Food Program 2012-2013 Application Budget Summary Information			
999001 - By The Book Daycare			
Annual Administrative and Organizational Budgeted Income and Expenses.			
<small>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.</small>			
<small>*Note: All sponsoring organizations need to submit the Attachment G.</small>			
<i>Enter \$ Amount with NO commas. Only decimal is allowed.</i>			
Projected Sources of Income		Projected Annual Income (\$)	
A. CACFP Projected Meal Reimbursement		9560	
B. CACFP Projected Cash-in-Lieu of Commodities		3025	
C. Other Income (Specify below)		300000	
Enrollment Fees		300000	
D. Other Income (Specify below)			
E. Other Income (Specify below)		0.0	
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		
3. Equipment Rental/Lease Expense	0		
4. Travel Expense	0		
5. Training Expense	200.00		No
6. Misc. Administrative Expense (Specify below)	0		
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

List of Sites

New Agencies: Skip to page 35.

RENEWING AGENCIES – All sites that are valid for the **entire** current fiscal year will automatically appear on this screen. **In order to make a site valid for the upcoming fiscal year, you MUST check each site's information for accuracy and update any information. If an active site does not appear here, refer to the bottom of page 34 (Missing/Inactive Sites) for instructions on how to make the site active.** Please note: For-profit agencies can only sponsor for-profit sites which are the same legal entity as the for-profit agency.

To check each site's information for accuracy and update any information:

You **MUST** click on the site code number and complete all information on the Site Application and Site Meals Information pages. Some fields will pre-populate. Check each field to ensure accuracy

Site Application:

1. Provide/update site information by completing all applicable fields.
 - a. **Type of Site:** If you are a Non-profit child care center, choose “Center-Child Care Inst. Day Care” from the drop-down box. If you are a For-profit child care center, choose “Child Care Title XX (For Profit)” from the drop-down box.
 - b. **County:** Click on the drop-down box to select the county in which the site is located. If your county is listed more than once, choose the first one.
 - c. **Provider Number:** Enter the 13-digit number (without dashes) assigned to you by the Department of Children and Families. If you do not have an assigned Provider Number, enter 13 zeros (without dashes).
 - d. **Phone Number:** Enter the 10-digit number (without dashes).
 - e. **License Capacity:** If the At-Risk Site(s), Outside of School Hours Care Center(s) and/or Emergency Shelter(s) is not licensed or certified, then indicate the capacity according to the occupancy permit, fire or health inspection in this field.
 - f. **Expiration Date:** If you have a non-expiring license, leave these fields blank. Agencies that are certified must enter an expiration date.
 - g. **USDA Programs:** Special Milk Program (SMP), National School Lunch Program (NSLP), School Breakfast Program (SBP), Summer Food Service Program (SFSP).
 - h. **Preapproval Visits (Sponsoring Organizations Only):** If your site is new, moved to a new location or closed for more than one month you must complete this question.
 - i. **Enrollment:** You must check only **one** of the enrollment policies for each site.
2. Click “**Continue.**”

Child And Adult Care Food Program 2010-2011 Application
List of Sites

999001 - By the Book Daycare

Listed below is/are site(s) valid for the contract renewal process. Select the site by clicking on the site number and provide/update site contract information. Follow the same process for all site(s) your Agency wants to bring on the program. To "Add" a new site to the contract, click the "New Record" button and follow the instructions.

Renewing Agencies: Click on the site(s) below to ensure all information is still current, correct and matches the license DPI on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site	Status
15593	By the Book Daycare	Child Care Title XX (For Profit)	NEW
15594	By the Book Daycare	Child Care Title XX (For Profit)	NEW

Site Application
999001 - By the Book Daycare

Site Status:
Is Site Active in CACFP or Closed? Active Closed *If closed, provide Closure Date: []/[]/[] [MM/DD/YYYY]*

General Information:

Site Name: By the Book Daycare | Type of Site: Child Care Title XX (For Profit) | Tax Status: For Profit

Congressional District: [] | CESA No.: 02 | County: Dane | Child Provider No*: 1234567891234

Street Address: 123 Alphabet Street | City: Mytown | State: Wisconsin | Zip: 55555

Name of Person in Charge of Site (First Name, Last Name): [] | Last Name: Hansen | Phone: (609)76543

License Information:
Check all USDA Program in which this site participates:
 None SMP NSLP SBP SFSP
 Licensed Type: Licensed [] | Licensed Capacity: 52 | Expiration Date: 12 / 31 / 2012 [MM/DD/YYYY]

Preapproval visits to new sites, sites in new location, or sites closed for more than one month. (Only applicable for Sponsoring Organizations)

Date(s) of Visit	Staff Conducting Visit	Location of Records

Enrollment:
Check only one of the enrollment policy your institution follows in relation to participants who will be reported as free, reduced and non-needy each month on the reimbursement claim. In accordance with USDA guidance, a center is required to maintain its definition of enrollment for the entire fiscal year or receive written permission from DPI to change the enrollment definition if it is not consistent throughout the year. For Institutions/Sponsoring Organization with two or more sites and/or a sponsoring organization that sponsors one or more sites which is/are not the same legal entity(ies) of the sponsoring organization, detail the enrollment policy and the applicable center(s) if the policy varies between each center. Refer to Guidance Memorandum 6, Enrollment, for additional information and examples of reasonable and measurable enrollment criteria. ("At Risk" After School and Emergency Shelter sites: Please specify how attendance at these sites is documented, in lieu of an enrollment policy.)

A participant is considered enrolled for a given month if he/she has a completed and approved current enrollment form on file, and:

is in attendance at least one day in the given month;

has attended at least once in the past three months;

the center maintains a vacant opening in anticipation of the participant(s) future attendance at the center, or

Other Specify below:

List of Sites (Continued)

RENEWING AGENCIES (continued):

3. This will bring you to the Site Meal(s) Information page.

Food Service Data:

Complete all applicable fields.

Type of Meal Prep:

Self-Prep: The center (site) prepares its own meals.

Central Kitchen: Meals are considered to be prepared in a central kitchen when the kitchen is off-site or if the kitchen is used to prepare meals for multiple sites and/or programs other than the CACFP (for example, the NSLP).

Agencies with Vendor Agreements:

If a vendor or food service management company prepares meals for your site, select one of these options from the drop-down box in the right-hand column.

You must provide the name of the meal provider in the specified space. You must also submit a vendor agreement if there are any changes from last year's agreement and/or if the vendor agreement terminates prior to 9/30/12.

If you do not have a vendor, leave this space blank.

Reviews of Food Program Operations:

If you are a Sponsoring Organization you must complete this question. **Enter months only, no years.**

Meal Reimbursement Procedure

If you have checked more than 3 meals/snacks at the top of the page, you must provide a response to this question.

ADP Exceeds License Capacity:

If Average Daily Participation (ADP) exceeds licensed capacity, you must provide a narrative explanation.

Child And Adult Care Food Program 2009-2010 Application
Site Meal(s) Information
999001 - By the Book Daycare
758 - By the Book Daycare

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 checked="" type="checkbox"/> Breakfast	7 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM	8 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM	25	Self Prep
<input checked="" type="checkbox"/> AM Snack	9 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM	9 :15 <input checked="" type="radio"/> AM <input type="radio"/> PM	15	Self Prep
<input checked="" type="checkbox"/> Lunch	11 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM	12 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM	45	Vendor/School
<input checked="" type="checkbox"/> PM Snack	2 :30 <input type="radio"/> AM <input checked="" type="radio"/> PM	3 :30 <input type="radio"/> AM <input checked="" type="radio"/> PM	56	Self Prep
<input type="checkbox"/> Supper	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM	0	
<input type="checkbox"/> Additional Snack	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM	0	

*Federal legislation prohibits reimbursement for more than two meals and one snack per child per day or one meal and 2 snacks per child per day. Meals and snacks served to those 19 years and older may not be claimed for reimbursement unless the person has a disability. 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 the children who receive meals and snacks are residents of emergency shelters. (Emergency Shelters can claim 3 meals per child per day.)

Name of Meal Provider: *[only if you have selected Vendor, School or Food Service Management Company as you meal prep]*
 Mytown School District

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 checked="" type="checkbox"/> Breakfast	8 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM	8 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM	30	Self Prep
<input checked="" type="checkbox"/> AM Snack	9 :30 <input checked="" type="radio"/> AM <input type="radio"/> PM	10 :00 <input checked="" type="radio"/> AM <input type="radio"/> PM	25	Self Prep
<input checked="" type="checkbox"/> Lunch	11 :15 <input checked="" type="radio"/> AM <input type="radio"/> PM	11 :45 <input checked="" type="radio"/> AM <input type="radio"/> PM	80	Vendor/School
<input checked="" type="checkbox"/> PM Snack	2 :30 <input type="radio"/> AM <input checked="" type="radio"/> PM	3 :00 <input type="radio"/> AM <input checked="" type="radio"/> PM	80	Self Prep
<input type="checkbox"/> Supper	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM	0	
<input type="checkbox"/> Additional Snack	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM	0	

*Federal legislation prohibits reimbursement for more than two meals and one snack per child per day or one meal and 2 snacks per child per day. Meals and snacks served to those 19 years and older may not be claimed for reimbursement unless the person has a disability. 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 the children who receive meals and snacks are residents of emergency shelters. (Emergency Shelters can claim 3 meals per child per day.)

Name of Meal Provider: *[only if you have selected Vendor, School or Food Service Management Company as your meal prep]*
 Wausau Aspirus Hospital

Reviews of Food Program Operations: *[For Sponsors Only]* (Refer to GM 5C) Facilities must be reviewed at least three times each year. A minimum of two of the three reviews must be unannounced, and at least one unannounced review must include the observation of a meal service where participants are present. A minimum of one review must be made during the facility's first four weeks of program operation, when new or site has moved to a new location, and not more than six months may elapse between reviews. If, in a review of a facility, a sponsoring organization detects one or more serious deficiencies, the next review of that facility must be unannounced. (Serious deficiencies are those set forth in the permanent agreement.) Unannounced reviews must be made only during the facility's normal hours of operation and monitors must possess photo identification that demonstrates that they are employees of the sponsoring organization.

No. of Reviews	Date(s) of Review	Staff Conducting Reviews	Location of Records
3	October/February/June	Jess Napiwocki/Lisa Strehlow	Woodson YMCA-Wausau Br

Meal Reimbursement Procedure:

4. Click "Continue."

List of Sites (Continued)

RENEWING AGENCIES (continued):

5. All Child Care Centers, Outside of School Hours Sites or Emergency Shelters will be taken to the List of Site(s) page.

- a. **Adult Care Centers or At-Risk Sites** will be taken to a second page which is only applicable to Adult Care Centers or At-Risk Sites. Complete the applicable fields.

Adult Care Centers Only: Specify if your agency utilizes the Offer vs. Serve provision.

- b. **At-Risk Sites:** Describe the geographic area to be served by the site. Indicate the name of the school if using school free/reduced data to determine area eligibility for this site. The percentage of children to be served by site that meet eligibility requirements for free/reduced price school meals must be for the most current year's September data. You can locate this data at the following website:

http://fns.dpi.wi.gov/fns_cacfpapps. Scroll down and click on the following link, "The Wisconsin School Meals Eligibility Data Report."

**In the 'Percentage of Children' box, you must enter a number followed by a decimal. (For example: 52.0).

- c. Complete all applicable fields. Click "**Continue**" at the bottom of page.

Child And Adult Care Food Program 2012-2013 Application Site Meal(s) Information	
999001 - By The Book Daycare 18103 - By The Book Daycare	
[This Section is only Applicable for Adult Day Care Center/Site(s)]	
Does the site receive reimbursement for meals served under Title III of the Older Americans Act?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does the site serve functionally impaired adults?	<input type="radio"/> Yes <input checked="" type="radio"/> No
(Provide Estimated Enrollment by Need Category at this Site.)	
Category	Number Enrolled
Participants not eligible for free or reduced categories (non-needy)	4
Participants eligible for reduced category	0
Participants eligible for free category	0
Total Enrollment at this Site	4
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 <input checked="" type="radio"/> Yes <input type="radio"/> No	
If 'Yes' indicate the applicable meal service type(s) <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	
[This Section is only Applicable for "At Risk" After Schools Hours Care Site(s)]	
Site Area Eligibility Describe geographic area to be served by site. Indicate name of school if using school free/reduced data to determine area eligibility for this site.	
Webster School	
Percentage of children to be served by site that meet eligibility requirements for free/reduced price school meals.	
Percentage of Children %	52.0 [00.0] Month September Year 2009 [YYYY]
<input checked="" type="checkbox"/> I certify the following activities are regularly scheduled activities in an organized, structured, and supervised environment and include educational and/or enrichment activities.	
 CONTINUE	

6. *If you have more than one site.* Repeat steps 1-5 from pages 28-30 above to update information for remaining sites.
7. Once site information for site(s) is completed, click "**Continue.**"

List of Sites (Continued)

Missing/Inactive Sites

Only sites currently approved through September 30, 2013 will appear on the List of Site(s) page. If you have one of the following situations, complete steps 1-7 below:

- You would like to reactivate a site that had previously participated on the CACFP (with an end date prior to 9/30/13) and/or
 - A site's license expired prior to 9/30/13. This typically occurs when a site has a probationary license
1. Complete and submit the online application for approval **without the expired site**
 2. Call your assigned consultant to reactivate the old site code number and submit any applicable documentation (i.e. license)
 3. Your consultant will notify you when the site is reactivated
 4. Log-in to the application and keep clicking "**Continue**" at the bottom of each page until you get to the **List of Site(s)** page
 5. The reactivated site will now appear on this page
 6. Click on the site code number and complete all applicable fields to update the site information following the directions for **Renewing Agencies** above
 7. Resubmit the application for approval

Sites that move

If a site moves to a new location, the agency must go online and "close" the existing site application page, and then create a new site application.

1. Open the site application page for the site that has moved
2. On this page, at the top, there is a statement "Is this Site Active in CACFP or Closed?"
 - a. Click "Closed", and enter a date of closure
3. Click "Continue" till you return to the List of Sites page. The site that moved will now show as being closed
4. Select the "**New Record**" button and complete all applicable fields.
 - a. Follow steps 1-5 under "New Agencies," page 35, below

List of Sites (Continued)

NEW AGENCIES

To add a new site:

1. Select the “**New Record**” button and complete all applicable fields.
 - a. Follow steps 1-2 under “Renewing Agencies,” page 31.
2. This will bring you back to the List of Site(s) page.
3. Click on the temporary site number. This will bring you to the Site Application page you just completed. Click “**Continue.**”
4. **This will bring you to the Site Meal(s) Information page.**
5. Complete all applicable fields. Follow steps 3-4 from pages 32-33 above. Click “**Continue.**”

Child And Adult Care Food Program 2011-2012 Application
List of Sites

999001 - By The Book Daycare

Listed below is/are site(s) valid for the contract renewal process. Select the site by clicking on the site number and provide/update site contract information. Follow the same process for all site(s) your Agency wants to bring on the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instructions.

Renewing Agencies: Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site

Child And Adult Care Food Program 2011-2012 Application
List of Sites

999001 - By The Book Daycare

Listed below is/are site(s) valid for the contract renewal process. Select the site by clicking on the site number and provide/update site contract information. Follow the same process for all site(s) your Agency wants to bring on the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instructions.

Renewing Agencies: Click on the site(s) below to ensure all information is still current, correct and matches the license DPI has on file. If not, revise the site screen and/or submit a new license to DPI.

Site No.	Site Name	Type of Site
17080	By The Book Daycare	Child Care Title XX (For Profit) NEW

Child And Adult Care Food Program 2009-2010 Application
List of Sites

999001 - By the Book Daycare

Listed below is/are site(s) valid for contract renewal process. Select the site by clicking site number and provide/update site contract information. Follow the same process for all the site(s) Agency wants to bring in the program. To 'Add' a new site to the contract, click the 'New Record' button and follow the instruction.

Site No.	Site Name	Type of Site
758	By the Book Daycare	Child Care Title XX (For Profit) NEW
759	By the Book Infant Care	Child Care Title XX (For Profit) NEW

SPONSORING ORGANIZATIONS

(An agency with more than one approved site.)

To add a new site:

Note: If you are an independent center, and would like to add another site, please contact your assigned Consultant before proceeding.

1. Select the “**New Record**” button and complete all applicable fields on the Site Application page. Follow step 1 from page 28 above.
2. Click the “**Continue**” button to go back to the List of Site(s) page.
3. Click on the temporary site number. This will bring you to the Site Application page you just completed. Click “**Continue.**”
(Note: You will receive a permanent site code number once your application is approved.)
4. This will bring you to the Site Meal(s) Information page. Complete all applicable fields. Follow steps 3-5 from pages 29-30 above. Click “**Continue.**”
5. Once the site information is completed, click “**Continue.**”

Application Enclosures

Refer to the Application Enclosures page and submit applicable documents. You must submit the information to DPI prior to your application being approved. You may mail, fax or e-mail these documents to:

Wisconsin Department of Public Instruction
Community Nutrition Team
P.O. Box 7841
Madison, WI 53707-7841
Fax: 608-267-0363

Please email, fax or mail the documents to your assigned consultant. If you are unsure of your assigned consultant, you may find the CACFP Regional Contact Map at the following website: http://fns.dpi.wi.gov/fns_cacfprc1 or you may call our office at 608-267-9129.

PRINTING OF THE APPLICATION: Before clicking on the “Continue” button on this page, go back to each page by clicking on the Links to prior pages and print off each application page so that you can refer to it if there are questions by your consultant.

Click on the “Continue” button at the bottom of the page.

Application Enclosures for Institutions/ Sponsoring Organizations
<p>ALL INSTITUTIONS</p> <p>a. Submit a copy of the current group day care license or certification for each site (if there are changes from last fiscal year)</p> <p>OR</p> <p>b. Documentation of Health and Safety Standards (For unlicensed Outside of School Hours Centers, “At-Risk” After School Hours Care Sites, Emergency Shelters)</p> <p><u>This includes:</u></p> <p>i. A copy of the current occupancy permit for each site, or a letter from the local housing authority indicating that the site(s) is located in a residential area and therefore an occupancy permit is not required by local statute.</p> <p>ii. A copy of the current fire inspection report and a letter from the local fire marshal detailing how often the site(s) must be inspected, or a letter from the applicable fire department certifying that the site(s) does not require a fire inspection.</p> <p>iii. A copy of the most recent health department inspection, or a letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s).</p> <p>iv. A letter from the City or County Human (Social) Services Department certifying that there is no local requirement for the site(s) to be licensed or certified for the provision of child care services. (DPI has determined that there is no State requirement that emergency shelters be licensed for the provision of child care services)</p> <p>Additional Requirements</p> <p>1. New Institutions Only:</p> <p>a. One month of menus for each meal service offered (i.e. Breakfast, AM Snack, Lunch, PM Snack, Supper, Additional Snack)</p> <p>b. 2 complete copies of Permanent Agreement/Policy Statement, sign and date page 7.</p> <p>c. Federal Tax-Exempt Documentation (New Nonprofit Institutions/Sponsors Only).</p> <p>d. Webcast Certification Statement and Self-Study Questions.</p>
<p>2. Sponsoring Organizations Only- Agencies with more than one site participating in the CACFP:</p> <p>a. Email a revised electronic copy of Attachment G (Budget) to Cari Ann Muggenburg if there are changes from current year.</p> <p>b. Any applicable attachments to the Addendum to the Application/Agreement (PI-6070) that have changed since FY 2013.</p> <p>c. Electronic copy of Attachment G (Budget) to Cari Ann Muggenburg.</p> <p>New Sponsoring Organizations Only:</p> <p>a. A copy of the sponsoring organization’s most recent independent audit or financial statements prepared by a certified public accountant.</p> <p>b. Narrative of the unmet Program need(s) that will be addressed by your agency’s sponsorship of the CACFP.</p> <p>c. Addendum to the Application/Agreement (PI-6070) and all applicable documentation.</p> <p>c. Electronic copy of Attachment G (Budget) to Cari Ann Muggenburg.</p> <p>3. Vended Food Programs Only:</p> <p>a. Vendor Agreement to provide Meals/Snacks.</p> <p>b. Record of vendors and/or schools contacted (For <u>new</u> contracts under \$150,000).</p> <p>c. Formal Bid Packet (for contracts that total yearly expenditure over \$150,000).</p> <p>4. At-Risk After School Hours Care Sites Only:</p> <p>a. Documentation of area eligibility (each site must be located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for free and reduced price meals.)</p> <p>5. Pricing Program Only:</p> <p>a. Two copies of the completed Pricing Program Addendum with the authorized representative’s signature on page 3.</p>

Certification & Confirmation

1. Read the Certification statement. **A link is provided to a sample copy of the CACFP Permanent Agreement/Policy Statement**

Click on the **"I agree and accept the certification"** button at the bottom of the page to agree to the terms and conditions of the Annual CACFP Application.

2. When you are ready to submit the application to DPI for approval, click on the **"Submit"** button.

3. After clicking the submit button, the "Contract Application Submitted" screen will appear if the application has been successfully submitted to the DPI. **PRINT THIS SCREEN** and keep on file with your application.

4. **NOTE: To exit the application and submit the application to DPI, you must click on the "Logout" button at the top of the screen.**

Home-Day Care	School Nutrition Program	Community Nutrition Program	Summer Food Program	Logout
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Home Submit Contract

**Child And Adult Care Food Program 2009-2010 Application
Contract Application Submitted**

706820 - Boys & Girls Club of Oshkosh Inc

CONTRACT SUCCESSFULLY SUBMITTED TO DPI...

Your agency's Contract information has been successfully submitted to the Department of Public Instruction (DPI). Contract changes will become effective after they have been reviewed by an assigned consultant at the DPI. In case of any discrepancies, a consultant will contact your Sponsoring Organizations for resolution.

You may modify any information submitted to the DPI before the contract is reviewed by DPI Consultant. However, once the contract is under review, you will receive a message that the contract is locked.

Click Home page button to go back to home page or click logout to exit application completely.

 Home

**Child And Adult Care Food Program 2010-2011 Application
CERTIFICATION**

999001 - By the Book Daycare

CERTIFICATION

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 WDFPI) 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 programs 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 <http://www.dpi.wi.gov/forms/doc/f1486-ap.doc>.

OUTSIDE OF SCHOOL HOURS CENTERS AND AT RISK AFTER SCHOOL HOURS CARE SITES

In accordance with USDA guidance, Outside of School Hours Centers and At Risk After School Hours Care 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:

Outside of School Hours Centers and At Risk After School Hours Care 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 48.85(1) Wis. State.

The Institution/Sponsoring Organization shall require Outside of School hours Centers and At Risk After School Hours Care 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).

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 Health and Family 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).

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.

I agree and accept the certification.



What Happens Next?

Once you have submitted the application, DPI will review it. Once DPI begins the review of the application it will be 'locked' and your agency will not be able to access it until it has been approved or when the DPI consultant unlocks it for your agency to complete missing or incomplete information.

If the application is incomplete:

1. The agency will be notified using the contact information provided in the Contract Enterer screen.
2. Begin log-in with the same procedures described in the beginning of this manual.
3. Click "**Continue**" to proceed through the contract to make the needed changes or additions.
4. Print all screens that have contract changes prior to submitting to DPI and maintain in your files for a period of three years, plus the current year.
5. You must continue through the entire contract and click on the "**I agree and accept the certification**" and "**Submit**" buttons. The updated information will then be resubmitted to DPI for approval.
6. **Print** the "Contract Application Submitted" Page.
7. Click on the "**Logout**" button at the top of the screen.
8. Email your assigned Consultant informing them that the changes to your contract were made.

A complete application will not be approved until the required documents are also sent in to DPI - see page 4-5 above. Once approved, the agency will receive an approval letter via email. For **new agencies**, the emailed approval letter will contain the agency's permanent agreement number and site code numbers. A separate letter containing the agency's log-in password will also be mailed after final approval of the application.

NEW AGENCIES: The CACFP application has two parts: (1) an online application and (2) all the required documentation as detailed on the Application Checklist. (The letter your agency received with a temporary login and password also included a link to the Application Checklist.) The CACFP Application Checklist includes a detailed listing of ALL the required documentation that must be submitted as part of the process when first applying to participate in the CACFP. (This list is also included in this manual-refer to pages 4 and 5 above.) You will be notified of the status of your application once DPI has received an online application, AND the required documentation, as detailed on the checklist. **A full evaluation of your CACFP application is not possible until both the online application and the required documentation has been submitted to DPI.**

Once the agency has received the DPI approval letter, you may browse the application at any point. When browsing your approved application, click "Logout" in the upper right-hand corner of the screen once you get to the Certification page. **DO NOT** click on the "**I agree and accept the certification**" and "**Submit**" buttons at the bottom of the last page as this will resubmit your application to your DPI consultant.

Amending the Approved CACFP Application

After submitting the CACFP application, you may need to make changes or additions to the approved contract.

1. Login with your permanent Agency Code and Password and follow the procedures described in this manual.
2. Click "**Continue**" to proceed through the contract to make the needed changes or additions.
3. **Print** all screens that have contract changes prior to submitting to DPI and maintain in your files for a period of three years, plus the current year.
4. You must continue through the entire contract and click on the **"I agree and accept the certification"** and **"Submit"** buttons. **Click on the "Logout" button at the top of the screen.** The updated information will then be resubmitted to DPI for approval.
5. **Print** the "Contract Application Submitted" page.

Home-Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Logout

Home | Submit Contract

Child And Adult Care Food Program 2009-2010 Application
Contract Application Submitted

706820 - Boys & Girls Club of Oshkosh Inc

CONTRACT SUCCESSFULLY SUBMITTED TO DPI...

Your agency's Contract information has been successfully submitted to the Department of Public Instruction (DPI). Contract changes will become effective after they have been reviewed by an assigned consultant at the DPI. In case of any discrepancies, a consultant will contact your Sponsoring Organizations for resolution.

You may modify any information submitted to the DPI before the contract is reviewed by DPI Consultant. However, once the contract is under review, you will receive a message that the contract is locked.

Click Home page button to go back to home page or click logout to exit application completely.

Home

Community and School Nutrition Programs
WISCONSIN DPI

LOG IN

Agency Code 999001

Password

Submit Reset

999001 - By the Book Daycare

CERTIFICATION

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 WDFI) 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, embezzlement, 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.

OUTSIDE OF SCHOOL HOURS CENTERS AND AT RISK AFTER SCHOOL HOURS CARE SITES

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Outside of School Hours Centers and At Risk After School Hours Care 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 48.55(1) Wis. Stats.

The Institution/Sponsoring Organization shall require Outside of School Hours Centers and At Risk After School Hours Care 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).

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 Health and Family Services in order to obtain clearance of the site under the current regulations on the CACFP, or to determine to suspend and the site needs not to satisfy the licensure requirement, the site shall be immediately suspended from the CACFP. The Institution/Sponsoring Organization also agrees to immediately notify the Department of Public Instruction of such activities.

The Institution/Sponsoring Organization agrees that meals and snacks will not be claimed for any site that is not in compliance with the licensure requirements.

I agree and accept the certification.

Submit

Home-Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Logout

Child And Adult Care Food Program | Community Nutrition Program | Summer Food Program | Home | Logout

6. **Email your assigned Consultant informing them that there are changes to your contract.**

Print/Browse Function

You can print and browse the approved CACFP online application at any time.

To print or browse the online CACFP application:

1. Log into the application using your assigned agency code and pass word.
2. Select Community Nutrition Programs.
3. Select Contract.
4. Select Print-Browse Application.

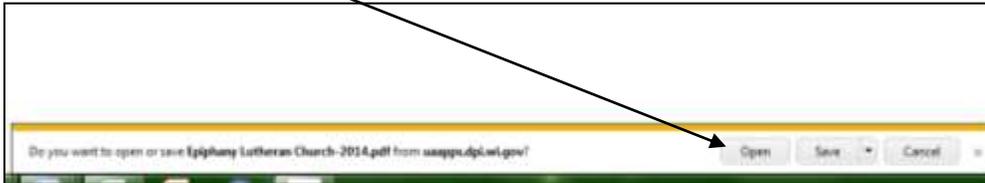


5. At the next page select the Program year from the drop down box, then click on Continue.

The screenshot shows a form titled '[Program Fiscal Year]'. Below the title, it says 'Select Fiscal Year for which your Agency want to Browse/View Contract. [No Year in List Box mean Agency does not have approved Contract]'. There is a dropdown menu labeled 'Select Program Year:' with '2014' selected. Below the dropdown is a blue button with a right-pointing arrow and the text 'CONTINUE'. A black arrow points to the dropdown menu from the text '5. At the next page select the Program year from the drop down box, then click on Continue.'

Print/Browse Function (Continued)

6. You will then receive a prompt: “Do you want to open or save...”.
- Select Open if you want to print the entire online application, or specific pages.



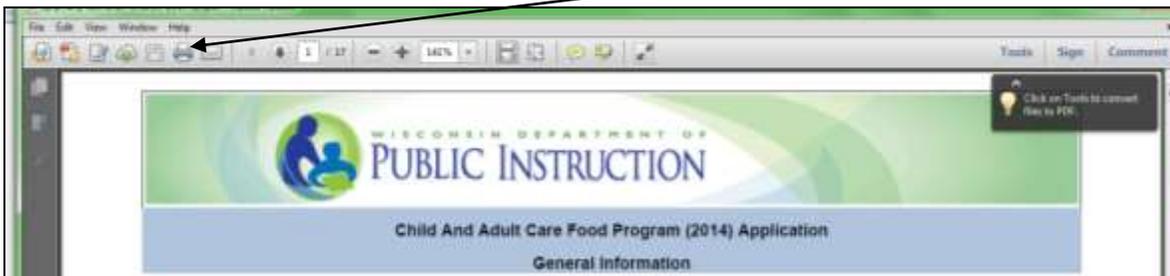
- Select Save if you want to save a pdf copy of the online application to your computer or another designated location.



- When selecting Save you must then select Open Folder and designate the location where a copy of the online application will be saved.

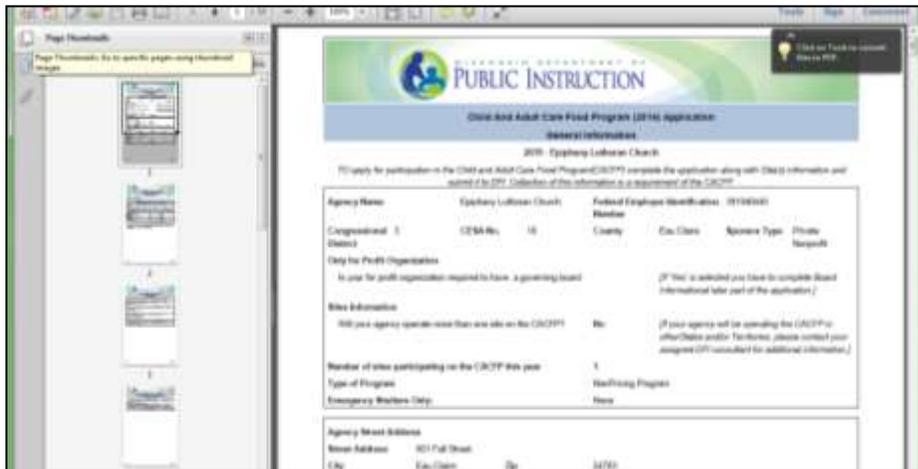
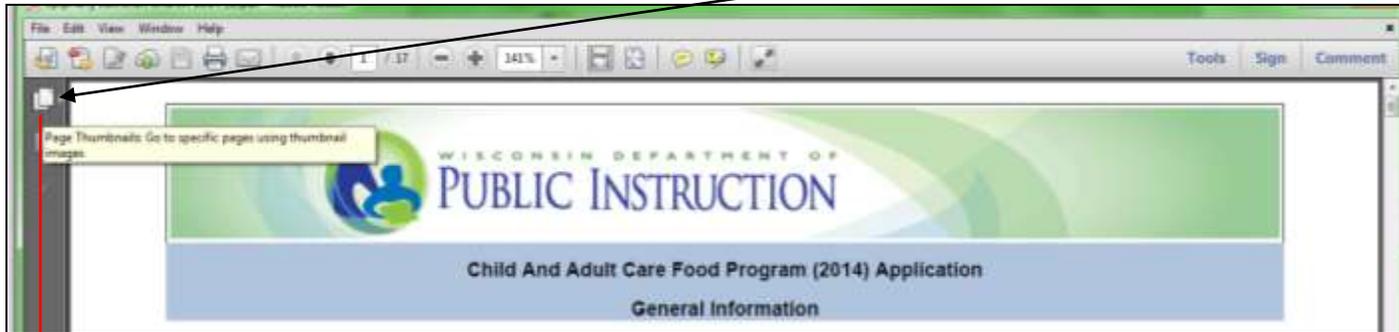


7. Once the Open button has been selected the online application will appear in pdf. format.
8. To print the entire online application (or selected pages) select the Print icon at the top of the document.



Print/Browse Function (Continued)

9. You can go to specific pages of the online application by clicking on the Page Thumbnails icon at the top, left of the page.



Print/Browse Function (Continued)

10. Click on the Bookmarks icon at the top left of the page to go to specific points of interest using the bookmarks links.

