

MARYLAND STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM

**CHILD and ADULT CARE FOOD PROGRAM
PRELIMINARY APPLICATION**

SECTION 1: PROGRAM TYPE

Check the program(s) applying for:

- Child Care Center Adult Day Care Center Emergency Shelter
 At-Risk, After-School Snack Outside-School-Hours Care Center

SECTION 2: INSTITUTION INFORMATION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ COUNTY _____

Name and title of the person who is legally and fiscally responsible for the institution.

NAME _____ TITLE _____

Name, title, and phone number of the person within the institution who will be responsible for administering the Child and Adult Care Food Program and can be contacted by our office:

NAME _____ TITLE _____

PHONE NUMBER _____ E-MAIL _____

SECTION 3: TAX STATUS

Documentation of Tax Status

Non-profit organizations—submit a copy of the Internal Revenue Service letter of determination for 501(c)(3) status.

Religious sponsored organizations—letter from the religious organization documenting sponsorship of the center(s).

For-profit organizations—submit the most recent official POC/Medicaid Invoice Report and attendance sheets for the same *service month* as the Report. If more than one center will be participating, this information must be submitted for *each center*. (Each center must qualify independently.)

Check one to indicate tax status:

- Government Institution (*Skip to Section 5.*)
- Private Non-Profit Institution (*Skip to Section 5.*)
- For Profit/Proprietary Institution

SECTION 4: FOR-PROFITS ONLY

If you have more than one center, complete this chart for each site.

Your for-profit center qualifies for the CACFP if:

- At least 25 percent of your licensed capacity or enrollment (whichever is less) receive Title XX/XIX benefits; **or**
- twenty five percent of your licensed capacity or enrollment (whichever is less) meet federal income guidelines for free and reduced-priced meals (*child care centers only*).

Site#1	A. Licensing Capacity or Total Enrollment, whichever is less	
	B. $A \times .25 =$	
	C. Number of Purchase of Care/Medicaid Participants Enrolled	

Site#2	A. Licensing Capacity or Total Enrollment, whichever is less	
	B. $A \times .25 =$	
	C. Number of Purchase of Care/Medicaid Participants Enrolled	

Note: If "C" is equal to or greater than "B," your for-profit center qualifies for the CACFP.

SECTION 5: FEDERAL PROGRAMS PARTICIPATION

Does your institution participate in the Head Start Program? Yes No

Does your institution participate in any other federally funded programs? Yes No

Has your institution participated in any of the following U.S. Department of Agriculture Child Nutrition Programs within the past three years: Child and Adult Care Food Program, Summer Food Service Program, Special Milk Program, National School Lunch and/or School Breakfast Program, Food Distribution Program? Yes No

Does your institution operate the Child and Adult Care Food Program or any other U.S. Department of Agriculture Child Nutrition Program in any other state? If you answered "Yes" to any of these questions, specify which Child Nutrition Programs, in what states, and participation dates? Yes No

Program _____ State _____ Date(s) _____

Program _____ State _____ Date(s) _____

Program _____ State _____ Date(s) _____

SECTION 6: INSTITUTION MANAGEMENT

How many centers will participate in the Child and Adult Care Food Program? _____

Does the center(s) purchase meals from a caterer, restaurant, food service management company, or school system? If "Yes," indicate from whom meals are being purchased: Yes No

Is the center's food service operated principally for the benefit of the participants enrolled in day care? Yes No

Have you or anyone in your institution ever been convicted of fraud or abuse involving federal funds? Yes No

Have you or anyone affiliated with your institution ever been terminated as a participant in any U.S. Department of Agriculture Food or Nutrition Assistance Program. Yes No

SECTION 7: MEALS

You can claim a maximum of three meals per participant, per day, provided that one of the meals is a snack. Meals to be claimed for reimbursement (check all that apply):

Breakfast AM Snack Lunch PM Snack Supper

SECTION 8: ANNUAL BUDGET

Estimated Annual Budget for Food Service Operations at Center(s) Under Your Sponsorship

Food Purchases Includes purchased meals	\$
Foodservice Labor Salaries of staff preparing or serving meals	\$
Nonfood Supplies Items needed to support meal service: napkins, straws, dishwashing detergent, eating utensils	\$
TOTAL FOOD SERVICE OPERATING COST	\$

SECTION 9: ESTIMATED MONTHLY REIMBURSEMENT

Complete this section to compute the estimated monthly reimbursement of the free, reduced-price, and paid eligible participants. To assist with your estimates, you can assume that Temporary Cash Assistance (TCA), Food Stamps, and Purchase of Care or Medicaid participants, will fall into the free category. **Estimate** the following according to the institution's current enrollment. Choose no more than three meal types (two meals and a snack) when computing this worksheet.

Meal	# of Eligible Participants	# Days Meals Served	Reimbursement Rate and Eligibility Category	Meal Reimbursement
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Breakfast

Example	<u>14</u>	x	<u>20</u>	x	\$1.35 Free	\$378.00
	<u>3</u>	x	<u>20</u>	x	\$1.05 Reduced-Price	\$ 63.00
	<u>1</u>	x	<u>20</u>	x	\$.24 Paid	\$ 4.80
					TOTAL	\$445.80
	_____	x	_____	x	\$1.35 Free	\$ _____
	_____	x	_____	x	\$1.05 Reduced-Price	\$ _____
	_____	x	_____	x	\$.24 Paid	\$ _____

Total Estimated Breakfast Reimbursement (add amounts in last column) \$

Lunch/Supper

	_____	x	_____	x	\$2.47 Free	\$ _____
	_____	x	_____	x	\$2.07 Reduced-Price	\$ _____
	_____	x	_____	x	\$.23 Paid	\$ _____

Total Estimated Supper Reimbursement (add amounts in last column) \$

Snack

	_____	x	_____	x	\$.68 Free	\$ _____
	_____	x	_____	x	\$.34 Reduced-Price	\$ _____
	_____	x	_____	x	\$.06 Paid	\$ _____

Total Estimated Snack Reimbursement (add amounts in last column) \$

TOTAL ESTIMATED REIMBURSEMENT (add the three meal totals)

\$ _____

SECTION 10: OTHER REQUIRED DOCUMENTATION

License—Submit a copy of your current License/Extension Letter for each center that will be participating. If licensing is not required submit current local safety and sanitation permits.

Menus—Submit one month of menus for each meal type you checked in Section 7.

THE APPLICATION PROCESS

The application will be reviewed for completeness by a Program Specialist (incomplete applications will be returned). When a complete Preliminary Application has been received, eligible institutions will receive an invitation from this office inviting them to attend a New Institution Training. At the training the Child and Adult Care Food Program will be explained and a Program application packet will be distributed. If you require assistance completing this application, call 410-767-0214 to speak with a Program Specialist.

CERTIFICATION

Make copies of all the forms for your files. Send an original copy of this preliminary application and one copy of all required documentation described above to: The Maryland State Department of Education, School and Community Nutrition Programs Branch, Attn: CACFP Application, 200 W. Baltimore Street, Baltimore, MD 21201.

As the Authorized Representative, I certify that all information submitted on this application is current and correct, and that deliberate misrepresentation may result in termination from the Child and Adult Care Food Program.

Name of Person Completing Application

Name of Authorized Representative

Title of Authorized Representative

Date

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability and retaliation. If you require this information in alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD). If you require information about this program, activity, or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to Department policy please contact: Equity Assurance and Compliance Branch, Office of the State Superintendent, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595 - 410 767-0433 Voice - 410-767-0431 FAX - 410-333-6442 TTY/TDD

