



CARES 2.0 Application Procedures

State of New Jersey
Department of Agriculture
Division of Food and Nutrition
Child and Adult Care Food Program
P.O. Box 334
Trenton, NJ 08625-0334
609-984-1250



Summary:

- CACFP Contact Information
- Prerequisites
- Key Points
- Application Completion
- Submitting / Resubmitting an Application

CACFP Disclaimer



**This presentation is designed for training use only.
Always use the most current CACFP information when managing all
aspects of your program.**

CHILD AND ADULT CARE FOOD PROGRAM

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CACFP DIVISION PHONE NUMBER: 609-984-1250

CACFPDIVISION FAX NUMBER: 609-984-0878

NUTRITION PROGRAM SPECIALIST COUNTY ASSIGNMENTS

County	CACFP Specialist
<u>Camden</u>	<u>Marissa Waldron</u>
<u>Cape May</u>	<u>Chris Fischetti</u>
<u>Cumberland</u>	<u>Esther Ihekuna</u>
<u>Essex</u>	<u>Esther Ihekuna</u>
<u>Gloucester</u>	<u>Esther Ihekuna</u>
<u>Hudson</u>	<u>Chris Fischetti</u>
<u>Hunterdon</u>	<u>Esther Ihekuna</u>
<u>Mercer</u>	<u>Chelsea Saltzman</u>
<u>Middlesex</u>	<u>Marissa Waldron</u>
<u>Monmouth</u>	<u>Chelsea Saltzman</u>
<u>Morris</u>	<u>Chelsea Saltzman</u>
<u>Ocean</u>	<u>Chris Fischetti</u>
<u>Passaic</u>	<u>Marissa Waldron</u>
<u>Salem</u>	<u>Chelsea Saltzman</u>
<u>Somerset</u>	<u>Chelsea Saltzman</u>
<u>Sussex</u>	<u>Chris Fischetti</u>
<u>Union</u>	<u>Marissa Waldron</u>
<u>Warren</u>	<u>Chelsea Saltzman</u>

NUTRITION PROGRAM SPECIALIST INSTITUTION ASSIGNMENTS

Institution(s)

Schools

Large Institutions (20 or more Facilities)

Multi-State Sponsoring Organization

Family Day Care

New Institutions

CACFP Specialist

Chelsea Saltzman

Chris Fischetti

Chris Fischetti

Esther Ihekuna

Kristen Lento

CACFP Application Prerequisites

CACFP Application Prerequisites

Today's presentation is designed to familiarize you with the CACFP application process.

There is a **CACFP application handbook** available in an electronic version. The handbook covers, in detail, how to complete a CACFP application in the new CACFP CARES 2.0 system.

The CACFP Handbook and this presentation can be found at:
[https://www-agr.state.nj.us/AG CARES APPLICATION/training](https://www-agr.state.nj.us/AG_CARES_APPLICATION/training)

When completing your application is it **strongly suggested** you have the CACFP Application handbook available for guidance.

CACFP Application Prerequisites

If you are a **new Institution** prior to applying on-line, you will need to accomplish a few things. These are:

Registering on a few on-line sites (please take note of the sequence).

- Data Universal Numbering System (DUNS)
- System for Award Management (SAM)
- New Jersey State of the Art Requisition Technology (NJSTART)
- Official Site of the State of New Jersey Portal (*MyNewJersey*)

Please note the sites listed above free of charge.

- ❖ Completing a State issued pre-registration application packet.
- ❖ Completing mandatory State agency training sessions.
- ❖ Completing a NJDA CACFP Eligibility Application and Notice to Parent-Participant Form for all participants / family day care home providers. **This is not a requirement for At Risk Afterschool Centers and Emergency Shelters.**

The DUNS and SAMS Number will soon be replaced with a Unique Entity Identifier number (UEI). Additional information on the change will be released as it becomes available.

CACFP Application Prerequisites

If you are a **returning Institution**, please use the link below to access the Annual Certification for Approved/Returning CACFP Institutions:

<https://www.nj.gov/agriculture/divisions/fn/childadult/food.html>

Note: Whether a new or returning Institution, it is recommended you use Chrome or Microsoft Edge browsers during the pre-registration and Application processes.

CACFP Application Prerequisites

You are a new user you will need your authorization code to move forward in the process. If you are a returning user log into NJ.gov using your existing credentials.

If you followed the steps in the **CACFP Application Handbook** and still haven't received your authorization code via e-mail, please check your junk and/or spam folders.

The e-mail address that will be sending your authorization code is:
NJCACFPCOMMUNICATION@ag.nj.gov

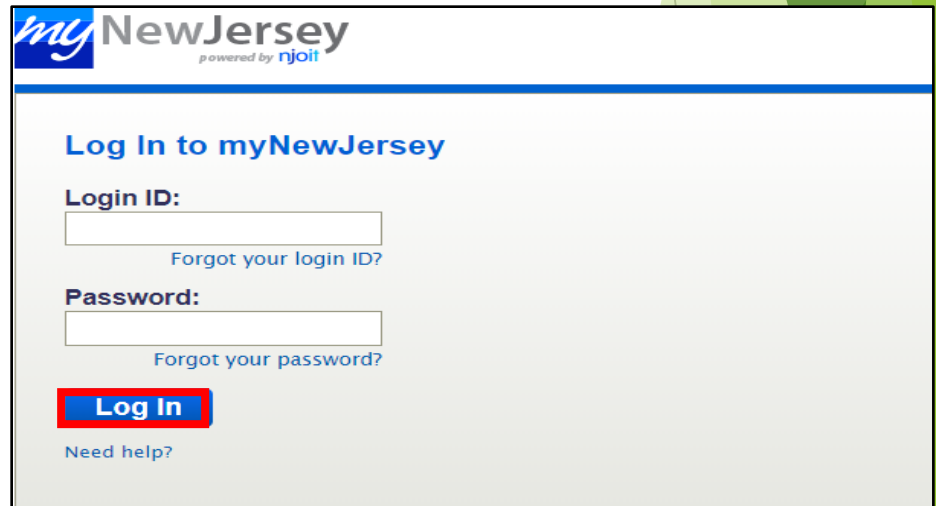
CACFP Application Prerequisites

Once you receive your authorization code, go to NJ.gov and click on “Login”. A new screen will appear.

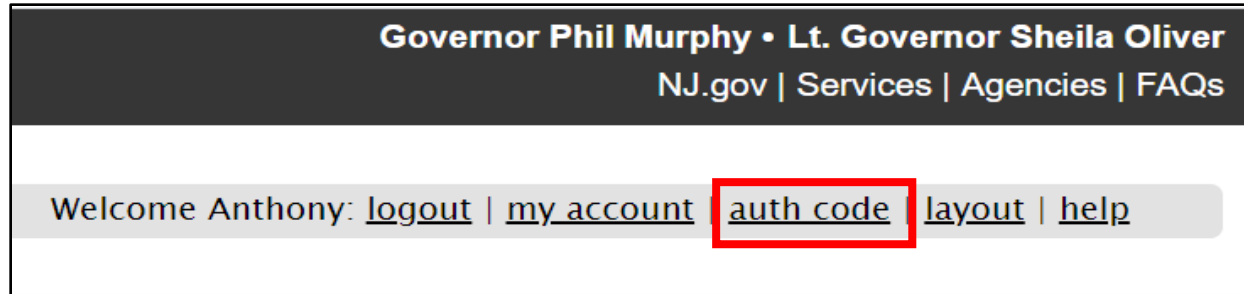
On the new screen enter your credentials and click on “Log In”. You will be brought to a new page.

Note: The *MyNewJersey* Login ID is used in several different programs.

In the Cares 2.0 application the *MyNewJersey* Login ID is referred to as a Portal ID.

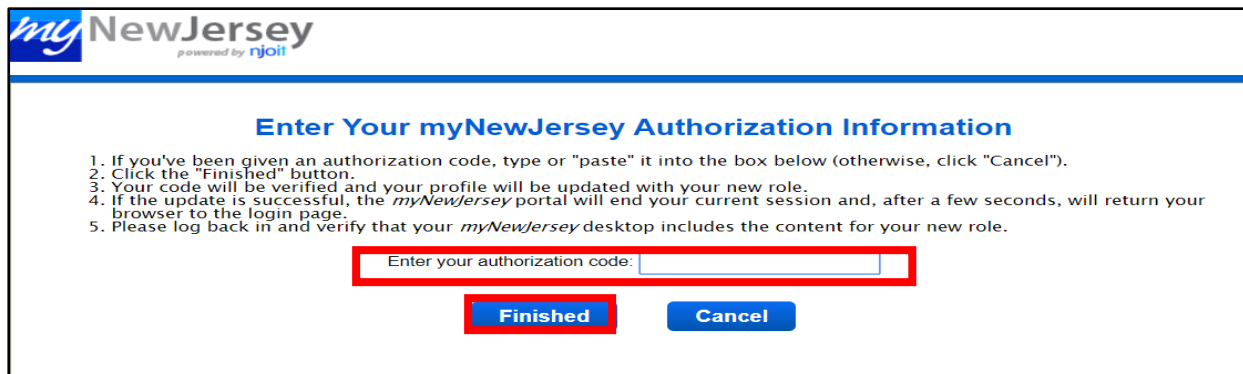


CACFP Application Prerequisites



After logging into your account, click on “auth code” on the top right side of the page.

A new screen will appear that will ask for the authorization code you received via email.



myNewJersey
powered by rjoit

Enter Your myNewJersey Authorization Information

1. If you've been given an authorization code, type or "paste" it into the box below (otherwise, click "Cancel").
2. Click the "Finished" button.
3. Your code will be verified and your profile will be updated with your new role.
4. If the update is successful, the *myNewJersey* portal will end your current session and, after a few seconds, will return your browser to the login page.
5. Please log back in and verify that your *myNewJersey* desktop includes the content for your new role.

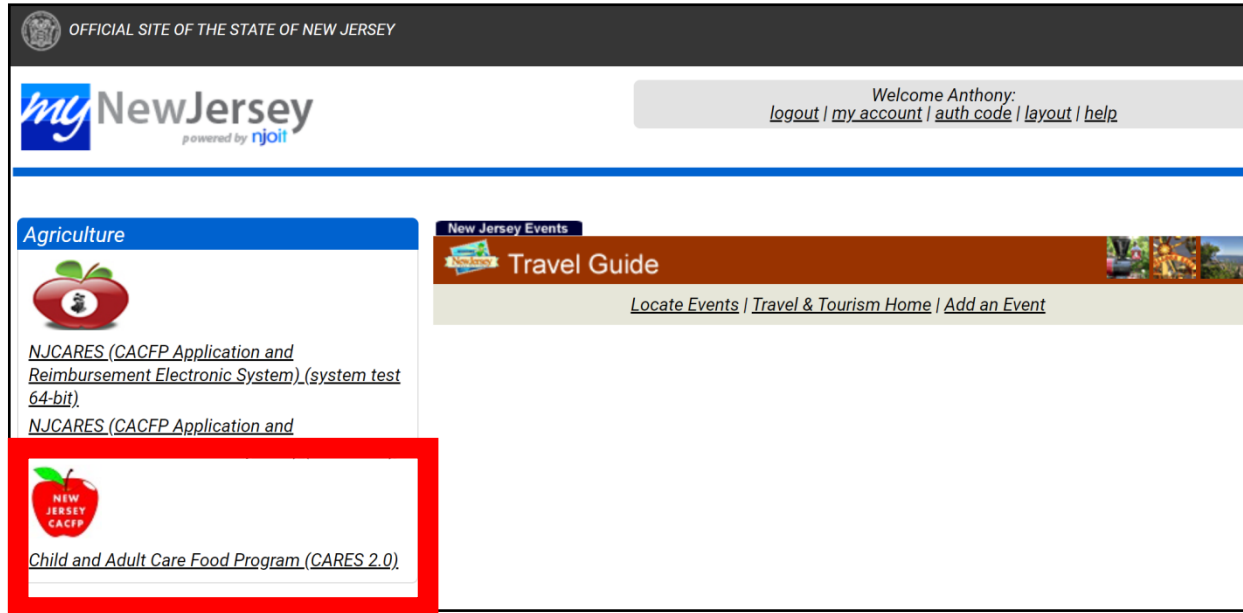
Enter your authorization code:

Finished Cancel

Click on “Finished”, a new screen will appear.

You are now authorized to access the CACFP application.

CACFP Application Prerequisites




OFFICIAL SITE OF THE STATE OF NEW JERSEY


myNewJersey
powered by njoit


Welcome Anthony:
[logout](#) | [my account](#) | [auth code](#) | [layout](#) | [help](#)

Agriculture


[NJCARES \(CACFP Application and Reimbursement Electronic System\) \(system test 64-bit\)](#)
[NJCARES \(CACFP Application and](#)

New Jersey Events


Travel Guide
[Locate Events](#) | [Travel & Tourism Home](#) | [Add an Event](#)


[Child and Adult Care Food Program \(CARES 2.0\)](#)

Click on “Child and Adult Care Food Program (CARES 2.0)”. A new screen will appear.

CACFP Application Prerequisites

CACFP Announcements

- [NDS Test \[8/26/2021\]](#)
- [Link Test #2 \[8/25/2021\]](#)
- [NPS Level Test \[8/5/2021\]](#)

[View All](#)

CACFP CARES System

[CACFP Application](#)

[CACFP Reimbursement](#)

NJDA Websites

- [NJDA CACFP Website](#)
- [USDA Food and Nutrition Website](#)
- [NJDA Food and Nutrition Website](#)
- [USDA Team Nutrition](#)
- [NJ Farm to School](#)
- [USDA Nondiscrimination Statement](#)

Please note the CARES Announcement section above the CACFP Application icon. This section will contain important announcements related to the CACFP program.

Also, please note a link for the NJDA CACFP website is located at the bottom of the page.

To begin the application, click on "CACFP Application" and a new screen will appear.

Before we go over the application process, let's go over some key points.

CACFP Application Key Points

CACFP Application Key Points

Each organization has different titles assigned, which will be identified in the "Responsible Principals and Users" section. However, for the purpose of the application there are four types of roles which are determined by each institution. The roles are as follows:

❖ **Submitter(s):** A submitter enters all the information into the application. The submitter can enter and/or change information on an application.

❖ **Certifier(s):** A certifier ensures all the information contained in the application is complete and accurate prior to submission. A certifier cannot alter any information contained in the application.

❖ **View Only:** A view only person has view only access. They cannot alter any information on the application.

❖ **No Access:** A person with no access does not have access to the application and DOES NOT need a valid Login ID added to the application. Use the no access option for key personnel in an Institution that will not be involved in the application process.

Each Submitter, Certifier and View Only person must have an unique Login

ID. For example, if a person attempts to designate themselves as both a Submitter and Certifier using the same Portal ID, the system will recognize this and lock them out of both roles. Also, each Portal ID must use a unique email address during the registration process.

CACFP Application Key Points

- ❖ Historical data will be stored in the current Cares 1.0 system. The current years information from the older system will be migrated over. All new information must be loaded into the new system (CARES 2.0).
- ❖ **Please remember you must keep all paperwork on file for the current year and at least the previous three years.**
- ❖ In the new system there may be slight changes to official titles. This will be covered in the "Responsible Principals and Users" portion of this presentation.
- ❖ The new system is very intuitive and user friendly. Most errors will be identified so that corrections can be made. However, documents will need to be uploaded in several areas of the application. Please double check that all applicable documents are uploaded before saving or exiting any section of your application.

CACFP Application Key Points

- Throughout the application you will notice several tools that will provide additional information and assistance. The following tools will assist:

- ❖ **Blue lettering** - Will take you to a specific document, provide additional information or provide a way to expedite the completion of your application.

- ❖ **Green Question Marks** - Provides detailed information regarding a specific area of the application.

- ❖ **Red Asterisks** - Indicates a field requesting mandatory information. If you do not enter information in an area designated with a red asterisk, you will be alerted in red and prevented from moving forward with your application.

CACFP Application Key Points

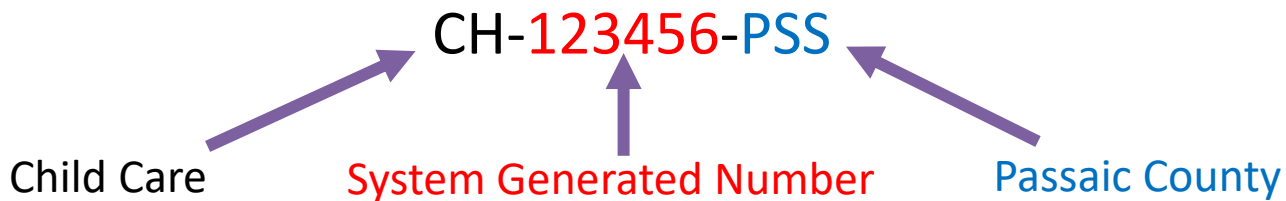
You will be assigned a new agreement number in the system.

Please take note of your new agreement number.

Agreement number example: X X 123456 X X X.

- ❖ The first two letters designate your type of institution.
- ❖ The six digits are generated by the system.
- ❖ The last three letters designate the County in which your institution is located.

The agreement number below is an example:



CACFP Application Key Points



Certain sections of the application are comprised of several different areas. To make the sections easier to manage, there is the option to expand or collapse specific areas of a section.

To expand or collapse an area simply click on the symbol to the left of the areas name at the top left side of the section.

Note: The option to expand and collapse areas is not available in all sections, as some sections have limited areas.

CACFP Application Key Points



Application Summary Resources Training

At the top of each page is a Resources link. This link contains applicable documents, handbooks, memos, etc. If you have a question, please first look in Resources for an answer before reaching out to your CACFP Specialist. **The answer to most questions can be found under the Resources section.**

Note:

You will be asked to upload documents throughout the application process. All required documents for application completion that the State normally provides can be found under the "Resources" link shown above.

Please remember it is critical you maintain copies of **all** your records for the current year and three previous years.

CACFP Application Key Points

Contact Us

Privacy Notice

Legal Statement

Accessibility Statement

At the bottom of each page of the application is a “Contact Us” button.

This is to obtain assistance related to the on-line application.

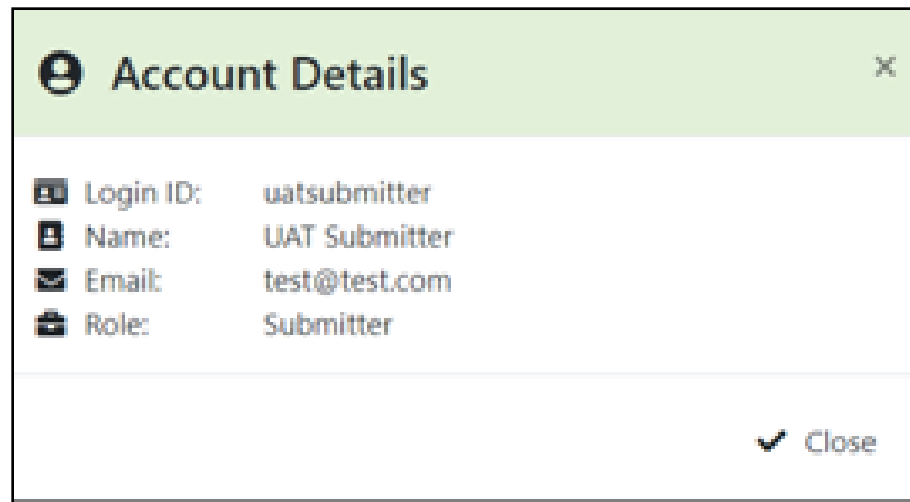
The response to any question via the "Contact Us" option will come from NJCACFPCOMMUNICATION@ag.nj.gov

CACFP Application Key Points

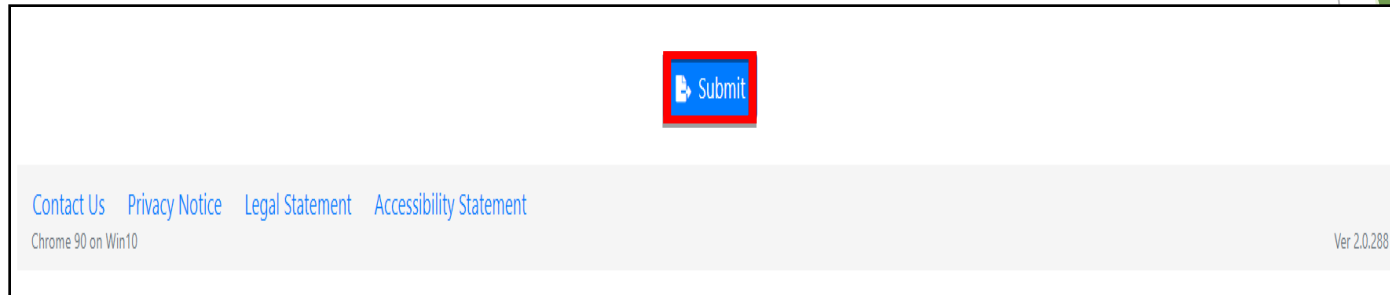


On the top of the application summary page, you will see an area identified as "My Account".

To get your specific account details click on "My Account" and a new box will appear with your information. Please make sure all your information is accurate, especially your role as it determines what level of access you have for the application.



CACFP Application Key Points



Please take note of the "Submit" button on the bottom of the application summary page. The submit button should not be clicked until all sections of the application are complete and have been reviewed by the Certifier.

The "Submit" button is also used if changes were made to a specific area(s) of an application. We will cover changes to applications towards the end of this presentation.

CACFP Application Key Points

CARES - Application

My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information				
Responsible Principals and Users				
Facility Program Information				
Management Plan				
Budget and Audit Requirements				
Eligibility and Enrollment Information				
Monitoring Information				
Permanent Agreement				

Submit

Contact Us Privacy Notice Legal Statement Accessibility Statement

Chrome 90 on Win10 Ver 2.0.288

There are eight main sections of the application that you must complete. These sections are as follows:

1. Institution Information
2. Facility Program Information
3. Budget and Audit Requirements
4. Monitoring Information
5. Responsible Principals and Users
6. Management Plan
7. Eligibility and Enrollment Information
8. Permanent Agreement



CACFP Application

Institution Information Section

Responsible Principals and Users Section

CACFP On-Line Application

CARES - Application

Application Summary Resources Training

Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections Status Last Submitted Date Last Reviewed Date Last Approved Date

- Institution Information
- Responsible Principals and Users
- Facility Program Information
- Management Plan
- Budget and Audit Requirements
- Eligibility and Enrollment Information
- Monitoring Information
- Permanent Agreement

Submit

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Chrome 90 on Win10 Ver 2.0.288

First, ensure is that you are working in the correct agreement year. Please take note of the pull-down arrow in the center portion of the screen. This is where you will select the correct year.

As you can see above, all sections of the application are located on the left side of the screen. To work on a specific section, simply click on its name.

Let's begin the application process by clicking on "Institution Information". At this time, a new screen will appear.

CACFP On-Line Application

Institution Information - Agreement Year 2021

UAT Institution - CH-010005-MRR Section Status: Saved

Institution Details

Institution Legal Name
UAT Institution

Doing Business As Agreement Year Agreement Number
2021 CH-010005-MRR

Federal Tax ID NJ Vendor ID
987787878 V54454546545

Name of CACFP Responsible Principal * Title of CACFP Responsible Principal
SABATER ELEM SCHL FSC PRO TS

Institution Phone # * Extension Alternate Phone # Extension Fax Number
(564) 654-5646 55555

Institution Email Address *
test@gmail.com

Institution Type Additional Institution Details Institution Tax Status Business Type
Nonprofit Child Care Organization Government Entity Federally Tax Exempt (Public Institution or Government Agency) N/A

Participation Status DUNS # UEI # SAM Expiration Date Institution on SAM Exclusion List Institution Listed on NDJ
Active 987897897 54e43fbdg345 12/31/2020 Yes No Yes No

Is the Institution on the IRS Automatic Revocation of Exemption List? Institution Fiscal Year End Date * USDA Commodities/Cash-in-Lieu Preference: Church Sponsoring Organization?
Yes No 12/31/2021 Cash-in-Lieu of Commodities Yes No

Approved Agreement Start Date Approved Agreement End Date Organization Type
10/01/2020 09/30/2021

In this section of the application simply enter your Institutions details in the white boxes provided.

Note: The information contained in the gray boxes cannot not be changed. If there is an issue with any information in a grayed-out area anywhere in the application, please contact your CACFP Specialist.

Please take note of your **new agreement number**.

CACFP On-Line Application

Mailing Address

Address Line 1
158 Regent Drive

Address Line 2

City: Lakewood State: New Jersey ZIP Code: 08701 Extension: 2131

Administrative Office Location

Address Line 1
158 Regent Drive

Address Line 2

City: Lakewood State: New Jersey ZIP Code: 08701 Extension: 2131

NJ CACFP Physical Office Location - Where CACFP Records Are Maintained

Address Line 1
158 Regent Drive

Address Line 2

City: Lakewood County: Cape May State: New Jersey ZIP Code: 08701 Extension: 2131 Congressional District: 6

The next three areas in this section are "Mailing Address", "Administrative Office Location" and "NJ CACFP Physical Office Location – Where CACFP Records are Maintained".

As previously mentioned, each application is personalized and may appear slightly different than the example above.

Enter required information in the white boxes that may be present. Once again, the grayed-out areas cannot be changed.

CACFP On-Line Application

The next areas in this section is “Food Service Contract Information”.

Food Service Contract Information

Type(s) of Food Service Operation *

Self-Preparation Satellite from Central Kitchen Vended Food Service Management Company

The first step in the Food Service Contract Information area is to select your institutions type of food service operation; your options are:

- ❖ Self-Preparation
- ❖ Satellite from Central Kitchen
- ❖ Vended
- ❖ Food Service Management Company

Each selection made will tailor the application to your specific institution. The screenshots on the next few slides illustrate how an application is affected by the type of food service operation selected.

CACFP On-Line Application

Self-Preparation

Type(s) of Food Service Operation *

Self-Preparation Satellite from Central Kitchen Vended Food Service Management Company

Satellite from Central Kitchen

Type(s) of Food Service Operation *

Self-Preparation Satellite from Central Kitchen Vended Food Service Management Company

Central Kitchen Address

Address Line 1 *

Address Line 2

City * State * ZIP Code * Extension *

Enter the contract details and upload the contract file under "Documents" section below.

Contract Type	Vendor Name	Contract Begin Date	Contract End Date	Delete
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="button" value="Delete"/>

←

Please fill out this field.

Regardless of your type of food service contract you have selected, please enter all the information that is requested on the application.

Please take note of the "Add" button shown above. If you need to add additional contract information, please do so via the "Add" button.

CACFP On-Line Application

Vended

Type(s) of Food Service Operation -
 Self-Preparation Satellite from Central Kitchen Vended Food Service Management Company

Enter the contract details and upload the contract file under "Documents" section below.


Contract Type	Vendor Name	Contract Begin Date	Contract End Date	Delete
Please Select		mm/dd/yyyy	mm/dd/yyyy	


[Add](#) 

Food Service Management Company

Type(s) of Food Service Operation -
 Self-Preparation Satellite from Central Kitchen Vended Food Service Management Company

Enter the contract details and upload the contract file under "Documents" section below.

Contract Type	Vendor Name	Contract Begin Date	Contract End Date	Delete
Please Select		mm/dd/yyyy	mm/dd/yyyy	

[Add](#) 

CACFP On-Line Application

The final area in this section of the application is "Documents". This is where you will upload required documents which are determined by the selections made in the application.

As previously mentioned, if you require any document(s) listed please click on the "Resources" button located on the top of each page of the application.

Note:

You will be required to upload documents in other sections of your application. The steps listed on the next few slides apply to all sections of the application that require documents to be uploaded.

Please do not move forward with your application until all the required documents have been uploaded.

CACFP On-Line Application

Enter the contract details and upload the contract file under "Documents" section below.

Contract Type	Vendor Name	Contract Begin Date	Contract End Date	Delete
<input type="text" value="NSLP RFP Addendum 1 (Includes CACFP)"/>	<input type="text" value="Food Bank Of NJ"/>	<input type="text" value="12/01/2020"/>	<input type="text" value="12/31/2020"/>	<input type="button" value="Delete"/>

[Add](#)

Documents

Select the document type from the list and upload the file.

Document Type:

Search:

Document Type	File Name	Uploaded Date & Time	Uploaded By	Status	Delete
SAM Exclusion Verification	Site Finder Report FY 2021 - 2020-12-01.xlsx	12/15/2020 14:45:08	11000	Saved	<input type="button" value="Delete"/>

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Chrome 88 on Win10 Ver 2.0.172

To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

To upload your document, click “Browse and upload”, once you locate the file you are looking for, select and upload your document. As your documents are uploaded, they will appear below the green bar.

In the example above a *SAM Exclusion Verification* document has been uploaded.

CACFP On-Line Application

Enter the contract details and upload the contract file under "Documents" section below.

Contract Type	Vendor Name	Contract Begin Date	Contract End Date	Delete
NSLP RFP Addendum 1 (Includes CACFP)	Food Bank Of NJ	12/01/2020	12/31/2020	

[Add](#)

Documents

Select the document type from the list and upload the file.

Document Type - [Browse and upload](#)

Search:

Document Type	File Name	Uploaded Date & Time	Uploaded By	Status	Delete
SAM Exclusion Verification	Site Finder Report FY 2021 - 2020-12-01.xlsx	12/15/2020 14:45:08	11000	Saved	

[Save](#) [Back to Application Summary](#)

[Contact Us](#) [Privacy Notice](#) [Legal Statement](#) [Accessibility Statement](#)

Chrome 88 on Win10 Ver 2.0.172

Prior to leaving any page always click on **"Save"**. This is helpful because any errors made on the page will be highlighted in **red**. Please ensure you correct all errors before moving forward with the application.

After your information is error free click on "Back to Application Summary". You will then be returned to the application summary page.

CACFP On-Line Application

CARES - Application

Application Summary Resources Training Select Institution

Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users				
Facility Program Information				
Management Plan				
Budget and Audit Requirements				
Eligibility and Enrollment Information	----			
Monitoring Information	----			
Permanent Agreement				

Submit

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Chrome 90 on Win10 Ver 2.0.288

As you can see above, the section you just completed will now have the word "Saved" in the status column.


Now that the "Institution Information" section is completed, let's move on to the "Responsible Principals and Users" section. The first step is to simply click on "Responsible Principals and Users" on the left side of the screen.

After clicking on "Responsible Principals and Users" a new screen will appear.

CACFP On-Line Application

Responsible Principals and Users - Agreement Year 2021

Tony FP Adult Care - AD-010047-CPM Section Status: **Approved**

Owner [Change](#) 

Title Description * First Name * Last Name *

Date of Birth * Phone Number * Extension Alternate Phone Number Extension

Email Address *

Address Line 1 * Address Line 2

City * State * ZIP Code * ZIP Extension *

Current Employer * Does this individual have a second job (outside or within the institution)? * Yes No

Does this outside employment constitute a real or apparent conflict of interest to CACFP duties? * Yes No [Clear](#)

Role * Portal ID *

The *Responsible Principals and Users* section will list all your institutions key personnel.

Please remember that you must enter **personal information** for each individual listed, not the institutions information. Personal information is required because each individual will be checked against the CACFP National Disqualified List.

The *Owner* title is shown above as a reference. There are several titles available on the application. If there are several Owners, all of them must be added. This is the same for all positions, if there are multiple individuals with the same position, all of them must be added.

Also, please take note of the change option next to the title. You can change any title so that it aligns with your Institution.

CACFP On-Line Application



Note: If you need to add additional personnel an "Add User" button is available at the bottom of the page.

Please remember the assigned roles are determined by your institution hierarchy.

As with each section, after you have entered and reviewed your information for accuracy, click "**Save**". If there are errors, they will be highlighted in **red**, allowing you to correct whatever errors may exist before proceeding.

After any and all errors have been revised, click on "Back to Application Summary". You will then be returned to the application summary page.

CACFP Application

Facility Program Information Section

CACFP On-Line Application

CARES - Application My Account

[Application Summary](#) [Resources](#) [Training](#) [Select Institution](#)

Welcome UAT Submitter
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information				
Management Plan				
Budget and Audit Requirements				
Eligibility and Enrollment Information				
Monitoring Information				
Permanent Agreement				

[Submit](#)

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Chrome 90 on Win10 Ver 2.0.288

Now that the Institution Information and Responsible Principals and Users sections are completed and saved let's move on to the Facility Program Information section.

After clicking on "Facility Program Information " a new screen will appear.

CACFP On-Line Application

Facilities Summary - Federal Year 2021

LIAT Institution - CH-010005-MRR Section Status: Draft

Search: [Export Data to Excel](#) [Add a Facility](#) Show 10 entries

Number	Type	Name	Status	Participation Status	Revision	Submitted Date	Reviewed Date	Approved Date
20	Child Care Center	Test Facility RF 011221	Draft	Active	Initial			

Showing 1 to 1 of 1 entries Previous 1 Next

[Back to Application Summary](#)

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Chrome 88 on Win10 Ver 2.0.172

The first step is reviewing any facilities currently listed. As you can see in the example above ***Test Facility RF 011221*** is listed as a facility.

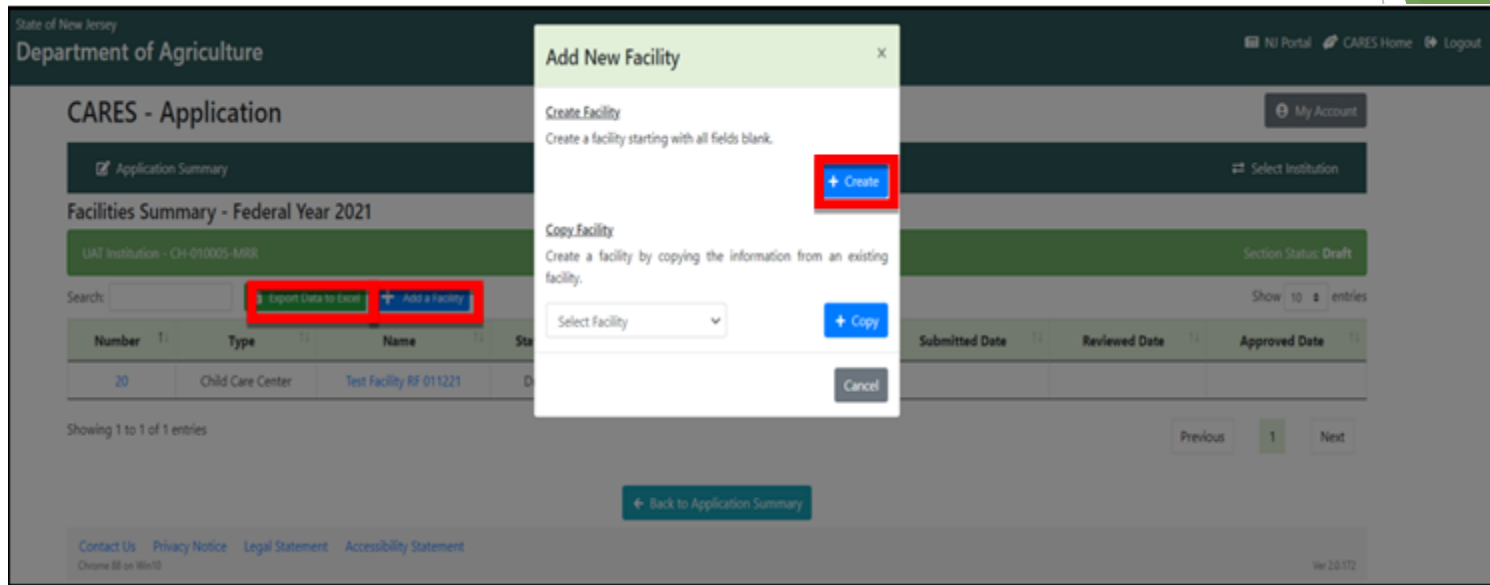
To ensure the information for a listed facility is correct click on its name. You will be taken to the area of the application to verify and/or correct information related to the specific facility you selected.

The information being reviewed for an existing facility will be the same information you will be entering for a new facility. Since the information being verified is identical, we will cover the process to add a new facility.

New Facility Numbers will be assigned, please take note of the new numbers.

To add a new facility, click on “*Add a Facility*”, a pop-up box will appear.

CACFP On-Line Application



At this point a popup box will appear giving you two options they are:

- ❖ Create a Facility
Use this option when creating a new facility.
- ❖ Copy a Facility
Use this option if you are creating a new facility by copying information from an existing facility.

After clicking on "Create" a new screen will appear. There are several parts to this specific area of the application. For the purpose of clarity, we will cover a few areas at a time.

CACFP On-Line Application

🔍 Facility Name and Details

Facility Name *

Address Line 1 * Address Line 2

City * County * State ZIP Code * Extension *

Directions/Special Instructions

Facility Phone # * Extension Facility Email Address *

Facility Type
Adult Day Care Center

Facility Characteristics (Select all that apply)
 Military Church

Tax Exemption Status * License Number License Expiration Date *

License Agency Federal ID Participation Status * Food Service Operation Type *

Indicate all other activities and USDA programs that this facility participates in during the fiscal year. *

None School Breakfast Program Summer Food Service Program Special Milk Program National School Lunch Program/SFA Head Start
 The Emergency Food Assistance Program (TEFAP) The Commodity Supplemental Food Program Fresh Fruit and Vegetable Program
 Programs Under Title III of the Older Americans Act (OAA) Resources and Referral Services Other

You will be first be asked to provide your facilities name and details, enter the specific information for your facility in the white boxes.

On the bottom of this area please note the facility type is grayed out. If the facility type is incorrect, please contact your CACFP specialist.

CACFP On-Line Application

The screenshot shows a web form titled "Facility Name and Details" with a back arrow and location pin icon. The form contains the following fields and sections:

- Facility Name ***: Text input field.
- Address Line 1 ***: Text input field.
- Address Line 2**: Text input field.
- City ***: Text input field.
- County ***: Dropdown menu with "Please Select" selected.
- State**: Dropdown menu with "New Jersey" selected.
- ZIP Code ***: Text input field.
- Extension ***: Text input field.
- Directions/Special Instructions**: Large text area for notes.
- Facility Phone # ***: Text input field.
- Extension**: Text input field.
- Facility Email Address ***: Text input field.
- Facility Type**: Dropdown menu with "Adult Day Care Center" selected.
- Facility Characteristics (Select all that apply)**: Radio buttons for "Military" and "Church".
- Tax Exemption Status ***: Dropdown menu with "Please Select" selected.
- License Number**: Text input field.
- License Expiration Date ***: Date picker field showing "mm/dd/yyyy".
- License Agency**: Dropdown menu with "Not Available" selected.
- Federal ID**: Text input field.
- Participation Status ***: Dropdown menu with "Inactive" selected.
- Food Service Operation Type ***: Dropdown menu with "Please Select" selected.
- Indicate all other activities and USDA programs that this facility participates in during the fiscal year. ***: A list of checkboxes for various programs:
 - None
 - School Breakfast Program
 - Summer Food Service Program
 - Special Milk Program
 - National School Lunch Program/SFA
 - Head Start
 - The Emergency Food Assistance Program (TEFAP)
 - The Commodity Supplemental Food Program
 - Fresh Fruit and Vegetable Program
 - Programs Under Title III of the Older Americans Act (OAA)
 - Resources and Referral Services
 - Other

There are several pull down options, information that must be entered manually and selections that must be made in the form of check boxes.

As previously mentioned, each selection can affect other areas of the application. Please ensure all information is correct before leaving this section of the application.

For detailed information regarding the available options, as well as a description of each, please refer to your CACFP Application Handbook.

CACFP On-Line Application

Facility Name and Details

Facility Name *

Address Line 1 * Address Line 2

City * County * State ZIP Code * Extension *

Directions/Special Instructions

Facility Phone # Extension Facility Email Address *

Facility Type * Facility Characteristics (Select all that apply) Tax Exemption Status * License Number License Expiration Date *

Child Care Center Head Start School K-12 Military Church Please Select * mm/dd/yyyy

License Agency Affiliation Status * Federal ID Participation Status *

Not Available Affiliated Unaffiliated Please Select * Please Select *

Food Service Operation Type *

Please Select *

Indicate all other activities and USDA programs that this facility participates in during the fiscal year. *

None School Breakfast Program Summer Food Service Program Special Milk Program National School Lunch Program/SFA Head Start
 The Emergency Food Assistance Program (TEFAP) The Commodity Supplemental Food Program Fresh Fruit and Vegetable Program
 Programs Under Title III of the Older Americans Act (OAA) Resources and Referral Services Other

The Facility Type will affect the information required at the bottom of this area of the application.

The example above is showing a Child Care Center. The information requirements for other facilities will vary slightly, but the requirement to provide all information is identical.

CACFP On-Line Application

The screenshot shows a web form titled "Facility Owner/Director Information". The form contains the following fields:

- First Name * (text input)
- Last Name * (text input)
- Title * (text input)
- Date of Birth * (calendar icon, mm/dd/yyyy format)
- Email Address * (text input)
- Address Line 1 * (text input)
- Address Line 2 (text input)
- City * (text input)
- State * (dropdown menu, "Please Select")
- ZIP Code * (text input)
- Extension * (text input)
- Phone # (text input)
- Extension (text input)

The next area entitled Facility Owner or Director Information is common to all types of facilities.

Please ensure the Facility Owners / Directors **home and personal information are entered**, not the institutions / facility information.

CACFP On-Line Application

The next area is the eligibility section. As with all other areas, the information required will vary based upon the selections made previously in the application.

Since the information required varies significantly, we will cover At-Risk Afterschool Care Programs, Emergency Shelters and Adult Care Programs.

Note: There is not an Eligibility section for Child Care Centers. The information entered in the Facility Name and Details section satisfies the States requirements for eligibility for Child Care Centers.

CACFP On-Line Application

At-Risk Afterschool Care Program

The information required in the red box must be entered.

After the required information is entered, select if your center is licensed or not (purple box above).

The bottom portion of this screen will change depending upon whether your program is licensed or not. We will show what information is required for both licensed and non-licensed centers on the next few slides.

CACFP On-Line Application

At-Risk Afterschool Care Program

Is this center licensed? * Yes No

Maximum Occupancy/Capacity per C.O. *

Certificate Date *

Alternate Capacity Documentation *

Alternate Capacity *

In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.

Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.

This program does not meet the program requirements for an afterschool setting with regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

If your center **is not licensed**, you will be asked to complete the information above in the red box and then select Yes or No below the statement in bold (purple boxes).

CACFP On-Line Application

At-Risk Afterschool Care Program

Is this center licensed? * Yes No

List the age range of eligible participants served at the facility:

From * To *

In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.



Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.

This program does not meet the program requirements for an afterschool setting with regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

If your center **is licensed**, you will be asked to complete the information above in the red box and select Yes or No below the statement in bold (purple boxes).

CACFP On-Line Application

Emergency Shelters

  Emergency Shelter Eligibility

List the age range of eligible participants served at the facility:

From * To *

In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.

Yes, we certify that the primary purpose of an emergency shelter is to provide temporary residence to homeless children and their families.

No, this is not the primary purpose of this shelter, as described below.

We certify that this shelter will ensure that CACFP reimbursement is claimed only for meals served to eligible children that resides at the center.

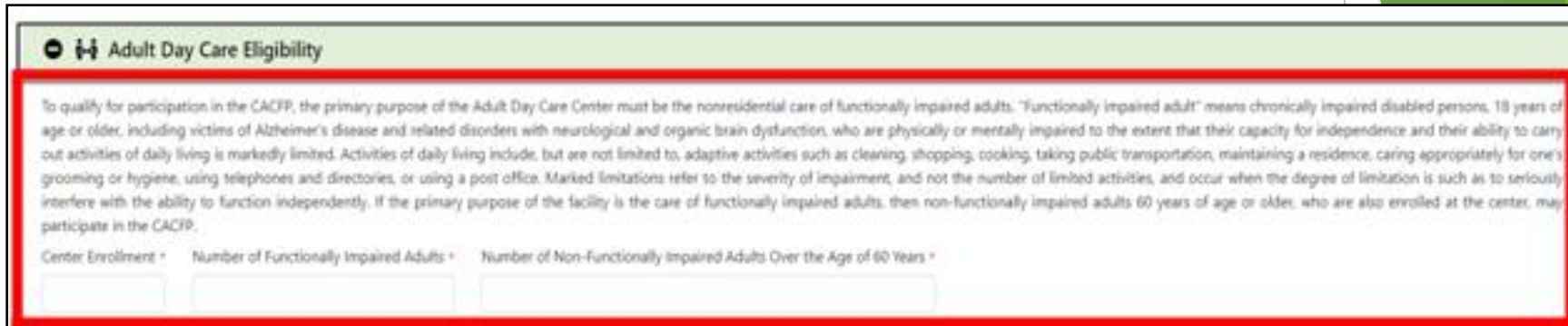
For emergency shelters enter the age range of eligible participants served at the facility.

Select Yes or No to the question shown above in **bold** lettering. Please note if you select No you will need to provide additional information regarding the primary purpose of the shelter.

Check off the certification box at the bottom of the section.

CACFP On-Line Application

Adult Day Care



Adult Day Care Eligibility

To qualify for participation in the CACFP, the primary purpose of the Adult Day Care Center must be the nonresidential care of functionally impaired adults. "Functionally impaired adult" means chronically impaired disabled persons, 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently. If the primary purpose of the facility is the care of functionally impaired adults, then non-functionally impaired adults 60 years of age or older, who are also enrolled at the center, may participate in the CACFP.

Center Enrollment * Number of Functionally Impaired Adults * Number of Non-Functionally Impaired Adults Over the Age of 60 Years *

Please read the instructions carefully as they are detailed and will help to avoid any errors with providing the information requested.

The first step in the adult day care eligibility section is to enter the following information:

- ❖ Center Enrollment
- ❖ Number of Functionally Impaired Adults
- ❖ Number of Non-Functionally Impaired Adults Over the Age of 60

CACFP On-Line Application

Adult Day Care

In order to qualify to participate in the CACFP, institutions must certify that the primary purpose of the Adult Day Care Center is to provide nonresidential care of functionally impaired adults.

- Yes, we certify that the primary purpose of this Adult Day Care Center is to provide nonresidential care of functionally impaired adults.
- No, this is not the primary purpose of this Adult Day Care Center as described below.

To qualify for participation in the CACFP, an Adult Day Care Center must provide a structured, comprehensive program of health, social and related support services. This is intended to mean a program that provides a regular daily schedule of specific activities, both group and individual. They should include health, social and related support services and should provide both physical and mental stimulation. These activities should vary to accommodate the needs of the participants and their individual plans of care.

- Yes, we certify that this Adult Day Care Center provides a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and Address of Facility individuals to accommodate the needs of the participants and their individual plans of care.
- No, this Adult Day Care Center does not provide a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.

In order to qualify to participate in the CACFP, Adult Day Care Centers are required to develop and maintain an individual plan of care for every enrolled functionally impaired participant. An individual plan of care (IPC) is a plan designed to maintain the participant at his/her current level or restore the participant to a level of self-care. The plan must be written and should at a minimum, contain the following components:

ASSESSMENT: An assessment of the individual's strengths and needs based on information obtained from the participant and/or his/her family members, caregivers, physician, etc. Such information should include areas such as a health profile, mental and emotional status, daily living skills, support services available to the individual, possible need for services from other service providers and a current medical examination.

PLAN OF SERVICE: A written plan, based on the assessment discussed above, which specifies:

1. the goals and objectives of the planned care.
2. the activities to achieve the goals and objectives.
3. recommendations for therapy.
4. referrals to and follow-up with other service providers as needed; and
5. provisions for periodic review and renewal.

- Yes, we certify that this Adult Day Care Center provides a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and Address of Facility individuals to accommodate the needs of the participants and their individual plans of care.
- No, this Adult Day Care Center does not provide a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.

There are other questions that require a yes or no response, as with the first question asked, please read the instructions carefully.

The purple highlighted section above requires an Individualized Plan of Care (IPC) for every functionally impaired participant. The IPC for each functionally impaired participant must be kept on file at the facility.

CACFP On-Line Application

The next area in this section are Program Participation Details. In this area specific details regarding your program will be entered. Some of the information is:

- Operating information (times, dates, etc.)
- Types of meals served
- Types of programs within a facility

Please remember the required information is based upon previous selections in the application. Additional information may be required, based upon your particular program(s).

The screenshot displays the application interface for June. At the top, a blue tip box reads: "Tip: Start with the month containing information most common to all the others, then press the Copy This Month To... button to copy that information to other months." Below this, the month "June" is selected. The "Meal Types" section includes checkboxes for Breakfast (checked), AM Snack, Lunch, PM Snack, Supper, and Evening Snack. The "Breakfast" section contains fields for Start Time (06:00 AM), End Time (06:45 AM), Request to utilize Offer versus Serve (OVS)? (No selected), Number of Shifts (2), and Shift Feeding Times (0600 0615 0615-0630). At the bottom, a question "Does this facility serve special meals?" has "No" selected. A red box highlights the "Copy This Month To..." button.

Please note the tip highlighted in blue and the “Copy This Month To” button. The button will allow information to be added to additional months.

CACFP On-Line Application

Child Care Center



☰ Program Participation Details

Program(s) in which the facility will participate:

Infant Preschool Infant/Preschool Outside School Hours

Above is what you will see initially if you are managing a Child Care Center.

Once you select the program(s) within your facility the section will expand.

CACFP On-Line Application

Child Care Center

Program Participation Details

Program(s) in which the facility will participate:

Infant Preschool Infant/Preschool Outside School Hours

Infant Preschool Infant/Preschool Outside School Hours

License Type: INF

From Age of Enrolled Participants: [] To Age of Enrolled Participants: []

Licensed Capacity: []

Operating Begin Date: [mm/dd/yyyy] Operating End Date: [mm/dd/yyyy]

Operating Days Per Week: []

Operating Weeks Per Year: []

Operating Hours Begin: [--:-- --] Operating Hours End: [--:-- --]

Operating Months: [Select All](#) [Deselect All](#)

October November December January February March April May June July August September

As you can see above, we selected Infant, Preschool, Infant/Preschool and Outside School Hours for the participating programs.

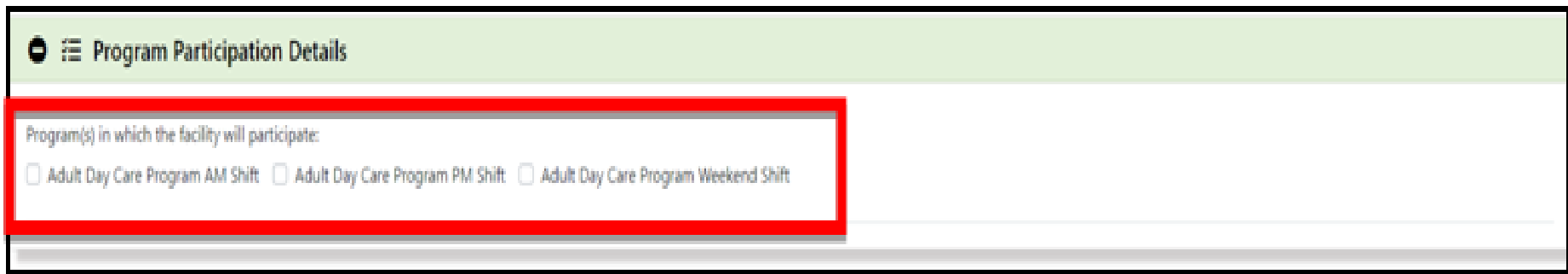
Please take note of the information in the purple box. Currently the screen is setup to accept Infant participation details.

The other programs in blue are different tabs which allow you to add participation details for each specific program.

Please remember to complete the required information for each tab.

CACFP On-Line Application

Adult Day Care Center



☰ Program Participation Details

Program(s) in which the facility will participate:

Adult Day Care Program AM Shift Adult Day Care Program PM Shift Adult Day Care Program Weekend Shift

As with the Child Care Facilities, once you select the program(s) within your facility the section will expand.

CACFP On-Line Application

Adult Day Care Center

Program Participation Details

Program(s) in which the facility will participate:

Adult Day Care Program AM Shift Adult Day Care Program PM Shift Adult Day Care Program Weekend Shift

Adult Day Care Program AM Shift Adult Day Care Program PM Shift Adult Day Care Program Weekend Shift

License Type: ADC

From Age of Enrolled Participants: [] To Age of Enrolled Participants: [] Licensed Capacity: []

Operating Begin Date: 05/dd/2021 Operating End Date: 05/dd/2021

Operating Days Per Week: [] Operating Weeks Per Year: []

Operating Hours Begin: [] Operating Hours End: []

Operating Months: [Select All](#) [Deselect All](#)

October November December January February March April May June July August September

As you can see above the process for Child Day Care and Adult Day Care are identical.

Please remember to enter the required data for all tabs if you are managing more than one program.

CACFP On-Line Application

Program Participation Details

Program(s) in which the facility will participate:

Emergency Shelter

Emergency Shelter

From Age of Enrolled Participants * To Age of Enrolled Participants * Operating Begin Date * Operating End Date *

Operating Days Per Week * Operating Weeks Per Year * Operating Hours Begin * Operating Hours End *

Operating Months in which Child and Adult Care Food Program will operate: [Select All](#) [Deselect All](#)

October November December January February March April May June July August September

Note: Since the process is identical for each month and meal type, we will only show one month and one meal type. Simply repeat the steps for each month and meal type you serve.

As you can see above the example, we are using is for an Emergency Shelter. However, regardless of which type of program you are managing the procedure to complete the Program Participation Details section shown above are identical.

CACFP On-Line Application

Program Participation Details

Program(s) in which the facility will participate:

Emergency Shelter

Emergency Shelter

From Age of Enrolled Participants * To Age of Enrolled Participants * Operating Begin Date * Operating End Date *

Operating Days Per Week * Operating Weeks Per Year * Operating Hours Begin * Operating Hours End *

Operating Months in which Child and Adult Care Food Program will operate: [Select All](#) [Deselect All](#)

October November December January February March April May June July August

September

The first step is to enter your programs specific information (red box above). This is important because the operating months shown in the purple box above will mirror your selection in the operating begin and end dates.

If a month you are operating in doesn't appear please double check the operating begin and end dates.

CACFP On-Line Application

January

Meal Types: *

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Breakfast

Start Time * End Time * Approved Level of Meal Services Request to utilize Offer versus Serve (OVS)? * Number of Shifts

---:-- -- :--:-- ---:--:-- Yes No 2

Shift Feeding Times

Does this facility serve special meals? * Yes No

Select reason(s) for special meals: *

School breaks/holidays Unanticipated school closures Weekend meals Field Trip Other: ---:--:--

Special Meals in which the facility will operate: *

Special Breakfast Special AM Snack Special Lunch Special PM Snack Special Supper Special Evening Snack

The screenshot above shows an Emergency Shelter that:

- ❖ Offers breakfast in January. Please remember to look for additional tabs if you operate more than one month.
- ❖ Wishes to participate in the Offered Versus Serve (OVS) program.
- ❖ Has two shifts.
- ❖ Offers special meals.

NOTE: For additional information regarding OVS and shift feeding please refer to your CACFP Application Handbook. If you are requesting to utilize OVS an OVS Request Form **must** be uploaded. As with all other forms it can be found in the resources section at the top of each page of the application.

CACFP On-Line Application

For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month *

May 2021

Select one:

Title XX Eligibility

Free/Reduced-price Eligibility

Number Receiving Title XX * ÷ Total Enrollment or License Capacity * = %

whichever is less

The next area in this section is For-Profit Facility Eligibility.

The for-profit section shown above will appear for all for-profit facilities.

If you do not see the screenshot above on your application simply move on to the next section in this area of the application.


CACFP On-Line Application

For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month *

May 2021

Select one: 

Title XX Eligibility

Free/Reduced-price Eligibility

Number Receiving Title XX * Total Enrollment or License Capacity *

÷ = %

whichever is less

The first step is to carefully read the instructions at the top of the section and select the most recent month the facility operated.

CACFP On-Line Application

For-Profit Facility Eligibility


In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants and twenty-five percent of the adults enrolled in care are beneficiaries of title XIX, title XX, or a combination of titles XIX and XX of the Social Security Act during the specified month.

Most Recent Month *

November 2020 ▾

Title XX/XIX Eligibility

Number Receiving Title XX/XIX * Total Enrollment * = %



The example above shows what is required for Title XX and XIX Eligibility



Please take note of the green question mark. The pop-up box that appears when clicking on the green arrow is below.

For-Profit Eligibility


A For-Profit Adult Day Care Center is eligible to participate in CACFP if they receive compensation under Title XIX (Medicaid) and/or Title XX of the Social Security Act and **at least 25 percent of enrolled participants** receive Title XIX or Title XX benefits.


Each for-profit center must meet the 25% requirement every month in order to be eligible to claim meals.


CACFP On-Line Application

  For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month 

May 2021 

Select one: 

Title XX Eligibility



Free/Reduced-price Eligibility

Please take note of the question mark next to "Select one".

As previously mentioned, question marks can be clicked on for additional information.

To the right is the pop-up box that will appear after clicking on the question mark.

Please note the information displayed will depend upon your specific program.

 For-Profit Eligibility 

A For-Profit center serving children (Child Care Center or Outside School Hours Care Center) must meet one of the following conditions during the calendar month preceding initial application or reapplication:

1. 25% of the children in care* (enrolled or license capacity, whichever is less) receive benefits from title XX of the Social Security Act, and the center receives compensation from amounts granted to the States under title XX; **OR**
2. 25% of children in care* (enrolled or license capacity, whichever is less) are eligible for free or reduced-price meals.

Each for-profit center must meet the 25% requirement every month in order to be eligible to claim meals.

* Children who only receive at-risk afterschool snacks and/or at-risk afterschool meals must not be included in this percentage.

CACFP On-Line Application

For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month *

Please Select ▾

Select one: ?

Title XX Eligibility

Free/Reduced-price Eligibility

Number Receiving Title XX * Total Enrollment or License Capacity *

÷ = %

whichever is less

As you know required information is based upon by prior selections made in the application.

Above is the information required for Title XX Eligibility.

CACFP On-Line Application

For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month *

Please Select

Select one: ?

Title XX Eligibility

Free/Reduced-price Eligibility

Enter the number of participants eligible for:

Free *	Reduced-priced *	Paid *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Free + Reduced-price ÷ Total Enrollment or License Capacity * = %

auto-calculated whichever is less

Above is the information required for Free/Reduced-price Eligibility.

Note: Please remember you must keep all documentation on file for the current and three previous years.

CACFP On-Line Application

Ethnic/Racial Data

Facility's actual enrollment data by ethnic/racial category:

Actual enrollment data by ethnic/racial category for each facility must be collected by the institution each year. The institution may use participant/parent self-identification (preferred collection method).

Please note, per USDA CACFP Policy Memo CACFP 11-2021, the use of visual observation and identification by CACFP institution and facility program operators is not an appropriate method for collecting race or ethnicity data in the CACFP programs. The USDA determined that program participants do not want to have their race or ethnicity determined for them. Moreover, a third party's observation of an individual's appearance is not a reliable means to capture how a participant self-identifies their own racial or ethnic identity. Therefore, USDA has determined that visual observation and identification by CACFP institutions and facilities is no longer an allowable practice for CACFP program operators to use during the collection of race or ethnicity data.

The USDA acknowledges the challenges this change may cause in the collection of demographic data. The preferred method remains self-identification and self-reporting. CACFP institutions and facilities should continue explaining the importance of this data to participants as they encourage them to self-identify and self-report. However, there are alternative means by which CACFP institutions and facilities can obtain race or ethnicity data in the CACFP programs, such as utilizing data from other sources in which the respondent has self-identified race or ethnicity such as school databases.

Therefore, as a result of this policy change, Participants and Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements. Program operators must ensure applicants and participants are made aware that failure to provide racial or ethnic identity information will not impact their eligibility.

Please provide the actual participant enrollment data for the following:

Ethnic Breakdown (actual enrollment)

Hispanic or Latino * Not Hispanic or Latino *

Racial Breakdown (actual enrollment)

American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White *

Estimated number of potentially eligible beneficiaries by ethnic/racial category for the geographic area(s) served:

(DO NOT USE ACTUAL ENROLLMENT DATA)

Institutions and facilities are required to report data by race and ethnic category on potentially eligible populations in their program service area. Specifically, the estimated population of potentially eligible persons to participate in the CACFP program by racial and ethnic data category for each service delivery area, project area or county must be reported annually. The information may be derived from standard statistical sources such as reports issued by the U.S. Census Bureau or Bureau of Vital Statistics or information collected by other Federal and State agencies (e.g., New Jersey Department of Education Public School Enrollment Data).

Potentially eligible beneficiaries are those persons eligible to receive meals under the CACFP. **This is not the actual enrollment data for the participants enrolled in your center listed above, but data for those potentially eligible persons living in the area from which you draw your attendance (age 12 and under for child care facilities and day care homes, (except At-Risk Afterschool programs, age 18 and under for At-Risk Afterschool) and for Adult CACFP Programs this includes functionally impaired adult disabled persons 18 years of age or older and individuals 60 years of age or older.**

Please provide the potentially eligible beneficiaries data for the following:

Ethnic Breakdown (estimated potentially eligible)

Hispanic or Latino * Not Hispanic or Latino *

Racial Breakdown (estimated potentially eligible)

American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White *

The next area in this section is Ethnic/Racial Data.

The information required for the ethnic /racial data is straight forward. Simply read the statements and fill in the required information.

CACFP On-Line Application

Documents

Select the document type from the list and upload the file.

Document Type * Select document type

Search:

Document Type	File Name	Uploaded Date & Time	Uploaded By	Status	Delete
No data available in table					

To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

To upload your document, click “Browse and upload”, once you locate the file you are looking for, select and upload your document. As your documents are uploaded, they will appear below the green bar.

In this section, one of the documents you will be uploading will be menus. Please ensure you are following the correct meal patterns for the participants being served. Detailed information regarding meal patterns can be found in the CACFP Application handbook.

CACFP On-Line Application

Documents

Select the document type from the list and upload the file.

Document Type * Select document type

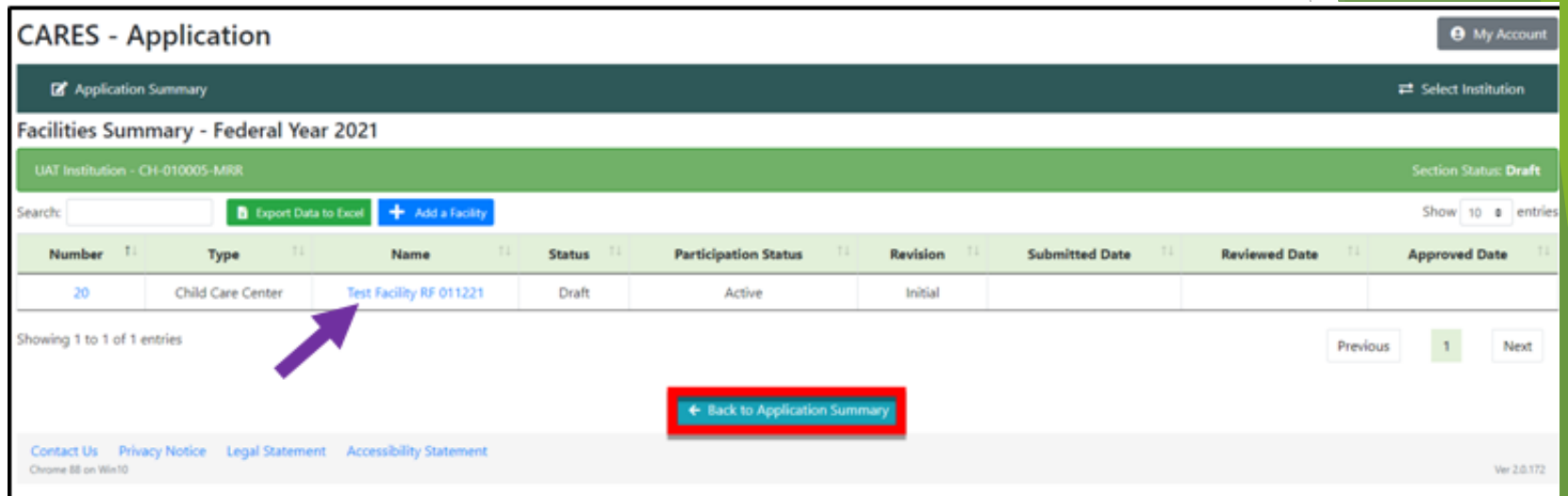
Search:

Document Type	File Name	Uploaded Date & Time	Uploaded By	Status	Delete
No data available in table					

As with each section after you have entered your information and uploaded all documents click on "**Save**". If there are errors, they will be highlighted in **red**, correct whatever errors may exist at this time.

After your information is error free click on "Back to Facility Program Information". You will then be returned to the opening screen of this section so that you can review your listed facilities.

CACFP On-Line Application



The screenshot displays the 'CARES - Application' web interface. At the top, there is a header with 'Application Summary' and 'Select Institution'. Below this, a green bar indicates 'Facilities Summary - Federal Year 2021' for 'UAT Institution - CH-010005-MRR'. A search bar and buttons for 'Export Data to Excel' and 'Add a Facility' are present. A table lists facilities with columns: Number, Type, Name, Status, Participation Status, Revision, Submitted Date, Reviewed Date, and Approved Date. One entry is shown: Number 20, Type Child Care Center, Name Test Facility RF 011221, Status Draft, Participation Status Active, Revision Initial. A purple arrow points to the name 'Test Facility RF 011221'. Below the table, there is a 'Back to Application Summary' button highlighted with a red box. The footer contains links for 'Contact Us', 'Privacy Notice', 'Legal Statement', and 'Accessibility Statement', along with 'Chrome 88 on Win10' and 'Ver 2.0.172'.

Number	Type	Name	Status	Participation Status	Revision	Submitted Date	Reviewed Date	Approved Date
20	Child Care Center	Test Facility RF 011221	Draft	Active	Initial			

Please ensure all your facilities are listed.

If you wish to review a facility, simply click on its name and refer to the procedures previously mentioned in this section of the presentation.

If you are satisfied with the facilities listed, click on "Back to Application Summary".

CACFP Application Management Plan Section

CACFP On-Line Application

CARES - Application

My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan				
Budget and Audit Requirements				
Eligibility and Enrollment Information				
Monitoring Information				
Permanent Agreement				

Submit

Contact Us Privacy Notice Legal Statement Accessibility Statement

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The next section of the application is the "Management Plan". To access this section, click on "Management Plan" on the left side of the screen.

As with the other areas of the application we will break this section down into specific areas to ensure the process is thoroughly explained.

CACFP On-Line Application

CARES - Application My Account

Application Summary Select Institution

Management Plan - Federal Year 2021

UAT Institution - CH-010005-MRR

Multi-State Sponsoring Organization

Is this a multi-state agency (Operates the CACFP in one or more states besides New Jersey)? *

Yes No

Multi-Purpose Organization

Indicate all other activities and USDA programs that this organization participates in during the fiscal year. *

None School Breakfast Program Summer Food Service Program Special Milk Program National School Lunch Program/SFA Head Start The Emergency Food Assistance Program (TEFAP) The Commodity Supplemental Food Program

Fresh Fruit and Vegetable Program Programs Under Title III of the Older Americans Act (OAA)

Resources and Referral Services

Other

The first step in the Management Plan is to select whether or not your organization is a Multi-State Sponsoring Organization and the different USDA program(s) your organization participates in.

Note: If you select "Yes" in the Multi-State Sponsoring Organization area a box will appear that will ask for the following information:

- ❖ “List the affiliated and/or unaffiliated facilities under this multi-state Sponsoring organization and State(s) in which they operate”.

CACFP On-Line Application

Staff Training

Each institution must provide annual training for all their food services and administrative personnel involved with the Child and Adult Care Food Program (CACFP). Written documentation of these sessions must be maintained on file for review during the administrative review in addition to this section. The training document can be found by clicking [here](#). Complete all sections in the chart.

Required Topics	Name/Title of the Trainer	Date of Training	Place of Training
Meal Pattern Requirements (Apply to all)		mm/dd/yyyy	
Menus		mm/dd/yyyy	
Meal Count Procedures		mm/dd/yyyy	
Enrollment Statements		mm/dd/yyyy	

The next area in this section is Staff Training.

The required topics are located on the left side of the screen (there are 18 topics but only 4 are shown above).

On the right side of the screen, you will need to enter the following information for each topic:

- ❖ Name **and** Title of the Trainer
- ❖ Date of Training
- ❖ Place of Training

CACFP On-Line Application

Staff Training

Each institution must provide annual training for all their food services and administrative personnel involved with the Child and Adult Care Food Program (CACFP). Written documentation of these sessions must be maintained on file for review during the administrative review in addition to this section. The training document can be found by clicking [here](#). Complete all sections in the chart.

Required Topics	Name/Title of the Trainer	Date of Training	Place of Training
Meal Pattern Requirements (Apply to all)	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>
Menus	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>
Meal Count Procedures	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>
Enrollment Statements	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

Please take note of the two **purple** arrows above.

1. The top arrow will direct you to the word "*here*" highlighted in **blue**.
2. Download training document and complete with *valid signatures*.
3. The **bottom arrow** is a time saver so that you do not have to enter identical information numerous times.
4. If all, or most, of the information being entered is identical to the first line click on "Apply to All" after completing the first line. The information you entered will now populate all areas of the Staff Training area. If changes are needed, the information it can be edited.

The document can also be obtained by clicking on the "**Resources**" button on the top of the page.

Training is required annually for all staff members taking part in CACFP operations.

CACFP On-Line Application

Eligibility Records

Each sponsor must annually collect eligibility information for each enrolled participant in the free or reduced category, which reports household size and income and social security data. The sponsor must also monitor eligibility information and report the monthly figures on the CACFP reimbursement voucher.

If all participants are claimed in the paid category, enrollment statements must be collected annually. Therefore, only complete the line for the title of the person responsible for collecting and evaluating the enrollment statement for complete information.

Procedures for Collecting Eligibility Information	Title of the Person Responsible
Collects and evaluates each eligibility application for complete information	<input type="text"/>
Makes determinations for free, reduced or paid using household size and income scale	<input type="text"/>
Summarizes eligibility information for all enrolled participants by completing an eligibility record	<input type="text"/>
Monitors new enrollments and withdrawals and reports summary to CACFP on the monthly reimbursement voucher	<input type="text"/>

Please review the instructions highlighted in purple box above. Then, proceed to the section entitled “Procedures for Collecting Eligibility Information”.

For the “Procedures for Collecting Eligibility Information” section, please enter the title of the person responsible for each task (do not enter their name).

CACFP On-Line Application

Responsibility for Program Records

List the people responsible for the program records listed below.

Required Records	Must be Updated	Name/Title of the Person Responsible
Dated Menus (Apply to all)	Monthly (at a minimum)	<input type="text"/>
Meal Counts 	Taken at the Point of Service for Each Meal	<input type="text"/>
Attendance	Daily	<input type="text"/>

In the “Responsibility for Program Records” section, please list the Name and Title of the Person(s) responsible for each topic listed on the left side of the screen.

Note: It is not required to assign three separate people to train on each topic. One individual may be responsible for staff training. The "apply to all" option is available, if needed.

CACFP On-Line Application

Organization Responsibility

A sponsoring organization is an agency that is responsible for the administration of the programs under the auspices of the organization. Check all that apply.

- Our agency has two or more facilities, day care centers, or outside-school-hours centers at different addresses.
- Our agency has a facility, day care center, or outside-school-hours center that is a legally distinct entity from our organization.
- Our agency has one or more facility, day care centers or outside-school-hours center located at an address away from our administrative location.
- None of the above.

For the Organizational Responsibility area simply click on the statement(s) that applies to your Institution (multiple selections may apply).

CACFP On-Line Application

Preaward Civil Rights Compliance Review Requirement

Per CACFP Regulations and FNS Instruction 113-1, a Preaward Compliance Review is required for approval of the program application to determine if the applicants are in compliance with all applicable civil rights laws. These reviews are based on information provided by applicants in their official application for program funds. No Federal funds will be made available to a CACFP Institution until a preapproval compliance review has been conducted and the applicant is determined to be in compliance. Therefore, the review and approval of the submitted Preaward Civil Rights Questionnaire must take place before the application is approved for program operation.

A copy of the completed Preaward Civil Rights Questionnaire must be uploaded and submitted with this application. A copy of this document must also be maintained on file at your institution.

Please check each of the following boxes for the following assurance agreement statements to acknowledge your understanding of the civil rights requirements:

- The Program applicant hereby agrees that it will comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Department's regulations concerning nondiscrimination (parts 15, 15a and 15b of this title), the Americans with Disabilities Act (ADA) Amendments Act of 2008, and FNS directives or regulations issued pursuant to that Act and the regulations, including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person may, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it must immediately take any measures necessary to effectuate this agreement.
- By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws.

For the “Pre-Award Civil Rights Compliance Review Requirement” section, please review the information carefully.

Once confirmed, the Institution should check the boxes on the lower left side.

CACFP On-Line Application

NJ CACFP Public Media Release

USDA CACFP Regulations require each participating Child and Adult Care Food Program Institution issue an annual public media release announcing CACFP participation, and this media release must be sent to a media resource. The Public Media Release Statement form must be completed for issuing the annual media release. A copy of the Public Media Release Statement can be found within the "Resources" Section of the CACFP CARES Online Application System. The media resource that the release is submitted to MUST service the area from which the institution draws its participant attendance. The State Agency does not require that the Institution pay for the public media release announcement; however, the public media release must be submitted to the media resource.

Returning NJ CACFP Institutions are eligible to participate in the annual State Agency statewide public media release, issued annually on behalf of all participating CACFP institutions.

New NJ CACFP Institutions, applying for CACFP participation for the first time, **are required to issue their own public media release**, during their initial application. A copy of the public media release submitted to the media resource must include the date submitted to the media resource and the name of the media resource(s). **After a copy of the media release has been completed and submitted to a media resource, a copy of the media release MUST be uploaded to the "Documents" section below and submitted with this application.**

By selecting the option below, the Institution opts to participate in the annual state-wide public release and is not required to issue a separate annual public media release.

Institution wishes to participate in statewide public release.

By selecting the option below, the Institution opts to issue their own annual public media release. A copy of the public media release submitted to the media resource MUST be uploaded to the "Documents" section below and submitted with this application.

Institution opts to issue their own annual public release.

Outside Employment Policy

Per Federal regulation, sponsoring organizations must submit an 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.

Annually, sponsoring organizations must provide a copy of their outside employment policy, or they must certify the outside employment policy most recently submitted to state agency remains current and in effect.

Sponsors are required to submit a copy of their current Outside Employment Policy. By checking below, you certify that the most recent outside employment policy submitted is current and in effect. A copy of the outside employment policy must be uploaded to this application as proof of submission.

I certify that the outside employment policy most recently provided to the New Jersey Department of Agriculture is current and in effect.

For the "NJ CACFP Public Media Release" and the "Outside Employment Policy" sections, please review the instructions and select the applicable box in each section.

CACFP On-Line Application

Program Integrity Questionnaire

1. Has your institution or any of its principals or responsible persons been convicted of any activity that indicates a lack of business integrity within the past seven (7) years? A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity. *

Yes No

List Names *

Phillip Felon

2. Has your institution or any of its principals or responsible persons participated in any USDA Food and Nutrition Programs within the last seven (7) years? *

Yes No

3. Has your institution or any of its principals or responsible persons been terminated from any federal, state or locally funded programs (other than a USDA Food and Nutrition Food Program) in the past 7 years? *

Yes No

Provide explanation, termination date and name of program for each termination *


Test

4. Does your institution owe money to any Federal and/or State Agency? *

Yes No

5. This certifies that the publicly funded programs (federal, state, or locally funded) listed below are all the programs in which the institution or any of its principals has participated.

Program	Currently Participating?	Why Not?	Delete
Title XX (Child Care Centers)	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Title XXX (Adult Day Care Centers)	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Commodities	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Add 

For the "**Program Integrity Questionnaire**" section, please review each question thoroughly and select the appropriate option for your Institution.

Note: selecting certain options may prompt entries for additional information. Ensure all required information is added before moving onto the next area.

Please utilized the "**Add**" button at the bottom of this section, if needed.

CACFP On-Line Application

Documents

Select the document type from the list and upload the file.

Document Type - Select document type

Browse and upload

Search:

Document Type	File Name	Uploaded Date & Time	Uploaded By	Status	Delete
No data available in table					

Complete Later Save Back to Application Summary

The “Documents” section is the final step in the “Management Plan”.

To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

To upload your document, click “Browse and upload”, once you locate the file you are looking for, select and upload your document. As your documents are uploaded, they will appear below the green bar.

Note: Please utilize the "Complete Later" button to revise/complete the section at a later time, if needed.

After all information has been entered for the "**Management Plan**" section, please click "**Save.**" At this time, any potential errors will be highlighted in red. The Institution should correct any existing errors and click "**Save.**" Then, click "**Back to Application Summary,**" which will direct you to the application summary page.

CACFP Application

Budget and Audit Requirements Section

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan	Saved			
Budget and Audit Requirements				
Eligibility and Enrollment Information				
Monitoring Information				
Permanent Agreement				

[Submit](#)

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To complete the “Budget and Audit Requirements” section click on the "Budget and Audit Requirements" link on the left side of the Application Summary page.

CACFP On-Line Application

UAT Institution - CH-010005-MRR

Projected Reimbursement - (Institution Preference: Cash-in-lieu of Commodities)

Meal Type	Total Number Of Days	2021 Rate	Average Number of Meals Per Day	Estimated Reimbursement
Breakfast - Free	<input type="text"/>	\$1.8900	<input type="text"/>	
Breakfast - Reduced	<input type="text"/>	\$1.5900	<input type="text"/>	
Breakfast - Paid	<input type="text"/>	\$0.3200	<input type="text"/>	

In the “Projected Reimbursement” section, please enter the total number of days for each meal type you will be serving and the average number of meals per day. The estimated reimbursement will automatically tabulate based upon your entries.

The procedure for each meal type mentioned above is the same, the meal types are:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

CACFP On-Line Application

Total Estimated Reimbursement For Agreement Year:	\$1,378.40
---	------------

After all required information has been added the Total Estimated Reimbursement will automatically tally at the bottom of the form.

CACFP On-Line Application

Estimated Food Cost				
Meal Type	Average Cost Per Meal	Average Number of Meals Per Day	Number of Days Per Year	Total
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	
AM Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PM Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Supper	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Evening Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Estimated Food Cost for Agreement Year:				\$0.00
Difference of Projected Reimbursement and Estimated Food Cost:				\$0.00

The next areas are the "Estimated Food Costs". Enter the required information in the red boxes above.

The "Total" on the right side of the screen as well as "Total Estimated Food Costs for Agreement Year" and "Difference of Projected Reimbursement and Estimated Food Cost" areas will automatically tabulate based off the information entered.

CACFP On-Line Application

Estimated Food Service Labor Cost

Title/Position	Number of People	Hours Per Day	Hourly Wage	Number of Days Per Year	Total	Delete
Total Estimated Food Service Labor Cost for Agreement Year:					\$0.00	

Add

Estimated Administrative Labor Cost

Title/Position	Number of People	Hours Per Day	Hourly Wage	Number of Days Per Year	Total	Delete
Total Estimated Administrative Labor Cost for Agreement Year:					\$0.00	

Add

Note: Total CACFP Administrative Cost cannot exceed 15% of reimbursement without written justification and prior approval from the state agency.

The next areas are the "Estimated Food Service Labor Cost" and "Estimated Administrative Labor Cost".

Both areas require information regarding labor and administrative costs for job roles and will automatically tally in the far-right column.

Please utilize the "Add" button to add employees for both Food Service Labor and Administration Labor costs.

Please take note of the comment at the bottom of the "Estimated Administrative Labor Cost" area.

CACFP On-Line Application

Percentage of Administrative Cost:

- The projected food costs are insufficient** due to an excessive amount of money used for administrative costs. CACFP will not reimburse your agency beyond the maximum administrative costs allowed in accordance with P.L. 106-224 without prior approval. You must increase your food service cost to ensure that participants are receiving the maximum benefits from the CACFP by providing high-quality, nutritious meals that meet the USDA's meal patterns in your food service operation. To receive exemption to the 15% regulatory limit to pay administrative costs, agencies must submit written justification for prior approval from CACFP office and ensure adequate funds are available to provide meals/snacks that meet the requirements of §226.20. Failure to do so will result in a Serious Deficient determination.
- The estimated administrative costs exceed the maximum administrative cost** allowed according to P.L. 106-224. To receive exemption to the 15% regulatory limit allocate administrative costs, agencies must submit written justification for prior approval from CACFP office and ensure adequate funds are available to provide meals/snacks that meet the requirements of §226.20. It is important to closely monitor your food service costs for program compliance by comparing them to earned reimbursement on a monthly basis. Failure to do so could result in a Serious Deficient determination.
- Check this box if your institution is requesting approval to allocate CACFP administrative expenses exceeding 15%.**

The next area in this section is the "Percentage of Administrative Cost".

Please read each statement carefully and select the option that applies to your Institution (if applicable).

CACFP On-Line Application

Total Estimated Food & Food Service Cost		Total Estimated Administrative Cost	
Item	Amount	Item	Amount
Estimated Food Cost	\$0.00	Estimated Administrative Labor Cost	\$0.00
Estimated Food Service Labor Cost	\$0.00	Estimated Administrative Other Cost *	<input type="text"/>
Estimated Food Service Other Cost *	<input type="text"/>	Total Estimated Administrative Cost	\$0.00
Total Estimated Food & Food Service Cost	\$0.00		

Total Estimated Cost		Difference of Estimated Reimbursement and Total Estimated Cost	
Item	Amount	Item	Amount
Total Estimated Food & Food Service Cost	\$0.00	Estimated Reimbursement	
Total Estimated Administrative Cost	\$0.00	Total Estimated Cost	\$0.00
Total Estimated Cost	\$0.00	Difference	\$0.00

The next area is a summary of your Institutions estimates for the year. There are two areas where information may be entered for “**other food service**” / “**administrative costs**” not covered earlier in this section of the application.

Other categories (such as “*Estimated Food Cost*”, “*Estimated Food Service Labor Cost*” etc.) will be populated with the information entered earlier in this section of the application.

Note: If you notice an error, please scroll up to the area that contains the error and correct it before moving forward with the application.

CACFP On-Line Application

Excess Reimbursement - If your Total Estimated CACFP Operating Cost are more than your Anticipated CACFP Reimbursement then your institution must document how it will allocate the additional funds in your food service operation.	
Additional CACFP Funding Allocation	Amount Allocated
Please select how your institution will utilize the excess CACFP reimbursement funds by specifying amounts where applicable.	
To improve the meal service or other aspects of the CACFP	<input type="text"/>
Maintain excess funds for next year's CACFP operation	<input type="text"/>
Pay for allowable costs of other Child Nutrition Programs	<input type="text"/>
<input type="text"/> Specify other Child Nutrition Programs	<input type="text"/>
Other	<input type="text"/>
<input type="text"/> Explain	<input type="text"/>
Total CACFP Operations:	\$0.00
Note: Total fiscal reporting for CACFP operations should equal \$0.00. If total operations results in costs that are greater than \$0.00, allocation of additional CACFP funds must be reported.	
<i>You are being notified of this assessment so that you reevaluate your agency's food service operation and administrative cost records. Should you need assistance, please call your Nutrition Program Specialist at (609) 984-1250.</i>	

Excess Reimbursement section shown above.

CACFP On-Line Application

THE CACFP RESERVES THE RIGHT TO CONDUCT UNANNOUNCED VISITS TO EVALUATE CORRECTIVE ACTIONS TAKEN.

By clicking below, I certify that this institution meets the indicated threshold for expending federal funds annually, which includes CACFP funds and any other federal funding resources listed on the CACFP Application Questionnaire for Program Integrity, Item number #), which requires institutions to list and certify all publicly funded programs (federal, state, or locally funded) in which the institution or any of its principals has participated. I further certify that an audit is required when my institution expends \$750,000 or more in federal funds and the audit will be submitted to the Federal Audit Clearinghouse (FAC) at the following web address: <https://harvester.census.gov/facweb/>.

As a reminder to all institutions, also known as subrecipients, the following audit requirements will apply to both nonprofit and for-profit institutions:

- If the sub-recipient expended \$750,000 or more in federal funds during its fiscal year and all of the funds came from CACFP, then a program specific audit or a single audit will be required to be submitted to the FAC and NIDA. - (Select Certification 1 Below)
- If the sub-recipient expended \$750,000 or more in federal funds, which included CACFP and other federal funds, or if the sub-recipient expended \$750,000 in state funds (in addition to CACFP funds), then a single audit would be required to be submitted to the FAC and the cognizant agency. - (Select Certification 2 Below)
- If the sub-recipient expended less than \$750,000 in federal funding and less than \$750,000 in state funding during its fiscal year, but the combined total federal and state funding expended was greater than \$100,000, then a Yellow Book Financial Statement audit would be required to be submitted directly to the cognizant agency. - (Select Certification 3 Below)
- If the sub-recipient expended less than \$750,000 during its fiscal year and all of the funds came from CACFP, then no audit is required. - (Select Certification 4 Below)

NOTE: State funds expended during the sub-recipient's fiscal year derived from a vendor relationship are not subject to the above audit requirements. Determination of a vendor relationship status of funds expended can only be made by the cognizant agency, in conjunction with the other funding agency or agencies, if necessary.

The completed audit is due to the cognizant agency (the agency that provided the sub-recipient with the most funding for the sub-recipient's fiscal year) within 9 months of your fiscal year end and the audit shall be submitted to the FAC. The Audit must be performed by an independent New Jersey licensed peer-reviewed CPA. Audit costs are not reimbursable from the CACFP program. Failure to comply with audit requirements could result in fiscal action to your institution and/or a seriously deficient determination. For additional questions or guidance regarding audit compliance, please contact Beatris Garcia via email at: beatris.garcia@nj.gov.

Select one (1) of the following certifications:

- I certify that this institution expends \$750,000 or more in federal funds during its fiscal year and all of the funds come from CACFP, and I have read and understand the conditions above.
- I certify that this institution expends \$750,000 or more in federal funds during its fiscal year and all of the funds come from CACFP, and I have read and understand the conditions above.
- I certify that this institution expends less than \$750,000 in federal funding and less than \$750,000 in state funding during its fiscal year, but the combined total federal and state funding expended is greater than \$100,000, and I have read and understand the conditions above.
- I certify that this institution expends less than \$750,000 during its fiscal year and all of the funds came from CACFP, and I have read and understand the conditions above.

The next area is your institutions acknowledgement that the CACFP has the right to conduct unannounced visits and evaluate any corrective actions that were taken.

At the bottom of this area please select the statement that applies.

CACFP On-Line Application

The screenshot shows the 'Documents' section of the application. At the top, it says 'Select the document type from the list and upload the file.' Below this is a 'Document Type' dropdown menu with a blue 'Browse and upload' button to its right. A search box is located below the dropdown. A green bar contains the following column headers: 'Document Type', 'File Name', 'Uploaded Date & Time', 'Uploaded By', 'Status', and 'Delete'. Below the green bar, the text 'No data available in table' is displayed. At the bottom of the form, there are three buttons: a yellow 'Complete Later' button, a green 'Save' button, and a blue 'Back to Application Summary' button.

Per FNS Instruction 796-2 Rev. 4, All participating institutions must operate a nonprofit food service principally for the benefit of enrolled participants and maintain records documenting the operation of that food service. Nonprofit food service includes all food service operations conducted by the institution principally for the benefit of enrolled participants, from which all of the Program reimbursement funds are used solely for the operation or improvement of that food service. Food service account activity must be monitored to determine nonprofit food service status for institutions. Independent centers, sponsors of day care homes and sponsors of centers must meet this requirement. While day care homes are exempt from maintaining a nonprofit food service, sponsors of centers need to ensure their centers maintain a non-profit food service. State agencies are required to conduct reviews of participating institutions to ensure these requirements are met.

To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

To upload your document, click “Browse and upload”, once you locate the file you are looking for, select and upload your document. As your documents are uploaded, they will appear below the green bar.

If you cannot finish this section of the application, ensure you click on “Complete Later” to save the information you have already added to your application.

As with each section after you have entered your information and uploaded all documents click on “**Save**”. If there are errors, they will be highlighted in **red**, correct whatever errors may exist at this time.

After your information is error free click on “*Back to Application Summary*”. You will then be returned to the application summary page.



CACFP Application

Eligibility and Enrollment Information

Monitoring Information

Permanent Agreement

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan	Saved			
Budget and Audit Requirements	Saved			
Eligibility and Enrollment Information				
Monitoring Information				
Permanent Agreement				

[Submit](#)

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To access the "Eligibility and Enrollment Information" section, click on "*Eligibility and Enrollment Information*" in the left column, on the Application Summary page.

The Eligibility and Enrollment Information section is based upon the information provided in the Facility Program Information section.

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Eligibility and Enrollment Information - Agreement Year 2021

LIAI Institution: CH-010005-MRR Section Status: Draft

Nonprofit Child Care Facilities

Facility	Program	Affiliation	Operating Status	Eligibility Status	Facility Status	State Eligibility Determination
621 - At-Risk Afterschool Test	At-Risk Afterschool Care Center	Unaffiliated	Active	Eligible	Saved	
20 - Test Facility RF 011221	Infant/Preschool	Unaffiliated	Active	Eligible	Draft	
20 - Test Facility RF 011221	Outside School Hours	Unaffiliated	Active	Eligible	Draft	
20 - Test Facility RF 011221	Preschool	Unaffiliated	Active	Eligible	Draft	

I HEREBY CERTIFY that, to the best of my knowledge, these homes are not participating in the Family Day Care Food Program under any other sponsoring organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization's office.

[Save](#) [Back to Application Summary](#)

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In the “Eligibility and Enrollment Information” section, please verify that all the information displayed is correct.

If everything is correct read both statements at the bottom of the page and click the boxes to the left of each statement.

From that point simply click on **"Save"** then **"Back to Application Summary"**. You will then be returned to the application summary page.

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Eligibility and Enrollment Information - Agreement Year 2021

UMT Institution - CH-010005-MRE Section Status: Draft

Nonprofit Child Care Facilities

Facility	Program	Affiliation	Operating Status	Eligibility Status	Facility Status	State Eligibility Determination
621 - At-Risk Afterschool Test	At-Risk Afterschool Care Center	Unaffiliated	Active	Eligible	Saved	
20 - Test Facility RF 011221	Infant/Preschool	Unaffiliated	Active	Eligible	Draft	
20 - Test Facility RF 011221	Outside School Hours	Unaffiliated	Active	Eligible	Draft	
20 - Test Facility RF 011221	Preschool	Unaffiliated	Active	Eligible	Draft	

I HEREBY CERTIFY that, to the best of my knowledge, these homes are not participating in the Family Day Care Food Program under any other sponsoring organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization's office.

[Save](#) [Back to Application Summary](#)

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Division 58 on World Ver 1.0.206

If you notice something that is incorrect:

- ❖ Click on "Back to Application Summary"
- ❖ Click on "Facility Program Information"
- ❖ Click on the name of the facility with the error. From that point you will be able to correct any error(s).

When the corrections have been made click on **"Save"**, "Back to Facility Program Information" then **"Back to Application Summary"**.

CACFP On-Line Application

The screenshot displays the 'CARES - Application' web interface. At the top, there are navigation links for 'Application Summary', 'Resources', and 'Training', along with a 'My Account' button. Below this, the page title is 'Eligibility and Enrollment Information - Agreement Year 2021'. A green banner indicates the application is for 'Terry FP Adult Care - AD-010047-CFM' with a 'Section Status: Approved'. A table lists 'Nonprofit Adult Care Facilities' with columns for Facility, Program, Affiliation, Operating Status, Eligibility Status, Facility Status, and State Eligibility Determination. The first row shows '1314 - Joes house of Shenanshans' with 'Adult Day Care Program AM Shift', 'Affiliated', 'Active', 'Eligible', and 'Approved' status, and a 'State Eligibility Determination' of 'Eligible'. Below the table, there are two certification checkboxes. The second checkbox is checked, and a 'State Comments' section is visible with a search bar and a 'Export Data to Excel' button. A table below shows a comment log with columns for 'Date & Time', 'Comment', and 'Added By'. The first entry shows a comment 'approved' added by 'CARES Staff' on '05/04/2021 13:23:01'. At the bottom, there are 'Save' and 'Back to Application Summary' buttons, and a footer with 'Contact Us', 'Privacy Notice', 'Legal Statement', and 'Accessibility Statement'.

Facility	Program	Affiliation	Operating Status	Eligibility Status	Facility Status	State Eligibility Determination
1314 - Joes house of Shenanshans	Adult Day Care Program AM Shift	Affiliated	Active	Eligible	Approved	Eligible

Date & Time	Comment	Added By
05/04/2021 13:23:01	approved	CARES Staff

Please take note, once your application is reviewed by our office the page previously discussed will have additional information including:

- ❖ A determination in the State Eligibility Determination column.
- ❖ An area that may contain comments which can be exported to an Excel file.
- ❖ Information regarding any comment made by the State.

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan	Saved			
Budget and Audit Requirements	Saved			
Eligibility and Enrollment Information	Saved			
Monitoring Information				
Permanent Agreement				

[Submit](#)

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The next section to complete is Monitoring Information.

To access the section, click on "Monitoring Information" in the left column. You will then be brought to a new screen.

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Monitoring Information - Agreement Year 2021

Tony NP Child Care - CH-010048-MNM Section Status: Approved

I certify that we are an independent institution and as such we are not required to conduct monitoring.

As a sponsoring organization, I acknowledge the requirements and certify to complete all necessary monitoring documentation.

Complete Later Save Back to Application Summary

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Chrome 90 on Win10 Ver 2.0.321

Your selection to the two statements in the Monitoring Information section will determine the information required.

If you select the first option, which notes: "I certify that we are an independent institution and as such we are not required to conduct monitoring", the screen above will appear.

From that point, click on "Save" then "Back to Application Summary". You will be returned to the application summary page.

CACFP On-Line Application

Application Summary Resources Training Select Institution

Monitoring Information - Agreement Year 2021

Tony FP Adult Care - AD-010047-CPM Section Status: **Draft**

I certify that we are an independent institution and as such we are not required to conduct monitoring.
 As a sponsoring organization, I acknowledge the monitoring requirements and certify to complete all necessary monitoring documentation.

The following table is required to be completed by all Sponsoring Organizations. As part of its monitoring plan, a sponsoring organization must document that it will employ the equivalent of one full-time staff person for each 25 to 150 facilities it sponsors. Therefore, Sponsoring Organizations of 25 or more facilities must meet the required number of Full Time Equivalents (FTEs) calculated below to ensure CACFP Monitoring requirements are met.
Please list below all staff members in your organization who conduct CACFP monitoring.

CACFP Position	Full Name	Total Hours Worked Per Year	Total Non-CACFP Hours Worked Per Year	Total CACFP Monitoring Hours Worked Per Year	Delete

Add

Total Monitoring Hours Per Year: 0
FTEs Reported For Monitoring Per Year: 0.00
Number of Anticipated Facilities Operating This Agreement Year:
Required Number of FTEs per CACFP Monitoring Requirements: 0

Reported FTEs (Net Hours Related To Monitoring / 2080 Hours): 0.00
Does the Sponsor Comply with Monitoring/Facility Ratio?: YES

State Comments
Search:
Export Data to Excel

Date & Time	Comment	Added By
05/04/2021 13:23:12	Approved	CARES Staff

Showing 1 to 1 of 1 entries

Complete Later Save Back to Application Summary

If you select the second option which notes: " As a sponsoring organization, I acknowledge the requirements and certify to complete all necessary monitoring documentation", you will need to complete all the information requested.

The CACFP Monitoring Form for the current fiscal year must be completed for each monitoring review.

In addition, a Monitoring Schedule must be developed to project and record the required monitoring visits for each facility throughout the fiscal year. A sample Monitoring Schedule can be found in the "Resources" section.

Note: All completed monitoring review forms and monitor schedules must be kept on file. A copy of a completed Monitoring Form and the Monitoring Schedule must be uploaded to the document upload section in the "Management Plan".

Once all the required information has been entered click on "**Save**" then "Back to Application Summary". You will be returned to the application summary page.

CACFP On-Line Application

CARES - Application

Application Summary Resources Training Select Institution

Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan	Saved			
Budget and Audit Requirements	Saved			
Eligibility and Enrollment Information	Saved			
Monitoring Information	Saved			
Permanent Agreement				

Submit

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The final section to complete is Permanent Agreement.

To access the section, click on "Permanent Agreement" in the left column. You will then be brought to a new screen.

CACFP On-Line Application

The Permanent Agreement and Policy Statement must be certified and signed by electronic signature by the Institution Board Chair, President, Owner, Mayor, or Superintendent.

Check Certification box below to represent your electronic signature and Institution acceptance of

CACFP requirements listed in the Permanent Agreement and Policy Statement.

CERTIFICATION CHECK BOX

- By certifying this Permanent Agreement and Policy Statement and signing this agreement and policy statement, the Institution agrees to comply with all CACFP regulations, requirements, compile data, maintain records, and submit claims and reports as required, to permit effective enforcement of nondiscrimination laws, and permit authorized State Agency and USDA personnel during hours of program operations to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this agreement, the USDA, FNS, and State Agency shall have the right to seek judicial enforcement of this assurance. This certification is binding on the Institution, and all representatives as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signature appear below certifies that this certification is true and correct and the person is authorized to sign this agreement on the behalf of the Institution. I further CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for causes, verify information and that deliberate misinformation may subject me to prosecution or civil action under applicable state and criminal statute. The program must be available to all eligible participants regardless of age, sex, disability, retaliation, race, color, or national origin.

For questions or additional information, please contact our office:

New Jersey Department of Agriculture
Division of Food and Nutrition
Child and Adult Care Food Program
PO Box 334
Trenton, NJ 08625-0334
Office: (609) 984-1250 Fax: (609) 984-0878

Save

← Back to Application Summary

For the Permanent Agreement it is critical that certification box be signed by electronic signature by the Institution Board Chair, President, Owner, Mayor or Superintendent.

Clicking on the certification box represents your electronic signature and the Institutions acceptance of the CACFP requirements listed in the Permanent Agreement and Policy Standards.

After the box is checked click on "**Save**" then "*Back to Application Summary*". You will then be returned to the application summary page

CACFP Application

Submitting an Application

Resubmitting an application

CACFP On-Line Application

CARES - Application My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year: 2021

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Saved			
Responsible Principals and Users	Saved			
Facility Program Information	Saved			
Management Plan	Saved			
Budget and Audit Requirements	Saved			
Eligibility and Enrollment Information	Saved			
Monitoring Information	Saved			
Permanent Agreement	Saved			

[Submit](#)

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As you can see above all sections of your application are now saved. At this point **do not** yet submit your application. Your organizations certifier must review the entire application before is it submitted.

Once the Certifier determines the application is complete and accurate, it can be submitted to the State. To do this, simply click on the "Submit" button.

Note: Once an application is submitted it cannot be changed until it has been reviewed by a State representative. Please ensure your application is complete and accurate prior to submission. If an error is discovered after submission, reach out to your CACFP Specialist so the application can be unlocked, and corrections made.

CACFP On-Line Application

Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date
Institution Information	Submitted	03/16/2021 (By: UAT Submitter)		
Responsible Principals and Users	Submitted	03/16/2021 (By: UAT Submitter)		
Facility Program Information	Submitted	03/16/2021 (By: UAT Submitter)		
Management Plan	Submitted	03/16/2021 (By: UAT Submitter)		
Budget and Audit Requirements	Submitted	03/16/2021 (By: UAT Submitter)		
Eligibility and Enrollment Information	Submitted	03/16/2021 (By: UAT Submitter)		
Monitoring Information	Submitted	03/16/2021 (By: UAT Submitter)		
Permanent Agreement	Submitted	03/16/2021 (By: UAT Submitter)		

[Submit](#)

Once all sections are completed and your application is submitted, the status will change from "Saved" to "Submitted" in the "Status" column. Also, the submitter and date of submission will appear in the "Last Submitted Date" column.

As your application is reviewed by the State the last two columns will populate.

If errors are discovered, your CACFP Specialist will contact you and provide a list of corrective actions required. They will unlock the affected portion(s) of your application so that corrections can be made. Also, the status in the first column will change to "Not approved", letting you know there is an issue with a section(s) of your application.

Note: For the most up to date status of an application, please access the application summary page.

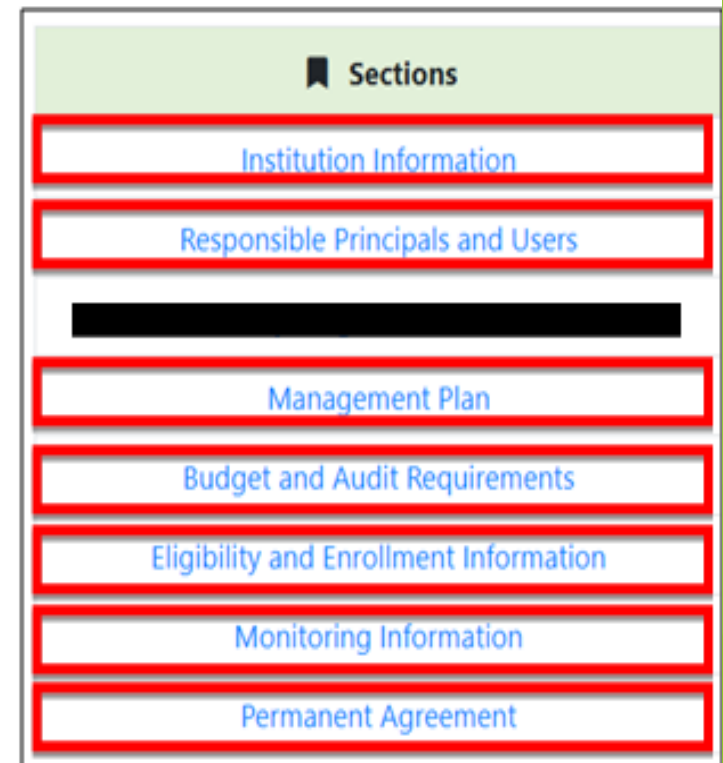
CACFP On-Line Application

The process to correct a section is identical for all sections except the "Facility Program Information" section.

We will cover how to correct the "Facility Program Information" section at the end of this portion of the presentation.

To correct a section except "Facility Program Information", simply click on its name on the application summary page.

You will follow the same process as you did when completing the application initially. The only difference is you will merely make the needed changes. After that, click on "**Save**" then "Back to Application Summary". You will then be returned to the application summary page.



CACFP On-Line Application

As with the initial application, the certifier must review any changes before resubmitting the updated application to the State.

Once the certifier approves the changes the application can be resubmitted by clicking on the "Submit" button at the bottom of the application summary page.

Once resubmitted, the first column will change from "Not Approved" or "Saved" to "Submitted". Also, the updated submitter and date of submission will appear in the "Last Submitted Date" column.

As your updated application is reviewed by the State the last two columns will update.

Sections

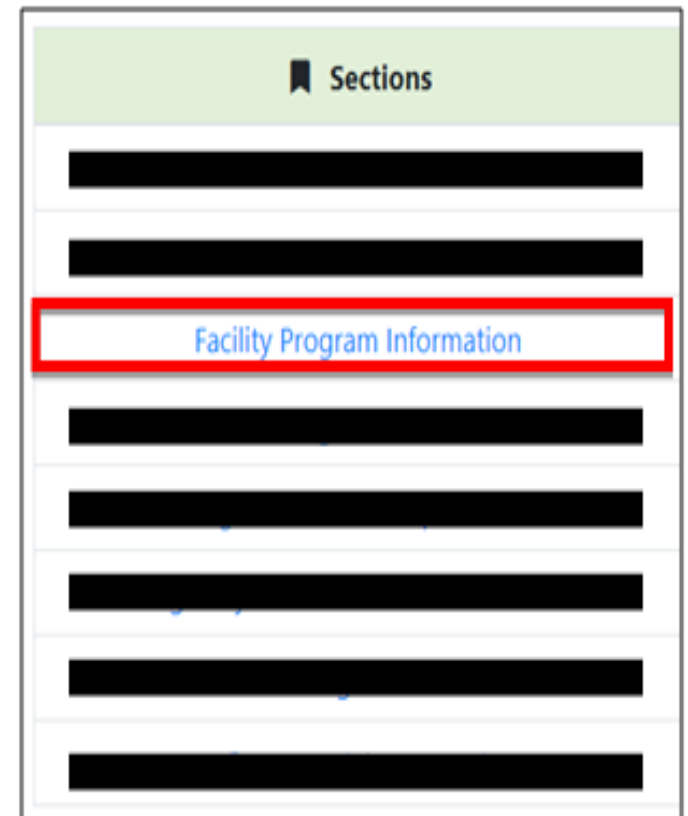
- Institution Information
- Responsible Principals and Users
- Management Plan
- Budget and Audit Requirements
- Eligibility and Enrollment Information
- Monitoring Information
- Permanent Agreement

CACFP On-Line Application

As previously mentioned, updating the "Facility Program Information" is slightly different than the other sections of the application.

The first step is to click on "Facility Program Information" on the application summary page.

You will follow the same process when completing the application initially.



CACFP On-Line Application

Submitted On:	Reviewed On:	Approved On: 03/17/2021 (By CARES Admin)
		+ Create a New Revision
Facility Name and Details		

The only difference with correcting this section is you must click on "Create a New Revision" on the upper right side of the screen **before** making the necessary updates.

Once the changes are made, click on **"Save"** then "Back to Application Summary" as you did on the initial application. You will then be returned to the Application Summary page.

As with all the initial application, the certifier must review any changes before resubmitting the updated application to the State. Once the certifier approves the changes, the application can be resubmitted by clicking on the "Submit" button at the bottom of the application summary page.

Once resubmitted, the first column will change from "Not Approved" or "Saved" to "Submitted". Also, the updated submitter and date of submission will appear in the "Last Submitted Date" column. As your updated application is reviewed and then approved by the State the last two columns will update.

CACFP On-Line Application

Initially Submitted: 05/04/2021 (By Tony Submitter)		Initially Approved: 05/04/2021 (By CARES Staff)		Last Submitted: 05/05/2021 (By Tony Submitter)		Last Approved: 05/05/2021 (By CARES Staff)	
Select Year: 2021			Approved Agreement Dates: 10/01/2020 - 09/30/2021				
Sections	Status	Last Submitted Date	Last Reviewed Date	Last Approved Date			
Institution Information	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/05/2021 (By: C.A.R.E.S Admin)			
Responsible Principals and Users	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/05/2021 (By: CARES Staff)			
Facility Program Information	Approved	05/05/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/05/2021 (By: CARES Staff)			
Management Plan	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/05/2021 (By: C.A.R.E.S Admin)			
Budget and Audit Requirements	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/04/2021 (By: C.A.R.E.S Admin)			
Eligibility and Enrollment Information	Approved	05/05/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/06/2021 (By: CARES Staff)			
Monitoring Information	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/04/2021 (By: C.A.R.E.S Admin)			
Permanent Agreement	Approved	05/04/2021 (By: Tony Submitter)	05/04/2021 (By: CARES Staff)	05/04/2021 (By: C.A.R.E.S Admin)			

[Submit](#)

Above is an example of an approved application. Please take note of the information provided on the top of the page as well as the information in the last two columns.



Thank you for attending