CACFP
2020 RENEWAL APPLICATION PROCEDURES
Please review the enclosed renewal application procedures provided to assist you in completing and submitting your 2020 CACFP renewal application for approval. Please contact your Specialist for assistance.

### NJDA CACFP SPECIALIST EMAIL ADDRESSES:

- Justin.Blake@ag.nj.gov
- Esther.Ihekuna@ag.nj.gov
- Steven.Kraemer@ag.nj.gov
- Kristen.Lento@ag.nj.gov
- Michael.Smith@ag.nj.gov
- Marissa.Waldron@ag.nj.gov
- Chelsea.Saltzman@ag.nj.gov
- Rebecca.Fink@ag.nj.gov

### NJCARES HELP DESK (FOR SYSTEM TECHNICAL ASSISTANCE):

- NJCARES@ag.nj.gov

### CACFP DIVISION PHONE NUMBER: 609-984-1250
1. Please log into your CARES Application with your Agreement Number and click Select:

b. Select Applications button:

c. Select your 2020 application:
STEP 1 – Review your Institution Business Maintenance Page (IBM)
See detailed instructions on the next pages (pages 5-7).

**Institution Business Maintenance**

<table>
<thead>
<tr>
<th>Business Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution Name: TEST - CACFP CORE</td>
</tr>
<tr>
<td>DUNS #: 333333330</td>
</tr>
<tr>
<td>SAMS Expire Date: 05/01/2030</td>
</tr>
<tr>
<td>Tax Exempt Status: Non Profit Center Sponsor</td>
</tr>
<tr>
<td>Federal ID: 111111111</td>
</tr>
<tr>
<td>New Jersey Vendor ID: V55555555500</td>
</tr>
<tr>
<td>Congressional District: 0</td>
</tr>
<tr>
<td>Status: ACTIVE</td>
</tr>
<tr>
<td>Institution Fiscal Year End: Day: 30, September</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information for CACFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name: TRAINING</td>
</tr>
<tr>
<td>Institution Business Email Address: <a href="mailto:NUCARES@AG.NJ.GOV">NUCARES@AG.NJ.GOV</a></td>
</tr>
<tr>
<td>First Name: STAFF</td>
</tr>
<tr>
<td>Alternate Phone:</td>
</tr>
<tr>
<td>Contact Title: MANAGER</td>
</tr>
<tr>
<td>FAX Number:</td>
</tr>
<tr>
<td>Telephone: 609-984-1250</td>
</tr>
</tbody>
</table>

The assigned Specialist name is located at the bottom of the IBM page.
STEP 1 – Review your Institution Business Maintenance Page (IBM)

Please reference the CARES Manual User Guide pages 16-20 for additional information with the IBM.

1. Please review and update all sections of the IBM as needed. Please remember to click the save button at the bottom of the IBM page. If you need to make changes to the IBM information that is grayed-out, please contact your Specialist.

2. System Award Management (SAM) Registration/Expire Date – UPDATE NEEDED:

- Your current SAM Registration must be “active” to be eligible to participate in CACFP.

- A SAM expiration date must be listed in the CARES system.

- If the SAM Registration expiration date listed in the system has passed and you have not renewed your SAM Registration, please begin the SAM Registration renewal process.

- If the SAM Registration expiration date listed in the system has passed and you have renewed your SAM Registration, please contact your Specialist for assistance in updating the expiration date.

![Business Information](image)

If your SAM Registration date has expired, please visit [https://www.sam.gov/SAM/](https://www.sam.gov/SAM/).

- The SAM.gov website should look just like the screenshot on the next page. Additionally, registering your institution SAM registration is **FREE!!**.

- If you need assistance with SAM updates, click on the “View Assistance for SAM.gov” button highlighted at the top of the page (shown in the screenshot on the next page).

- When updating your SAM registration, please select the option to have your SAM “visible to the public”. This will expedite the process by allowing your CACFP Specialist to view your details.

- Your institutions’ physical location and legal business name are required to match the physical location and legal name listed in your SAM Registration. If further assistance is needed, please contact your Specialist.
STEP 1 – Review your IBM – SAM Expiration Date\SAM.GOV Website

You activated your SAM Registration......now what?

Once you have renewed your SAM Registration in the SAM.gov website and your registration is listed as “Active,” please send a confirmation email to your Specialist with the new SAM Registration expiration date. Your Specialist will then verify the new expiration date provided at the SAM.gov website. THEREFORE, you must enable your SAM Registration for public viewing and not set to private. Please contact the SAM Helpdesk for assistance with making the registration information public. This will enable your registration verification to be expedited.
STEP 1 – Review your IBM – Contact Information Update:

Please ensure all contact information is current. Make any updates as needed in the following highlighted fields:

- The “Telephone” number must be the institutions phone number, not a personal phone number. (A cell phone number may be entered under “Alternate Phone” field.)
- The person listed should be the “CACFP Responsible Person.” This is the person the State Agency will contact regarding your institution.

- Confirm institution operating hours are correct.

- Click the save button on the bottom of the IBM page for each new update that is added to the system.
STEP 2 – Review your Facility Maintenance page – Update the Information for Each Facility:


1. **Facility Maintenance Instructions:**
   a. On the institution IBM, select the tab “Facility Maintenance” as shown below.
   b. Update all facilities as needed. Your institution may have multiple facilities.

c. **Do not create a new facility on your own.** If your institution wishes to add a facility to an existing application, your institution must contact your specialist before making any changes.

d. Update the “License/Registration Number” and “License Expiration Date” on the Facility Maintenance page seen below.

e. Update the facility “Owner/Director Information” sections highlighted below if needed.

f. Select the “Save Current Form” button at the top of the Facility Maintenance page as shown in the highlighted section below to ensure all new data has been retained.
STEP 3 – How to Navigate to the Application Checklist:

1. Starting from the IBM page you must click the “Applications” button at the top of the page.

2. Once the “Applications” button is selected a list of Applications from previous years will appear, you must select the 2020 Application (location of the 2020 application may vary).

3. Once the Agreement Year is selected you will be taken to the Application Checklist shown below.
STEP 4 – Review your Institution Management Plan (#1) – Update the Information as Needed:


1. **Institution Management Plan**

2. Once the 2020 Application is selected, CARES will bring you to the Institution Checklist (shown below), where you will continue your 2020 Renewal Application.

3. Complete section 1 and update as needed. Complete the Responsible Person representative: First and last name, Title, and Phone.

![Institution Management Plan Checklist](image-url)
STEP 4 – Review your Institution Management Plan (#1) –
Update the Information as Needed:

b. Verify the correct Tax-Exempt Status or For-Profit Status and “Contract for Meals” for your Institution are noted in Section 2.

c. Print the Institution Management Plan and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.

2. Type of Tax Exemption:
Check one statement under the appropriate status of the institution.
Our agency certifies that the following document remains in our current file and supports the official legal name of our agency and the tax-exempt status, which must be available for review as long as it is required for audit purposes:

- **Tax Exempt Under Internal Revenue Code of 1954**
  - Our agency is federally tax-exempted by the Internal Revenue Service (IRS) and our name remains the same as it appears above. The IRS letter of determination is maintained in our current file (New Sponsor - Upload a copy of your IRS Letter of Determination).
  - Our agency is federally tax-exempted by the Internal Revenue Service (IRS). However, our agency name has changed. Attached is a copy of our IRS Letter of Determination to support our name change.
  - Our agency is no longer federally tax-exempted by the Internal Revenue Service. (Upload a signed copy of your Incorporation papers/Disclosure of Ownership).

- **For-Profit (Proprietary) Eligibility:** (New sponsors must upload a copy of Incorporation Papers/Disclosure of Ownership)
  - Proprietary 25% Title XX (social services block grant), Abbot or TANF
  - Proprietary 25% Title XIX (Adult Day Care Only - Medicaid)
  - Proprietary 25% Free/Reduced Provision (Child Care Only)

Our agency is for-profit and our name remains the same as it appears above. The legal supporting documentation is maintained in our current file. Attached is the Proprietary Letter of Certification for each facility listed on the Schedule A.

- **Government Agency Sponsoring Organization**
  - (Specify)

- **Church Sponsoring Organization (Church Conference or Diocese)**
  - (New Sponsors Only - Submit page from the Conference Directory listing Church Information)

- **Our agency is a government agency or church sponsoring organization.** Enclosed is our sponsoring organization letter(s) with supportive documentation for the program(s) under our sponsorship.

Enter the Name and Title of the individual responsible for training Institution staff, as well as the anticipated date each annual training topic will take place.

![Staff Training](image-url)
STEP 4 – Review your Institution Management Plan (#1) – Update the Information as Needed:

e. For Sponsoring organizations: Check all options that may apply in determining your Institution’s Organization Responsibility.

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 day care centers or outside-school-hours centers at a different address.
- [x] Our agency has combination of day care centers and outside-school-hours centers at a different address.
- [ ] Our agency has a day care center or outside-school-hours center that is legally distinct entity from our organization.
- [x] Our agency has day care center(s) located at an address away from our administrative office.

f. After reading the NJDA Institution Management Plan Certifications, be sure to select the “I Certify All Above Conditions Are Met” button to complete each check box.

![I Certify All Above Conditions Are Met](image)

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g. After reading and updating all information and completing each required field of the Institution Management Plan, be sure to select the “I agree to all conditions above” button at the bottom of the page, prior to “Saving” and “Submitting” the form.
STEP 5– Review your Responsible Principals and Responsible Individuals (#2) – Update the Information If Needed:

*Please reference the CARES Manual User Guide pages 54-57 for additional information with the Responsible Principals and Responsible Individuals.*

1. **Responsible Principals and Responsible Individuals:**

2. The responsible principals and individuals listed in the previous year’s application can be copied over to this current year’s application.
   a. Select the “Copy Previous Year” button at the top of the page to insert these individuals.
   b. If you select the “Copy Previous Year” button and the following message is displayed you must manually enter the information.
   c. If you choose the “Copy Previous Year” option, you must verify the information has been transferred by clicking the “Edit” button highlighted below. This will display all fields for that selection.

3. The system may only transfer the Name, Position, and Date of Birth.
   a. You must complete all fields with current information if this occurs.
   b. Be sure to update all personal information that may have changed or did not carry over for each listed individual.

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**Responsible Principals and Responsible Individuals**
STEP 5 – Review your Responsible Principals and Responsible Individuals(#2) – Update Information If Needed:

4. NOTE:
   a. Nonprofit Institutions are required to list, at a minimum, the “Board Chair”, “Board Vice Chair”, and “Treasurer” listed under the Board of Directors section of this page.
   
   b. For-Profit Institutions must list, at a minimum, the “Sole Proprietor” or owner/s of the Institution under the Board of Directors section of this page. If the institution has multiple owners, all owners must be listed.

   c. **ALL Institutions** must list the “Executive Director”, “Person Responsible for CACFP Records”, and “Substitute Person Responsible for CACFP Records” under the Responsible Principals/Individuals section of this page. If the institution has multiple owners, all owners must be listed.
STEP 6 – Review your Application Questionnaire (#3) – Update the Information If Needed:

*Please reference the CARES Manual User Guide pages 58-59 for additional information with the Application Questionnaire.*

1. **Application Questionnaire (Program Integrity):**

   a. Please complete the questionnaire (Questions 1-5) with appropriate answers that pertain to your Institution *before* “Saving” and “Submitting” at the bottom of the page.

   ![Save Submit Print Form](image)

   ![Go To Previous Checklist Form Go To Next Checklist Form](image)

   ![Return to Home Page Return to Institution Return to Checklist](image)

   b. **Print the Application Questionnaire and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.**

STEP 7 – Review your Institution Administrative Budget (#4) – Update the Information If Needed:

*Please reference the CARES Manual User Guide pages 60-70 for additional information with the Institution Administrative Budget.*

1. **Institution Administrative Budget:**

   a. Please complete the budget with accurate 2020 agreement year estimates.

   b. **Print the Administrative Budget and complete this section manually, before completing the online version. This step is needed as system timeouts may occur and information entered may not be saved.**
STEP 7 – Review your Institution Administrative Budget (#4) – Update the Information If Needed:

c. Reimbursement rates listed in the CARES system do not reflect the 2020 reimbursement rates. Please complete the 2020 budget in the CARES system. Additionally, you will receive a PDF fillable budget which must be completed and submitted to your Specialist for review. The PDF fillable budget will provide the correct reimbursement rates for the 2020 agreement year.

d. Once the budget has been completed, click the “Save” the document button, then click “Submit Form”.

e. Reimbursement rates listed in the CARES system do not reflect the 2020 reimbursement rates. Please complete the 2020 budget in the CARES system. Additionally, you will receive an Excel budget which must be completed and submitted to your Specialist for review. The Excel budget will provide the correct reimbursement rates for the 2020 agreement year.

f. Once the budget has been completed, click the “Save Form” button, then click “Submit Form”.
STEP 8– Review the Pre-Award Civil Rights Questionnaire (#5) – Update the Information If Needed:

Please reference the CARES Manual User Guide pages 71-74 for additional information with the Pre-Award Civil Rights Questionnaire.

1. **Pre-Award Civil Rights Questionnaire:**
   a. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS highlighted below) are checked, you do not need to take additional action.
   b. If **all three** check boxes are not checked for item #5, please contact your Specialist for further assistance.

<table>
<thead>
<tr>
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<th>Pre-Award Civil Rights Questionnaire (New Institutions Only)</th>
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<tbody>
<tr>
<td>5</td>
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<table>
<thead>
<tr>
<th></th>
<th>News Release (New Institutions Only)</th>
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<tbody>
<tr>
<td>6</td>
<td></td>
<td>05/11/2017</td>
<td>02/27/2017</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Permanent Agreement (includes policy statement) (New Institutions Only)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>02/27/2017</td>
<td>02/27/2017</td>
</tr>
</tbody>
</table>

STEP 9 – Review your News Release (#6) – Update the Information If Needed:

Please reference the CARES Manual User Guide page 75 for additional information with the News Release

1. **News Release:**
   a. If your institution is renewing an **existing agreement number only**, you may choose to participate in the state-wide public release by checking the box shown below.

   USDA Regulations require that all Child Nutrition Program participants submit an annual public release to the media utilizing the **Public Release Statement**. The media that the release is submitted to MUST be in the area from which the institution draws its attendance. The State Agency does not require that the participant pay for the announcement; however, the public release must be submitted to the media. A COPY OF THE CORRESPONDENCE TO THE MEDIA REQUESTING PUBLICATION MUST BE ATTACHED WITH THIS FORM AS PROOF OF SUBMISSION.

   ![Institution wishes to participate in state-wide public release.]

   b. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS) are not checked for item #6, please contact your Specialist for further assistance.
STEP 10 – Review your Permanent Agreement (#7) – Update the Information If Needed:

*Please reference the CARES Manual User Guide pages 76-77 for additional information with the Permanent Agreement.*

1. **Permanent Agreement (Includes Policy Statement):**

   a. If **all three** check boxes (Started, Completed By Entity, and Approved By NPS highlighted below) are checked, you do not need to take additional action.

   b. If **all three** check boxes are not checked for item #5, please contact your Specialist for further assistance.

| 5. | Pre-Award Civil Rights Questionnaire (New Institutions Only) | ✓ | 02/27/2017 | ✓ | 02/27/2017 | □ Details |
| 6. | News Release (New Institutions Only) | ✓ | 05/11/2017 | ✓ | 02/27/2017 | □ Details |
| 7. | Permanent Agreement (includes policy statement) (New Institutions Only) | ✓ | 02/27/2017 | ✓ | 02/27/2017 | □ Details |
STEP 11 – Review your Application for Center Facility Participation (#8) – Update the Information If Needed:


1. Application for Center Facility Participation:
   a. In order to upload documents, you first must either complete Section 3, or input an “Effective Date” of 09/30/2020 as seen in the highlighted section below and then click the “Upload/View Uploaded Documents button. **All documents must be formatted as PDF or they will not upload.**

2. Completing Section 3, the date of 09/30/2020 must be entered for the “Effective Date” “Start” and “End” dates. Additionally, only the month of “September” must be selected in the month selection. The following screenshot has been added for clarification:
STEP 11 – Review your Application for Center Facility Participation (#8) – Update the Information If Needed:

a. All fields must be completed before a new revision can be saved.

b. Actual enrollment data must be collected from each corresponding facility and completed accordingly. The second section requiring geographic data can be gathered from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

c. Once on the website you will enter the zip code of the physical location of that facility in the highlighted area shown below.

![American FactFinder](image)

Once the zip code has been entered select the option that states “General Population and Housing Characteristics” as shown highlighted below.

![Trenton city, New Jersey](image)

d. The required race and ethnicity fields to complete section 4 in the Center for Facility Participation (#8) have been highlighted below. You must use the number provided, not the percentage (this section will not accept a percentage).
1. The screenshot of Section 4 shown below identifies the two sections (Facility Enrollment and Geographic Potential Enrollment) which must be completed. All fields must have a number entered, if there are no participants of a certain race or ethnicity a 0 must be entered.
STEP 12 – Review your Institution Document Uploads – Update the Documents If Needed:


1. **Institution Document Uploads**:

   a. Documents from the previous agreement year will carry over to the 2020 application. This can be verified by confirming there is a checkbox under the column labeled “Uploaded”. If there is no checkbox under this column, there is no document uploaded.

   b. Review / Update any uploaded documents that may have blank uploads, if that section applies to your institution.

   c. All documents that apply to your institution must be uploaded, including documents that specify “New Institution Only”.

   d. You must select the “Completed” column manually for Checklist numbers 9 - 23.

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STEP 13 – Submission of an Application:

1. **Submission of an Application**:

   a. Once all sections of the 2020 application have been submitted scroll to the bottom of the application checklist and you will click the button labeled “Submit Application to NPS” as shown highlighted below.

   ![Submit Application to NPS](image)

   b. If this button is not selected, your application will not be submitted for review.

   c. Your Specialist will contact you once the application has been reviewed if corrections are needed.
STEP 14 – Required Documents (Hard Copy to be Kept on File at the Institution):

1. **Eligibility Applications & Enrollment Records:**
   
a. This section applies to all institutions. All institutions must complete a 2020 Eligibility Applications with the exception of At-Risk, Head Start, and Emergency Shelters. All institutions must keep Enrollment Records on file.

```
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Eligibility Applications &amp; Enrollment Records</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Proprietary Institutions Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Proprietary Cert. Letter (25% Eligibility)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Purchase of Care Documentation, OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Free/Reduced Eligibility Documentation</td>
<td></td>
</tr>
</tbody>
</table>
```

b. Eligibility Applications can be found at the following website: [https://www.nj.gov/agriculture/divisions/fn/childadult/food.html](https://www.nj.gov/agriculture/divisions/fn/childadult/food.html)

c. The Eligibility Application (English and Spanish) can be found in the highlighted section below. Additionally, the Eligibility Record, At-Risk Enrollment Record and a link for the Eligibility Applications in 33 additional languages can be found below.

d. Documents do not need to be uploaded to this section. However, CACFP regulations require these documents be kept on file and available for review at all times.

- **CACFP Meal Benefit (Eligibility Application) Forms**
  - Meal Benefit Form Cover Letter
  - 2020 CACFP Eligibility Application (258k PDF)
  - Parent Letter (278K PDF)
  - 2020 CACFP Eligibility Application – Spanish (417K PDF)
  - Parent Letter - Spanish (263K PDF)
  - 2019-2020 CACFP Household Size and Income Scale (122K PDF)
  - CACFP Eligibility Record (176k PDF)
  - At-Risk After School Program Enrollment Record

Meal Benefit Form Translations (33 Languages):
- [www.fns.usda.gov/other-languages](http://www.fns.usda.gov/other-languages)
STEP 15 – Proprietary Institutions Only:

1. **Proprietary Institutions Only:**
   
a. This section applies to all Proprietary institutions.

<table>
<thead>
<tr>
<th>22</th>
<th>Eligibility Applications &amp; Enrollment Records (New Institutions Only)</th>
<th></th>
<th></th>
<th></th>
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<td></td>
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</tr>
</tbody>
</table>

b. The Proprietary Letter of Certification can be found on the same webpage as previously mentioned under the sectioned labeled “CACFP Technical Assistance Forms” letter “Y” as seen highlighted below.

   - CACFP Sample OutsideEmploy POLICY (176K PDF)
   - CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST (153K PDF)
   - CACFP Train+ (94K PDF)
   - Federal Financial Accountability Transparency Act
   - REMINDER SAM (37K PDF)
   - CACFP PROP LETTER OF CERTIFICATION (179K PDF)
   - CACFP PROGRAM APPLICATION
   - CACFP PERMANENT Soon. Center Agreement
   - CACFP REQUIREMENTS - INDEPENDENT BOARD OF DIRECTORS
   - CACFP PEAL PROCEDURE

c. Documents do not need to be uploaded to this section. However, CACFP regulations require these documents be kept on file and available for review at all times.

d. This document must be completed **every month** for each Proprietary Facility under an Institution’s sponsorship.
STEP 16 – Annual Training Documentation:

1. **Annual Training Documentation:**
   
a. The annual required training documentation can be found at the following website: https://www.nj.gov/agriculture/divisions/fn/childadult/food.html
   
b. The Annual Training Documentation can be found under the sectioned labeled “CACFP Technical Assistance Forms” letter “V” as seen highlighted below.

   ![CACFP Sample OutsideEmploy POLICY](image1.png)
   ![CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST](image2.png)
   ![CACFP Train+](image3.png)
   ![Federal Financial Accountability Transparency Act](image4.png)
   ![REMINDER SAM](image5.png)

c. This document must be completed annually by all institutions taking part in the CACFP program.

d. All institutions must provide training documentation showing all employees taking part in the CACFP program have been trained by a representative of the Institution.