



# How to Complete Renewal Applications

CHILD AND ADULT CARE FOOD PROGRAM



Health and Nutrition Services  
Arizona Department of Education

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# Introduction

## WHAT IS A QUICK GUIDE?

This resource was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). Quick Guides are an abbreviated resource and do not count towards training hours.

## INTENDED AUDIENCE

This resource is intended for **child care centers, adult day centers, Head Starts, emergency shelters, and at-risk afterschool programs** operating the **Child and Adult Care Food Program (CACFP)**.

## PURPOSE OF THIS QUICK GUIDE

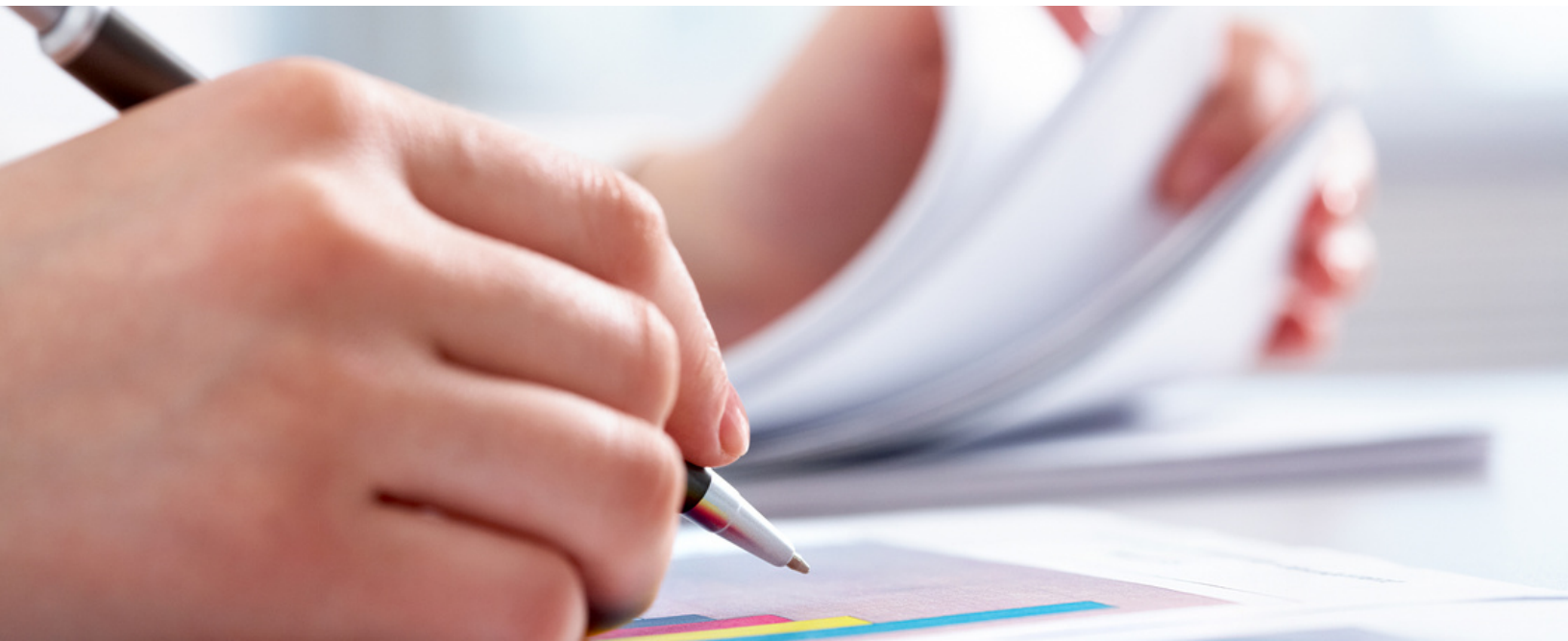
Annually, operators of the CACFP must renew their program participation by completing a Management Plan, Budget, and submitting applications in the CNPWeb. This quick guide will review the documents and information required for successful renewal.

# Renewing CACFP Participation

To renew participation in the CACFP, program operators must complete a **Management Plan** and a **Budget** in the CNP Management Plan and Budgets system by **October 31** annually.

After the Management Plan and Budget are submitted, an HNS Specialist will review the submission for accuracy and completion. If revisions are needed, the applications will be rejected and returned for corrections. Once the Specialist deems the Management Plan and Budget complete, the applications will be sent for Director approval.

Once the Management Plan and Budget are approved by a Director, the final step of the renewal process is to complete **Site and Sponsor Applications in the CNPWeb**.



# Accessing the System

To access your Management Plan and Budget, login to the CNP Management Plan and Budgets system in ADEConnect.

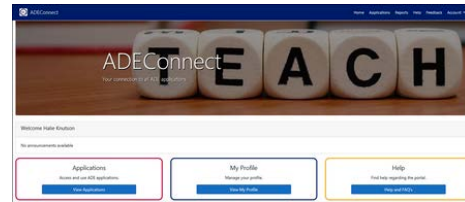
## Step #1:

Go to any ADE webpage and click 'ADEConnect'.



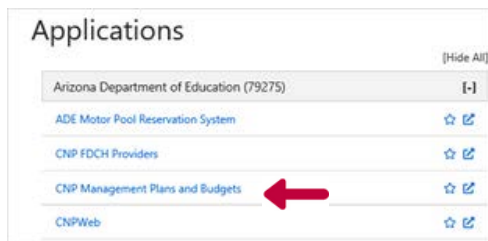
## Step #2:

You are now in ADEConnect. Click 'View Applications'.



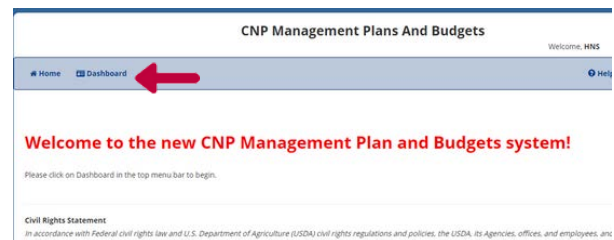
## \* Step #3:

Click 'CNP Management Plans and Budgets'.



## Step #4:

Click 'Dashboard.'



## Management Plan:

Click 'CNP Management Plan - [applicable program year]'.

- [CNP Management Plan - CAC Centers - PY 2023](#)  
The Form has **not yet been created**. Please click the link above to begin this year's Form
- [CNP Management Plan - CAC Centers - PY 2022](#)  
Congratulations! Your **Original** Form was **Approved** by HNS on **11/2/2021** if all applicable document statuses are "Ap"
- [CNP Management Plan - CAC Centers - PY 2021](#)  
Congratulations! Your **Revision 1** Form was **Approved** by HNS on **10/7/2020** if all applicable document statuses are "
- [CNP Management Plan - CAC Centers - PY 2020](#)  
Congratulations! Your **Revision 5** Form was **Approved** by HNS on **12/1/2019** if all applicable document statuses are "
- [CNP Management Plan - CAC Centers - PY 2019](#)  
Congratulations! Your **Revision 10** Form was **Approved** by HNS on **12/12/2018** if all applicable document statuses are "
- [CNP Budget - CAC Centers - PY 2023](#)  
The Form has **not yet been created**. Please click the link above to begin this year's Form
- [CNP Budget - CAC Centers - PY 2022](#)  
Congratulations! Your **Original** Form was **Approved** by HNS on **10/29/2021** if all applicable document statuses are "A"
- [CNP Budget - CAC Centers - PY 2021](#)  
Congratulations! Your **Revision 1** Form was **Approved** by HNS on **10/7/2020** if all applicable document statuses are "
- [CNP Budget - CAC Centers - PY 2020](#)  
Congratulations! Your **Original** Form was **Approved** by HNS on **12/1/2019** if all applicable document statuses are "Ap"
- [CNP Budget - CAC Centers - PY 2019](#)  
Congratulations! Your **Revision 2** Form was **Approved** by HNS on **12/6/2018** if all applicable document statuses are "

## Budget:

Click 'CNP Budget - [applicable program year]'.

- [CNP Management Plan - CAC Centers - PY 2023](#)  
The Form has **not yet been created**. Please click the link above to begin this year's Form
- [CNP Management Plan - CAC Centers - PY 2022](#)  
Congratulations! Your **Original** Form was **Approved** by HNS on **11/2/2021** if all applicable document statuses are "Ap"
- [CNP Management Plan - CAC Centers - PY 2021](#)  
Congratulations! Your **Revision 1** Form was **Approved** by HNS on **10/7/2020** if all applicable document statuses are "
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- [CNP Budget - CAC Centers - PY 2019](#)  
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## \* CNP Management Plans and Budgets not listed?

If CNP Management Plans and Budgets is not one of your listed applications, your [Entity Administrator](#) must assign access to you. For assistance, view the following short video: [Add an ADEConnect User Role](#).

# Management Plan

## COMPLETING THE MANAGEMENT PLAN

The Management Plan has five sections: Sponsor Information, Site Information, Administrative Capability, Financial Viability, and Certification Statements. Each page will contain a **Summary of Identified Issues** that outlines the items that need to be updated. The remaining fields will be pre-populated with information from last year's approved Management Plan.

Carefully review the information that rolled over to ensure it is accurate. If anything has changed, please update it. However ONLY complete the annually required fields and update information that has changed since your last submission. Often, approved documents are replaced by incorrect ones and the management plan has to be rejected and revised.

### TIPS FOR A SUCCESSFUL SUBMISSION

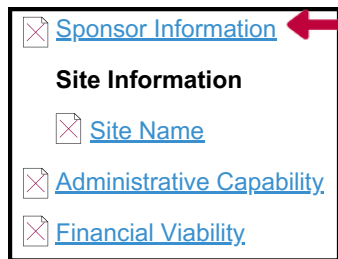
- Save often! The system times out after 10 minutes. Any information that is not saved will be lost.
- Only provide annually required forms/information or update items that have changed.
- Use our webpage! Forms and resources are available on the Renewal Resources webpage:  
[www.azed.gov/hns/cacfp/renewalresources/](http://www.azed.gov/hns/cacfp/renewalresources/).

This quick guide only reviews information that must be updated annually. If structural changes within your organization have occurred since your previous approved Management Plan, additional information may be needed. Please visit the [Renewal Resources webpage](http://www.azed.gov/hns/cacfp/renewalresources/) for assistance.

# Management Plan

## SPONSOR INFORMATION

The Sponsor Information page of the Management Plan gathers details about the structure of your organization.



To access the Sponsor Information page, select "Sponsor Information" on the left-hand side of the screen. Once the page loads, select the yellow 'Edit' button.



The **Summary of Identified Issues** outlines items that must be updated. These are the only items to address unless there have been changes within your organization that impact the information provided in the Management Plan.

**Subcontracts:** The first required update is the Subcontracts section. Only indicate contracts in which CACFP funds are used. If you indicate you use CACFP funds to pay for contracted work, you will be prompted to upload the contract in the documents upload section. Please note, you may have contracts, but if you do not use CACFP funds to pay for a portion of the cost, check N/A.

Unless you have a caterer or FSMC (select Food Service), you likely should select N/A.

**Commodities:** Each year, you must indicate you have read and understand the commodities statement. This statement explains that in Arizona, rather than receiving USDA foods or commodities, extra funds are provided for lunches and suppers served, or cash in lieu of commodities. Once read, simply click the 'I Agree' box.

# Management Plan

## SPONSOR INFORMATION | DOCUMENTS UPLOAD

| Action | File Name          | Uploaded          |
|--------|--------------------|-------------------|
| Delete | Good Standing.docx | 05/20/20 08:35 AM |

| Action | File Name                             | Uploaded          |
|--------|---------------------------------------|-------------------|
| Delete | Media Release Non-Pricing CACFP 5.pdf | 09/14/18 07:47 AM |

| Action | File Name                         | Uploaded          |
|--------|-----------------------------------|-------------------|
| Delete | Organizational Chart CACFP 9.docx | 09/14/18 07:47 AM |

At the bottom of the Sponsor Information page is the **Documents Upload** section. All uploads from previous approved Management Plans will carry over.

Annually, you must upload new **Contracts** (if applicable), a **Media Release**, and **Training Certificates**.

**Contracts** (if applicable): Upload a copy of your contract for the contracted service that is paid for using CACFP funds. In addition to uploading your contract, please email [HNSContracts@azed.gov](mailto:HNSContracts@azed.gov) to receive contract approval.

If you do not have a contract, adjust your response in the Subcontracts section to N/A.

**Media Release:** Each year, you must announce your participation in the CACFP by issuing a Media Release to a local media source, such as a radio station, local paper, or TV station. Currently, all CACFP operators in Arizona operate a non-pricing program. Please complete and upload the [Media Release for Non-Pricing Programs](#).

Emergency Shelters are exempt from this requirement and may simply upload a blank document.



Flip to the following page to view how to complete the Media Release template.

# Management Plan

## SPONSOR INFORMATION | DOCUMENTS UPLOAD

### How to Complete the Media Release for Non-Pricing Programs



#### Media Release for Non-Pricing Programs

#### Sponsoring Organization Name:

Name of your institution. NOT your name.

Sponsoring Organization's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
Media Outlet(s) Contacted \_\_\_\_\_ Date \_\_\_\_\_

Note: Emergency shelters and at-risk-only programs should omit references to income prior to sending to media outlets.

#### Please print the following media release as a free public service announcement.

Today, \_\_\_\_\_ announced its sponsorship of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program administered by the Arizona Department of Education, Community Nutrition Programs. Meals will be made available to enrolled participants at no separate charge without regard to race, color, national origin, sex, age, or disability. Household income determines the amount of money institutions will be reimbursed to provide meals to enrolled participants. The income-eligibility guidelines listed below are used to determine the amount of reimbursement.

| Household Size          | FREE          |                |               | REDUCED-PRICE |                |               |
|-------------------------|---------------|----------------|---------------|---------------|----------------|---------------|
|                         | Yearly Income | Monthly Income | Weekly Income | Yearly Income | Monthly Income | Weekly Income |
| 1                       | \$18,954      | \$1,580        | \$365         | \$26,973      | \$2,248        | \$519         |
| 2                       | \$25,636      | \$2,137        | \$493         | \$36,482      | \$3,041        | \$702         |
| 3                       | \$32,318      | \$2,694        | \$622         | \$45,991      | \$3,833        | \$885         |
| 4                       | \$39,000      | \$3,250        | \$750         | \$55,500      | \$4,625        | \$1,068       |
| 5                       | \$45,682      | \$3,807        | \$879         | \$65,009      | \$5,418        | \$1,251       |
| 6                       | \$52,364      | \$4,364        | \$1,007       | \$74,518      | \$6,210        | \$1,434       |
| 7                       | \$59,046      | \$4,921        | \$1,136       | \$84,027      | \$7,003        | \$1,616       |
| 8                       | \$65,728      | \$5,478        | \$1,264       | \$93,536      | \$7,795        | \$1,799       |
| Each additional person: | \$6,682       | \$557          | \$129         | \$9,509       | \$793          | \$183         |

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2800 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (833) 256-1665; or (202) 690-7422; (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

#### Meals will be provided at the site(s) listed below:

Site Name: \_\_\_\_\_ Site Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Site Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Multi-Site Sponsors: Complete one form and attach a list of the names, addresses, and contact numbers for all operating sites.

#### Site Information:

Input the site information for the site(s) operating the CACFP. If only one site is operating, only input the information for one site. If more than two sites are operating, please complete one form and attach a list of the names, addresses, and contact numbers of all operating sites.

# Management Plan

## SPONSOR INFORMATION | DOCUMENTS UPLOAD

**Annually Required Training Certificates:** Upload training certificates to demonstrate satisfaction of the annual training requirements. Requirements include:

- Civil Rights Compliance for Child Nutrition Operators - 1.0 Hour ([English](#)) ([Spanish](#))

*All operators must complete the self-guided, online [Civil Rights Compliance](#) training. This training must be completed by all staff. The certificate of completion by an individual on the Permanent Agreement must be uploaded to ADE.*

- [Training on the CACFP](#) - 10 Total Hours

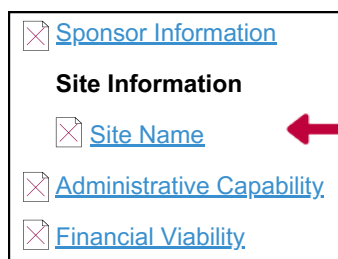
*In addition to Civil Rights training, operators must complete CACFP training requirements. These requirements include three components:*

- **10 Hours:** Each organization must complete 10 hours of CACFP training. Institutions may choose trainings that meet their needs to strengthen program operations and increase compliance. Training available to satisfy this 10-hour training requirement are available on [HNS' Training Library for CACFP Operators](#) and have been highlighted monthly in the HNS Events Forecast Communication.
- **Nutrition and Administration:** At least one training must be completed on a Nutrition Topic, and at least one training must be completed on an Administration Topic.
- **Designated Official and Authorized Signers:** The designated official and all authorized signers on the Permanent Agreement must complete at least one training. The training can be on any topic and any length.

# Management Plan

## SITE INFORMATION

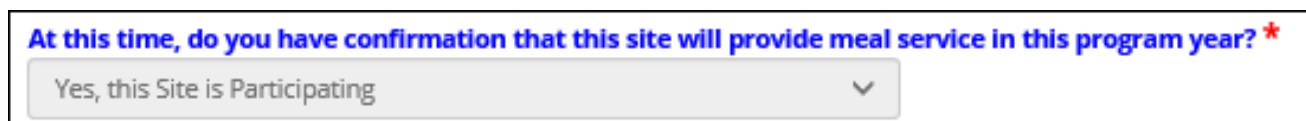
Details about how CACFP is operated at the site-level is collected on the Site Information page of the Management Plan.



A screenshot of a sidebar menu. At the top is a link for 'Sponsor Information'. Below it is a section header 'Site Information'. Under 'Site Information' are three links: 'Site Name', 'Administrative Capability', and 'Financial Viability'. A red arrow points to the 'Site Name' link.

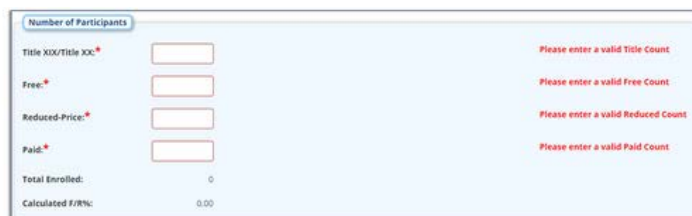
To access the Site Information page, select the hyperlinked site name on the right-hand side of the screen. Once the Site Information page loads, select the yellow 'Edit' button.

One Site Information page is required for each operating site. If a site is no longer participating in the CACFP, select 'No, this Site is not participating' from the dropdown at the top of the page. Please note, once 'No' is selected, all data will be deleted.



A confirmation dropdown menu with the text 'At this time, do you have confirmation that this site will provide meal service in this program year? \*'. The dropdown is currently set to 'Yes, this Site is Participating'.

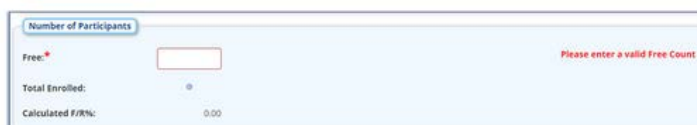
**Number of Participants:** The first section of the site information page that must be updated annually is Number of Participants. In this section, report the total enrolled participants at the site. For ease, it is recommended to use the enrollment breakdown provided on the last submitted site claim. The total enrolled reported here must match the total enrolled in the upcoming Civil Rights Data Collection.



A form titled 'Number of Participants'. It contains input fields for 'Title XXX/Title XX:', 'Free:', 'Reduced-Price:', and 'Paid:'. Below these are 'Total Enrolled:' and 'Calculated F/R%:'. To the right of each input field is a red error message: 'Please enter a valid Title Count', 'Please enter a valid Free Count', 'Please enter a valid Reduced Count', and 'Please enter a valid Paid Count'.

Centers

Emergency  
Shelters, Head  
Starts, At-Risk  
Programs



A form titled 'Number of Participants' for 'Emergency Shelters, Head Starts, At-Risk Programs'. It contains input fields for 'Free:', 'Total Enrolled:', and 'Calculated F/R%:'. To the right of the 'Free:' field is a red error message: 'Please enter a valid Free Count'.

# Management Plan

## SITE INFORMATION

**Meal Participation:** Meal times do roll over, however, verify they continue to be accurate for site operations. Meal times should fall within the CACFP customary meal times:

### Customary Meal Times:

- Breakfast | Max 1.5 hours between 6am-9am
- AM Snack | Max 1 hour
- Lunch | Max 2 hours between 11am – 1pm
- PM Snack | Max 1 hour
- Supper | Max 2 hours between 5pm – 7pm
- Evening Snack | Max 1 hour after 7pm

**Are you requesting an exception for meal times outside of the regulatory requirements?** If you have a meal time outside the CACFP customary mealtimes, please select **yes** to this question. A text box will pop up allowing you to explain why you need an exception to the customary mealtimes.

**Civil Rights Data Collection:** Operators must complete the Civil Rights Data Collection table annually by inputting information about the site's service area and total enrolled participants.

- **Enrolled Participants:** Input the ethnic and racial data of your enrolled participants.
- **Service Area:** To complete the Service Area column, utilize the following resource: [How to Complete Ethnic and Racial Data](#).



Please note, visual identification of participants' race and ethnicity is no longer acceptable. Refer to [CACFP 11-2021](#) for more details.

# Management Plan

## SITE INFORMATION | DOCUMENTS UPLOAD

A screenshot of a web form titled "Documents Upload". The form contains five sections, each with a red asterisk indicating a required document: "Licensing or Child Care Standards documents:", "Kitchen Permit (New Sites Only):", "At-Risk Area Eligibility Document:", "At-Risk Enrichment Activities Information:", and "Rental/Lease Contract or Depreciation Schedule:". Each section has a corresponding upload button.

At the bottom of the Site Information page is the **Documents Upload** section. The uploads vary based on information provided on the Site Information page. Additionally, some uploads are only required if the previously provided documentation has expired.

Required uploads may include **Licensing, At-Risk Eligibility, At-Risk Enrichment Activities**, and **Rental/Lease Contract or Depreciation Schedule**.

**Licensing or Child Care Standards Documents:** If the uploaded licensing documentation has expired or will be expiring by 10/1, upload the site's current licensing documentation.

- Centers: Upload DHS license.
- Emergency Shelters: Upload proof of licensing to operate.
- Tribal Sites: Upload license or approval documentation by tribal authorities. This may include a letter from the Office of Environmental Health.
- At-Risk Only Sites: If the site does not have a traditional license to operate (e.g. it is a library or community site), upload a complete [Child Care Standards for Unlicensed Facilities](#) with a fire inspection and health inspection report dated within the last 12 calendar months attached. A fire inspection and health inspection are required. If the at-risk site is a school, they are exempt from this requirement and may upload a blank document.

If you are unsure of what to upload, please refer to the licensing upload in last year's approved Site Information page.

# Management Plan

## SITE INFORMATION | DOCUMENTS UPLOAD

**At-Risk Eligibility and Documentation for At-Risk Only:** Eligibility information in the Site Information section and documentation under Documents Uploads is valid for five years. If the eligibility documentation in the Management Plan is still valid, no changes should be made. If your eligibility information has expired, please review: [How to Determine At-Risk Eligibility](#).

**At-Risk Enrichment Activities Information:** Documentation outlining the enrichment activities that will be offered is required for every at-risk site. Please upload information about the enrichment activities provided. This can be in the form of a calendar, pamphlet, brochure, flier, advertisement, or a simple document that lists enrichment offerings (e.g. tutoring, music, drama, homework help, physical activities, arts and crafts, etc.).

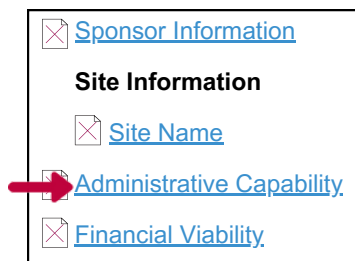
**Rental/Lease Contract or Depreciation Schedule:** If you include rent/depreciation on your budget/claim, upload a current rental/lease contract or current (meaning from the most recent tax year) depreciation schedule.

If you **do not** include rent/depreciation on your budget/claim and this upload appears, revise the response to 'Is the facility owned, owned and fully depreciated, or lease/rented?' under Site Information to 'Not Claiming Rent/Depreciation Costs'.

# Management Plan

## ADMINISTRATIVE CAPABILITY

The Administrative Capability page is used to validate that you are administratively capable of operating the CACFP.



To access the Administrative Capability page, select the link on the right-hand side of the screen. Once the Administrative Capability page loads, select the yellow 'Edit' button.

**Training:** The first required update is the Training section, which gathers information about annually required internal training on CACFP and Civil Rights topics.

The following resources are available to support this training offering:

- Civil Rights Compliance ([English](#)) ([Spanish](#))
- [Annual Staff CACFP Training Presentation Template](#)
- [CACFP Trainer's Tools: Feeding Infants](#)
- [Template Training Agenda and Sign-In Sheet](#)

## How are new staff members trained in CACFP duties?

New staff must receive CACFP training prior to performing CACFP duties. Indicate what materials are used by selecting either Internally developed ADE training package (meaning you use resources provided by ADE, either the Training Template or other ADE resources) or Other. If you select 'Other', an explanation of what is used is required.

A screenshot of a web form titled 'How are new staff members trained in CACFP duties?'. It features a dropdown menu with '- Select -' as the current selection. Below the dropdown, there are two main options: 'Internally developed ADE training package' and 'Other'. The 'Internally developed ADE training package' option is selected, and its description reads: 'I will develop a training package based on the CACFP trainings provided by ADE and other available program resources. New staff will complete the training before assuming responsibility for program functions. Documentation of training will be maintained.' The 'Other' option is also visible with the text 'Other (explanation required)'.

# Management Plan

## ADMINISTRATIVE CAPABILITY

### Annual Training/Annual Civil Rights Training for all staff members

**was completed on?:** Input the date internal Civil Rights Compliance training was completed this program year. The date provided must fall between October 1 of last year and September 30 of the current year. If multiple trainings were offered, input the date of the first training. Please note, the date inputted here must match the date on the training agenda.

### CACFP Annual Training/Annual Civil Rights Training - Topics List:

All topics listed must be covered in annual CACFP/Civil Rights training. If your training did not cover one of the required topics, please conduct an additional training by October 1. If you are unable to provide training on a required topic by October 1, describe why in the text box. Note, ADE's template training satisfies all CACFP required topics. ADE's Civil Rights Compliance training satisfies all Civil Rights required topics.

|                                                                          |
|--------------------------------------------------------------------------|
| Check all required training topics that were provided                    |
| <input checked="" type="checkbox"/> Meal Pattern                         |
| <input checked="" type="checkbox"/> Meal Count Procedures                |
| <input checked="" type="checkbox"/> Record Keeping                       |
| <input checked="" type="checkbox"/> Claims Submission                    |
| <input checked="" type="checkbox"/> Reimbursement System (if applicable) |
| <input checked="" type="checkbox"/> Review Procedures                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| Check all required training topics that were provided                                                        |
| <input checked="" type="checkbox"/> Collection and use of data                                               |
| <input checked="" type="checkbox"/> Effective public notification systems                                    |
| <input checked="" type="checkbox"/> Complaint procedures                                                     |
| <input checked="" type="checkbox"/> Compliance review techniques                                             |
| <input checked="" type="checkbox"/> Resolution of noncompliance                                              |
| <input checked="" type="checkbox"/> Requirements for reasonable accommodations for persons with disabilities |
| <input checked="" type="checkbox"/> Requirements for language assistance                                     |
| <input checked="" type="checkbox"/> Conflict resolution                                                      |
| <input checked="" type="checkbox"/> Customer service                                                         |

### Proposed Date for CACFP Annual Training & Annual Civil Rights:

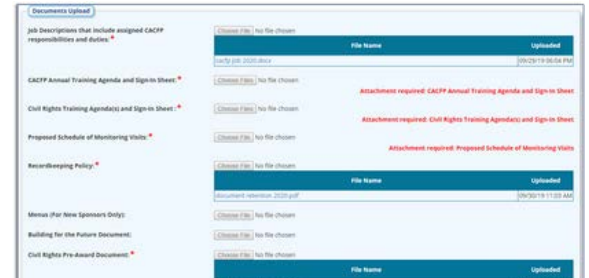
Input the anticipated date(s) training will be conducted next program year (between October 1 of the current year and September 30 of the following year).

|                                          |                     |
|------------------------------------------|---------------------|
| Proposed Date for CACFP Annual Training* | Between 10/1 - 9/30 |
| Proposed Date for Annual Civil Rights*   | Between 10/1 - 9/30 |

# Management Plan

## ADMINISTRATIVE CAPABILITY | DOCUMENTS UPLOAD

At the bottom of the Administrative Capability page is the Documents Upload section. All uploads from the previously approved Management Plans will carry over.



Required uploads include **CACFP Annual Training Agenda and Sign-In Sheets, Civil Rights Training Agenda and Sign-In Sheet,** and multi-site sponsors must upload a **Proposed Schedule of Monitoring Visits.**

### **CACFP Annual Training and Civil Rights Agenda and Sign-In**

**Sheet:** Each year, you must submit the training agenda and sign-in sheets to demonstrate the completion of internal staff training requirements. The agenda must include the following components:

- Name of Trainer(s)
- Date of Training, *which must match the date input in the earlier Training section*
- Location of Training
- Topics Covered, *which must include all required training topics.*
  - **CACFP Required Topics:** Meal pattern, meal counts, review procedures, recordkeeping requirements, claims submission, and reimbursement systems.
  - **Civil Rights Required Topics:** Collection and use of data, effective public notification systems, complaint procedures, compliance review techniques, resolution of non-compliance, requirements for reasonable accommodations for persons with disabilities, requirements for language assistance, conflict resolution, and customer service.



If you used ADE's template Training Agenda and Sign-In Sheet, these requirements are satisfied.

# Management Plan

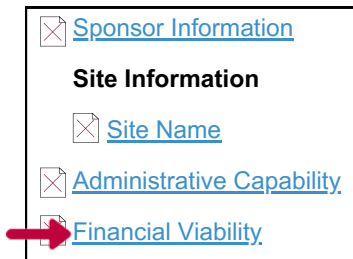
## ADMINISTRATIVE CAPABILITY | DOCUMENTS UPLOAD

**Proposed Schedule of Monitoring Visits:** Multi-site sponsors must upload a proposed monitoring schedule demonstrating planned compliance with monitoring requirements. The proposed schedule of monitoring visits must include proposed dates for each of the three annually required visits with no more than six months between each review for each operating site. Consider using [ADE's Optional Template Schedule of Monitoring Visits](#) for assistance.

# Management Plan

## FINANCIAL VIABILITY

The Financial Viability page of the Management Plan is used to assess that you are financially viable and have proper internal controls in place to ensure accountability of federal program dollars.



☒ [Sponsor Information](#)

**Site Information**

☒ [Site Name](#)

☒ [Administrative Capability](#)

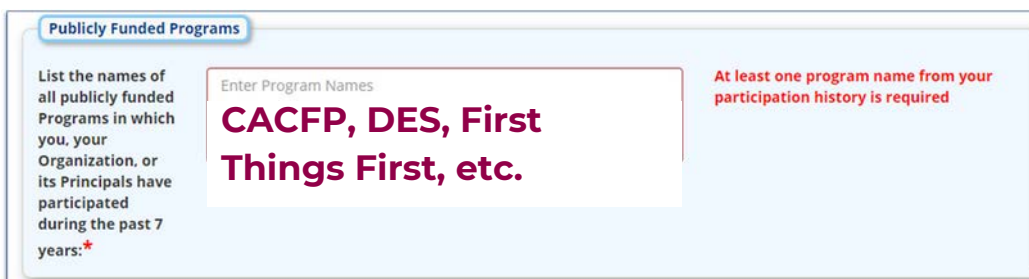
☒ [Financial Viability](#)

To access the Financial Viability page, select the link on the right-hand side of the screen. Once the Financial Viability page loads, select the yellow 'Edit' button.

It is highly recommended you review the Financial Viability page from your approved Management Plan from the previous PY and use your approved responses as a guide.

**Publicly Funded Programs:** The first required update is the Publicly Funded Programs section, which gathers information about publicly funded programs your organization has participated over the last seven years.

**List the names of all publicly funded Programs...:** List ALL publicly funded programs you've participated in during the past seven years, no matter how obvious they may seem. Common programs include the Child and Adult Care Food Program, DES, First Things First, and occasionally the National School Lunch Program or Summer Food Service Program.



**Publicly Funded Programs**

List the names of all publicly funded Programs in which you, your Organization, or its Principals have participated during the past 7 years:\*

Enter Program Names

**CACFP, DES, First Things First, etc.**

At least one program name from your participation history is required

# Management Plan

## FINANCIAL VIABILITY

**Responsible Principals:** To complete the Responsible Principals section of the Financial Viability page input the name, date of birth, and non-business mailing address for at least two persons responsible for management of the CACFP.

**Internal Controls and Conflict of Interest:** The next section is the Internal Controls and Conflict of Interests Section. This section is heavily assessed when considering your financial viability. Responses should be accurate and detailed. Again, ADE recommends you visit your Management Plan from last FY and use your approved responses as a guide.

- **Does the organization maintain a less-than-arm's length relationship...:** Indicate any potential conflicts of interests by selecting Yes or No from the dropdown. If you respond yes," another box will appear to allow you to disclose this information. Answering yes does not automatically disqualify you. Please disclose anything you think might be perceived as a problem.  
*For example, if your sister-in-law owns the catering company that provides meals at your center, that would be seen as a "less-than-arm's-length relationship". If we know about it, we can discuss it to ensure everything is properly documented. If you do not disclose it, it will force us to take action.*
- **Does the organization prevent and detect...:** Describe in detail financial internal controls in place to prevent and detect improper financial activities to ensure CACFP funds are safeguarded.  
*If you are unsure how to answer this question adequately, research financial or accounting internal controls online. Read about the main types of internal controls and describe how you implement some of them in your institution. If none of them apply, you must implement internal controls immediately.*

# Management Plan

## FINANCIAL VIABILITY

**Financial Recordkeeping:** The questions under Financial Recordkeeping help us understand who reviews your financial records, how often they are reviewed, how you track financial information, and who develops and executes the CACFP budget.

- **Who is responsible for reviewing the organization's financial records?** Provide the name(s) and title(s) of the individual(s) responsible for the financial operations of the organization.
- **How often are the organization's financial records reviewed?** Available options are Monthly, Quarterly, Semi-Annually, Annually, or Other. If "Other" is selected, explain.
- **What are the programs/systems used to track/manage financial-related information?** Provide the name of the software used to record and maintain the financial activity of the organization. If using a manual system, enter "Manual."
- **What position in the organization is responsible for developing and executing the CACFP Operational and Administrative budget?** Enter the name and title of the individual(s) that are responsible for preparing the budget.

**Projected Revenue Sources:** The Projected Revenue Sources collects information about additional funding sources available that could be used to supplement food program expenses if/when necessary.

# Management Plan

## FINANCIAL VIABILITY

- **Income Chart:** In the chart under Projected Revenue Sources, list the sources of money you have coming in which can be used for CACFP operations in monthly amounts. These revenue sources may include tuition, donations, parent payments, unrestricted grant funding, DES payments, etc. Things that are not revenue sources and therefore should not be listed include loans, credit lines, and savings accounts.

*Only unrestricted funds that can be used for CACFP should be listed. First Things First funds are restricted and therefore should be excluded.*

- **Anticipated Monthly CACFP Reimbursement:** Report your highest month's reimbursement from the current PY. To get your highest month's reimbursement, go to the CNPWeb through ADEConnect and click Claims. Then, click View Payment Summary and select the highest month of reimbursement.

| Center Apps                                                                               | FDCH Apps  | Center Claims | FDCH Claims  | Reviews      | Deficiencies | CNP Overview |
|-------------------------------------------------------------------------------------------|------------|---------------|--------------|--------------|--------------|--------------|
| - Sponsor Claims ( 1 )                                                                    |            |               |              |              |              |              |
| View Account Activity View Advance Summary View Meal Service Summary View Payment Summary |            |               |              |              |              |              |
| Action                                                                                    | Revision   | Type          | Status       | Last Updated |              |              |
| Payments for Program Year 2021                                                            |            |               |              |              |              |              |
| Payment Period                                                                            | Batch Date | Batch No.     | Document No. | Check Amount |              |              |
| 2020 January                                                                              | 01/03/2020 | 169           | 200103-0     | \$ 9,478.85  |              |              |
| 2020 February                                                                             | 02/03/2020 | 235           | 200203-0     | \$ 4,441.14  |              |              |
| 2020 February                                                                             | 02/21/2020 | 286           | 200221-0     | \$ 3,978.68  |              |              |
| 2020 March                                                                                | 03/17/2020 | 346           | 200317-0     | \$ 4,301.72  |              |              |
| 2020 April                                                                                | 04/20/2020 | 423           | 200420-0     | \$ 5,158.69  |              |              |
| 2020 May                                                                                  | 05/21/2020 | 463           | 200521-0     | \$ 3,900.78  |              |              |
| 2020 July                                                                                 | 07/07/2020 | 555           | 200707-0     | \$ 3,282.07  |              |              |
| 2020 July                                                                                 | 07/20/2020 | 595           | 200720-0     | \$ 4,689.27  |              |              |
| 2020 August                                                                               | 08/12/2020 | 640           | 200812-0     | \$ 192.09    |              |              |
| 2021 Program Year Total:                                                                  |            |               |              | \$ 39,423.29 |              |              |
| Anticipated Monthly CACFP Reimbursement:*                                                 |            |               |              |              |              |              |
| \$ 5,159                                                                                  |            |               |              |              |              |              |

*Please note, the check amounts reflect the total payment processed. This means, if you submit the claim for two months at the same time, the check amount will be the combined payment. Only report the payment for the single highest month.*

# Management Plan

## FINANCIAL VIABILITY

- **Explain the organization's plan to sustain the CACFP in the event of a delay:** Provide a detailed explanation of how the organization will continue to meet the requirements of the CACFP in the event that program funds are delayed or interrupted. Provide enough detail for the ADE to determine the source of the funds being used and how much will be available. Consider the income sources listed in the Projected Revenues Income Chart. Savings accounts or funds that are easily accessible and readily available may also be listed. Credit cards or lines of credit should not be listed.
- **Explain the organization's plan to repay the CACFP:** Provide a detailed explanation of how the organization will repay outstanding debts that resulted from overclaims or pay for costs to operate the CACFP that are in excess of the monthly reimbursement. Provide enough detail for the ADE to determine the source of the funds available and how much will be available. You may find that this response is similar to the response provided for the last question. Again, for assistance, please view responses in last year's approved Management Plan.

**Bankruptcy:** The next section collects information about past/current bankruptcy status. ADE verifies all responses using public bankruptcy records. Please respond honestly. If you don't disclose the information, it will delay processing as your submission will be rejected for revision. To improve processing time, please disclose your bankruptcy history accurately the first time around.

# Management Plan

## FINANCIAL VIABILITY

- **Has the organization been in bankruptcy anytime in the past 7 years?** If the organization has declared bankruptcy in the past 7 years, answer Yes to this question and provide an explanation. If you answer yes, you will later be prompted to upload documentation of satisfaction of judgments/liens. In this Documents Upload section, please provide appropriate documentation to support the explanation about having declared bankruptcy.
- **Is the organization currently in bankruptcy?** If the organization has recently filed for bankruptcy that has not yet been discharged, answer Yes to this question and provide an explanation. If you answer yes, you will later be prompted to upload documentation of satisfaction of judgments/liens. In this Documents Upload section, please provide appropriate documentation to support the explanation of the bankruptcy status.
- **Has there ever been a lien or judgment against the organization and/or the responsible principals of the organization?** If the organization and/or its responsible principals have ever had a lien or judgment against them, this question must be answered Yes and an explanation must be provided. If you answer yes, you will later be prompted to upload documentation of satisfaction of judgments/liens. In this Documents Upload section, please provide appropriate documentation to support the explanation provided.

# Management Plan

## CERTIFICATION STATEMENTS

The **Certification Statements** page of the Management Plan is used to validate that you attest to specific program requirements.

To access the Certification Statements page, select the link on the right-hand side of the screen. Once the Certification Statements page loads, select the yellow 'Edit' button.

To complete the Certification Statements page, simply read each statement. If the statement is true, select the box. Once all statements are read, understood, and checked to indicate agreement, the Certification Statements page is complete.

### Certification Statements

Welcome to the CNP Management Plan and Budgets system. Please complete all required information then click the Save button. For assistance, please contact your specialist or the Specialist of the Day at (602) 542-8700 then press 1 for the Community Nutrition Program.

#### General Certification Statement

This is to certify that Lake Havasu Unified District - (08-02-01-000) meets all requirements contained in 7 CFR 226.6(b)(1)-(2) for a New or Renewing Institution.

I Certify that:

- ☐ No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List.
- ☐ The outside employment policy most recently submitted to the Arizona Department of Education remains current and in effect.
- ☐ The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the Arizona Department of Education.
- ☐ The institution itself, and the institution's principals, are not currently on the CACFP National Disqualified List.
- ☐ The list of any publicly funded programs institutions and principals have participated in the past seven years is current.
- ☐ The institution itself, and institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of the Program's requirements in the past seven years.
- ☐ No principals of the institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity.
- ☐ The institution is currently compliant with the required performance standards and financial viability and management, administrative capability, and program accountability as described in 7 CFR 226.6(b)(2)(vii).
- ☐ All CACFP documentation is maintained on-site for the current fiscal year, and all CACFP records are maintained for five years according to the Record Retention Policy provided.
- ☐ I understand that all CACFP Guidance Manuals and other resources are available to me on the Arizona Department of Education's website.
- ☐ I have read and understand Procedures for Complaints of Discrimination and Administrative Review Procedures provided on the Arizona Department of Education website.

Any of the above information that has changed since the initial application has already been submitted to the Arizona Department of Education or is being submitted with this certification.

☐ I Agree

Save

Cancel

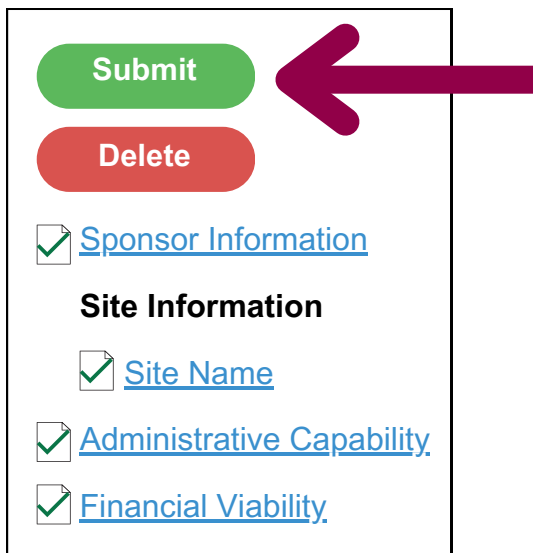
# Management Plan

## SUBMITTING THE MANAGEMENT PLAN

The Management Plan has five sections: Sponsor Information, Site Information, Administrative Capability, Financial Viability, and Certification Statements. When all information is up to date, accurate, and complete, you are ready to submit!

Recall, initial submissions and revised applications are reviewed in the order they are received. It is **highly** recommended that you conduct a thorough review of your Management Plan prior to submitting to assure it is free of errors.

After assuring each page is up to date, accurate, and complete, submit the Management Plan by selecting the Submit button.



Submit

Delete

✓ [Sponsor Information](#)

**Site Information**

✓ [Site Name](#)

✓ [Administrative Capability](#)

✓ [Financial Viability](#)

# Budget

## COMPLETING THE BUDGET

Every year, CACFP applicants must submit a budget forecasting the amount of reimbursement that will likely be received and how that reimbursement will be spent. Budget figures do not impact reimbursement, but rather communicate how you plan to spend reimbursement when it is received.

Budgets must demonstrate planned compliance for the following cost reporting requirements -

- Operators of the CACFP must spend all their reimbursement on allowable CACFP expenses.
- No more than 15% of the reimbursement may be attributed to administrative expenses.
- Lastly, as a best practice at least 50% of reimbursement should be spent on quality food purchases.

### TIPS FOR A SUCCESSFUL SUBMISSION

- Save often! The system times out after 10 minutes. Any information that is not saved will be lost.
- Only provide annually required forms/information or update items that have changed.
- Use our webpage! Forms and resources are available on the Renewal Resources webpage:  
[www.azed.gov/hns/cacfp/renewalresources/](http://www.azed.gov/hns/cacfp/renewalresources/).

# Preparing for the Budget

## GATHERING INFORMATION | PROGRAM EXPENSES

For renewing operators, all of the information needed to create the budget is available in the CNPWeb. To gather this information, load the CNPWeb claims page for the most recent claim submitted. Print a copy of your sponsor claim.

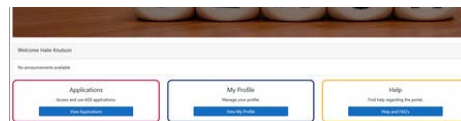
### Step #1:

Go to any ADE webpage and click 'ADEConnect'.



### Step #2:

Click 'View Applications'.



### Step #3:

Click 'CNPWeb'.



### Step #4:

Click 'CACFP'.



### Step #5:

Click 'Center Claims'.



### Step #6:

Click 'View' under the most recently submitted Sponsor Claim.



### Step #7:

Print or write down the figures under the Actual YTD Administrative and Operational Expenses.

This information reflects all reported expenses for the current program year. It will be used to identify reasonable budget figures.

| Calculated CACFP Administrative Expenses   |  | Actual YTD |
|--------------------------------------------|--|------------|
| Administrative Cost - Labor:               |  |            |
| Administrative Cost - Benefits:            |  |            |
| Administrative Cost - Rent or Mortgage:    |  |            |
| Administrative Cost - Contracted Services: |  |            |
| Administrative Cost - Communications:      |  |            |
| Administrative Cost - Other Costs:         |  |            |
| Administrative Cost - Unaffiliated Costs:  |  |            |
| Total CACFP Administrative Expenses:       |  |            |
| Calculated CACFP Operational Expenses      |  | Actual YTD |
| Operating Cost - Labor:                    |  |            |
| Operating Cost - Benefits:                 |  |            |
| Operating Cost - Food:                     |  |            |
| Operating Cost - Supplies:                 |  |            |
| Operating Cost - Rent or Mortgage:         |  |            |
| Operating Cost - Contracted Services:      |  |            |
| Operating Cost - Utilities:                |  |            |
| Operating Cost - Other Costs:              |  |            |
| Operating Cost - Unaffiliated Costs:       |  |            |
| Total CACFP Operational Expenses:          |  |            |

# Preparing for the Budget

## GATHERING INFORMATION | PROGRAM REIMBURSEMENT

After collecting a copy of the most recent sponsor claim, identify the total program reimbursement received to date by returning to the claims index page, selecting Payment Summary, and recording the program year total reimbursement.

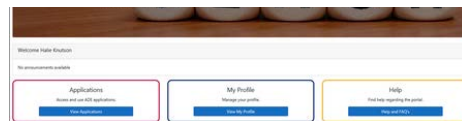
### Step #1:

Go to any ADE webpage and click 'ADEConnect'.



### Step #2:

Click 'View Applications'.



### Step #3:

Click 'CNPWeb'.



### Step #4:

Click 'CACFP'.



### Step #5:

Click 'Center Claims'.



### Step #6:

Click 'View Payment Summary' under the Sponsor Claim.



### Step #7:

Print or write down the 'Program Year Total'.



# Preparing for the Budget

## IDENTIFYING A REASONABLE RANGE

The first step to building a budget is to identify a reasonable budget range. A reasonable budget range identifies the minimum and maximum amount of expenses that can be budgeted for **without** an explanation. This range is found using the current program year's expenses, which are the Actual YTD figures found at the bottom of the most recent sponsor claim.

To identify the **minimum** reasonable range, **convert** the Calculated CACFP Administrative, Calculated CACFP Operational Expenses, and Program Year Total Reimbursement from the most recent sponsor claim to **annual figures**.

- Divide each expense by the number of operating months **claimed**. Then, multiply each quotient by the total number of months you operate in the year.
  - **Number of Operating Months Claimed:** The number of operating months claimed is the total number of Sponsor Claims in **Completed** status in the CNPWeb for the current program year.

*For example, assuming all sponsor claims were correctly submitted, if you operate all 12 months and your most recent claim submitted is for August, your number of operating months claimed would equal 11. Similarly, if the last month claimed was July, your number of operating months claimed would equal 10.*

The calculated annual figures are the **minimum** dollar amount you may budget for **without** explaining why you anticipate a drop in expenses.

# Preparing for the Budget

## IDENTIFYING A REASONABLE RANGE

To identify the **maximum** reasonable range, simply multiply the calculated annual figures by the Cost of Living Adjustment, which can be found on the [Social Security Administration's webpage](#). It is typically between 3-5%, or 1.03-1.05 but ranges as high as 8.7%, or 1.087, as seen in 2023.

The calculated figures with the Cost of Living Adjustment are the maximum dollar amount you may budget for without explaining why you anticipate an increase in expenses.



ADE's [Reasonable Budget Range Calculator](#) will help make these calculations. Please note, for this resource to work you must select Enable Content. If it gives you trouble, save the document to your computer.

# Budget

## BUILDING THE BUDGET

Using the calculated reasonable range, begin to build the budget.

**Facility Information:** The first budget section to complete is Facility Information. This information should carry over from last year's approved budget. Review to verify continued accuracy.

- **No. of Operating months (1-12):** Input the total number of months the CACFP is operated. Typical responses include 12 if year-round, 10 if over the school year.
- **Weekend Care Provided?** Indicate if care is offered on Saturday or Sunday. Please note, if you indicate yes, the license uploaded on the Site Information page(s) in the Management Plan must indicate you are licensed to provide weekend care.
- **Administrative and Operational Facility Costs including rent/depreciation will be?** Indicate whether facility costs (like rent/mortgage and/or utilities) are claimed or not claimed.

If you respond 'Claimed', you must input the Administrative, Operational, and Total Square Footage.

- **Administrative Square Footage:** Input the administrative square footage. As a reminder, allowable administrative square footage is the square footage of the office area or administrative service area used for CACFP operations.
- **Operational Square Footage:** Input the operational square footage. As a reminder, allowable square footage is the square footage of the kitchen, food storage areas, and meal service areas.
- **Total Square Footage:** Input the total square footage.

# Budget

## BUILDING THE BUDGET

**Labor Cost - Administrative:** All operators of the CACFP are **required** to include administrative labor costs in the budget.

- **Position:** List the positions of individuals who perform administrative tasks. Commonly, this includes the owner, director, assistant director, office manager, and/or monitor(s).
- **CACFP Duties:** List the administrative tasks the position is responsible for. Common administrative tasks include processing applications, collecting information for claims, cost reporting, submitting claims, training staff, and monitoring sites.
- **No. of Staff:** Identify the number of individuals for each position responsible for completing administrative tasks. Reasonably, this should not exceed **1-2 individuals** per operating site.
- **Hours per day for CACFP Duties only:** Indicate the hours per day each position spends completing administrative tasks. Reasonably, this should not exceed **0.25-1 hour per day**.
- **Salary/Wage per hour:** Input the hourly wage for each position.
- **CACFP Portion of Benefits:** Benefits are not a common cost sponsors choose to include in their budget. However, if you offer employee benefits, a portion may be attributed to the CACFP.  
*To report a portion of employee benefits as a CACFP expense, multiply the Hours per day for CACFP Duties only by the total number of days the employee works monthly. Then, divide the product by the employee's total monthly work hours. Then, multiply the calculated hours spent on CACFP duties by the number of CACFP operating months, and the annual cost of benefits paid to the employee to calculate the CACFP portion of benefits.*

# Budget

## BUILDING THE BUDGET

**Labor Cost - Operational:** Next is Labor Cost - Operational. Review any information that carried over to verify continued accuracy.

- **Position:** List the positions of individuals who perform administrative tasks. Commonly, this includes kitchen staff, teachers, and infant teachers.
- **CACFP Duties:** List the operational tasks the position is responsible for. Common operational tasks include cooking, cleaning, engaging in the meal service, taking point of service meal counts, and verifying the creditability of meals.
- **No. of Staff:** Identify the number of individuals for each position responsible for completing operational tasks.
- **Hours per day for CACFP Duties only:** Indicate the hours per day each position spends completing operational tasks. The allowable hours per day vary by position -
  - Cook & Kitchen Staff: Up to 8 hours. The cost of labor for the cook's entire work day is an allowable expense for CACFP unless their duties expand outside of food preparation, purchasing, kitchen maintenance, etc.
  - Infant Teachers: Up to 2 hours.
  - Teachers: Up to 1.25 hours for teachers who engage in the meal service. 0.25 hours if teachers do not engage in meal service and simply serve pre-plated meals. 0.5 hours if the teachers do not engage but take point of service meal counts.
- **Salary/Wage per hour:** Input the hourly wage for each position.

# Budget

## BUILDING THE BUDGET

- **CACFP Portion of Benefits:** Commonly, operators exclude benefits from their budget. If you'd like to report a portion of benefits as a CACFP expense, identify the CACFP portion of benefits using the formula outlined under administrative benefits.

**Facility Costs:** If you indicated that you claim facility costs under the Facility Information section, you must complete the Administrative and Operational Facility Costs section.

- **Depreciation or Rent (Monthly):** Input the monthly cost of depreciation/rent. This figure must match the amount on the rental/depreciation schedule uploaded on the Site Information page(s) in the Management Plan.
- **Contracted Services:** Contracted services are not a common cost sponsors include in their budget. If you submitted a contract on the Sponsor Information page of the Management Plan for a service other than catering or FSMC services, input the cost of Contracted Services.
- **Communication Costs (Administrative Only):** If you claim communication costs, input the description of which communication costs are claimed. Allowable communications costs include phone and internet. Then, input the average monthly cost of these services.
- **Utility Costs (Operational Only):** If you claim utility costs, input the description of which utility costs are claimed. Allowable utility costs include water, electricity, gas, and waste disposal. Then, input the average monthly cost of these utilities.

# Budget

## BUILDING THE BUDGET

- **Other Costs:** Other Costs are not a common cost sponsors include in their budget. If you claimed Other Costs last year, review the [Allowable Expenses in the CACFP](#) resource. Verify the costs claimed as 'Other Costs' are allowable. Then, update your budget accordingly.

**Food and Supplies Costs:** The next section is Food and Supplies Costs. To complete this section, refer to the reasonable range for food and supplies costs calculated before you began completing the budget.

- **Food:** As a reminder, allowable food costs include infant formula, infant foods, all creditable foods, milk, and extras (such as spreads and spices) purchased to prepare and serve meals and snacks on the CACFP menu.
  - **Annual Cost of Non-Profit Food Service Operational:** Input the anticipated annual food costs for the upcoming year. The amount input *should* fall within the reasonable range you calculated before beginning the budget.
  - **Food Costs Were Determined By:** Input a description of how food costs were calculated. This should include an indication that you used actual expenses from last program year. If you increased or decreased anticipated food costs outside of the reasonable range, describe why you anticipate the change in food costs. Reasonable explanations could include changes in enrollment, changes in meals/snacks served, revised menus, changes in menu quality, transitioning from using a caterer to being self-prep, etc.

# Budget

## BUILDING THE BUDGET

- **Supplies and Equipment:** Any supply that supports your meal service may be an allowable supply cost. These items include gloves, disinfectant, dish liquid, sponges, plates, paper towels, cutlery, napkins, pitchers, serving bowls, cooking tools, pots, and pans, etc.
  - **Annual Cost of Non-Profit Food Service Operational:** Input the anticipated annual supplies cost for the upcoming year. The amount input should fall within the reasonable range you calculated before beginning the budget.
  - **Supplies Cost Were Determined By:** Input a description of how supply costs were calculated. This should include an indication that you used actual expenses from last program year. If you increased or decreased anticipated supply costs outside of the reasonable range, describe why you anticipate the change. Reasonable explanations could include increased COVID precautions, changes in enrollment, changes in meals/snacks served, transitioning from using a caterer to being self-prep, etc.

**Cost of Unaffiliated Centers:** Indicate if centers are affiliated or unaffiliated.

- If all centers are **affiliated**, meaning they are owned and operated by the same organization, check N/A - All centers are affiliated.
- If centers are **unaffiliated**, meaning sites are owned by another business entity, but have entered into an agreement with a center sponsor for the management of the CACFP, input the name of each center and the approximate Administrative and Operational Cost of operating the CACFP at each site.

# Budget

## BUILDING THE BUDGET

### **Projected Annual Non-CACFP Income for Non-Profit Food Service:**

Anticipated program reimbursements are reported in the Projected Annual Non-CACFP Income section.

- **Projected Annual CACFP Reimbursement for Upcoming Fiscal Year:** Input the anticipated reimbursement for the upcoming year, based on the reasonable range calculated before beginning the budget, plus the remaining Emergency Operational Cost Funds that need to be spent in the upcoming year.
- **Projected Annual Revenue Received from Reduced-Price and Paid-households, if Organization has been approved for Pricing Program:** Input 0 unless you have been told otherwise by your specialist.

**Certification Statement:** Read the certification statement. Check the box if it reads true.

**Identify the source(s) of non-CACFP income...:** List **allowable**, unrestricted sources of non-CACFP income that can be used for the CACFP. These sources should match the Projected Revenues chart in the Financial Viability page of the Management Plan.

# Budget

## SUBMITTING THE BUDGET

Before you submit the budget, compare the Budget Summary and Projected Annual CACFP Reimbursement to the reasonable range calculated. If any budget figures are significantly higher or lower than the reasonable range, identify if there's a valid explanation. If there is a reasonable explanation, provide the explanation to your specialist. If there is not, revisit the section of the budget and make adjustments.

After verifying reasonability, verify planned compliance.

- Confirm **Administrative Costs are less than 15%** of Projected Annual Reimbursement. If they are not, reduce administrative costs by removing Administrative Facility Costs or adjusting the hours per day for CACFP Duties only under Administrative Labor.
- Confirm at least **50% of reimbursement is being spent on food**. If it is not, revisit the food costs section. Confirm the value input is reasonable. If it is, evaluate if you can increase food costs by purchasing higher quality foods or ingredients, purchasing local foods, adding a third component at snack(s), or adding an extra component at breakfast. In the Food Costs were Determined By text box, add an explanation as to why you increased food costs or why you are unable to meet the AZ best practice of spending at least 50% of reimbursement on food.
- Lastly, confirm you plan to operate a **non-profit food service**, meaning there are more budgeted expenses than reimbursement. If not, you must increase planned spending. Review your budget once more for reasonability. Identify any budget areas that could be added or increased. For assistance, review the [Allowable Expenses in the CACFP](#) resource

Once your budget is **reasonable** and **compliant**, it may be submitted.

# Renewal Process

## WHAT'S NEXT?

After the Management Plan and Budget are submitted, an HNS Specialist will review the submission for accuracy and completion. If revisions are needed, the applications will be rejected and returned for corrections. Once the Specialist deems the Management Plan and Budget complete, the applications will be sent for Director approval.

Once the Management Plan and Budget are approved by a Director, the final step of the renewal process is to complete Site and Sponsor Applications in the CNPWeb.

# CNPWeb Applications

## COMPLETING THE CNPWEB APPLICATIONS

Once your Management Plan and Budget are approved, the last step of the renewal process is to submit Site and Sponsor Applications in the CNPWeb.

### TIPS FOR A SUCCESSFUL SUBMISSION

- Submit Site Applications first! The CNPWeb requires Site Applications be completed and submitted before the Sponsor Application.
- Use ADE's Renewal Application Resources:
  - [How to Submit CNPWeb Applications for the Child and Adult Care Food Program](#): This step-by-step instruction reviews the process of submitting applications in the CNPWeb.
  - [Transferring the CNP Management Plans and Budgets to CNPWeb](#): To successfully complete your CNPWeb applications, you must input information from your approved Management Plan and Budget. If the information on your CNPWeb applications does not match your approved Management Plan and Budget, they will be rejected and will need to be revised. This worksheet can be printed and used to easily collect all necessary information.

# CNPWeb Applications

## LOCATING CNPWEB APPLICATIONS

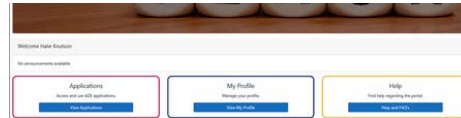
### Step #1:

Go to any ADE webpage and click 'ADEConnect'.



### Step #2:

Click 'View Applications'.



### Step #3:

Click 'CNPWeb'.



### Step #4:

Click 'CACFP'.



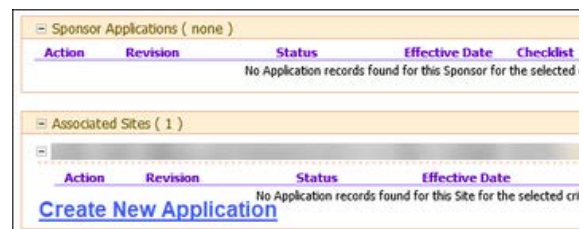
### Step #5:

Click 'Center Apps'.



### Step #6:

Starting with a Site Application, open the applications by clicking 'Create New Application'.



# CNPWeb Applications

## SITE APPLICATIONS

Complete the site application using the information from the **Site Information** page of your **approved Management Plan**.

**Section 1: Site Contact:** Input the contact information for the person of contact at the site level.

**Section 2: Physical Address:** Input the physical address of the site.

**Section 3: Mailing Address:** Input the mailing address of the site. If it is the same as the physical address, select the box.

|                            |
|----------------------------|
| <b>1. Site Contact</b>     |
| First Name:                |
| Last Name:                 |
| Title:                     |
| E-Mail Address:            |
| Phone:                     |
| Fax:                       |
| <b>2. Physical Address</b> |
| Address 1:                 |
| Address 2:                 |
| City:                      |
| State:                     |
| Zip Code:                  |
| <b>3. Mailing Address</b>  |
|                            |

### Section 4: General Information:

- **Type of Center, Classification of Site, Type of Site Approval:**  
Select the appropriate response from the list of options.
- **License Number, Licensed Capacity, License Expiration Date:**  
Input licensing information.
- **First Date of Operation:** Input the first date you plan to operate in the upcoming program year. Unless indicated otherwise, this should be **October 1 of the current year**.
- **Last Date of Operation:** Input the last date you plan to operate in the upcoming program year. Unless indicated otherwise, this should be **September 30 of the upcoming year**.
- **Weekly Days of Operation:** Select the dates you operate. Saturday and Sunday should only be selected if you are licensed to provide weekend care.
- **Contract for Food Service:** If you use a **caterer** or a **Food Service Management Company**, answer 'Yes'. If you do not, select 'No'.

# CNPWeb Applications

## SITE APPLICATIONS

**Section 5: Number of Shifts for Each Meal Type:** Input the number of shifts and meal times for each meal and snack. This information **must** match the meal times listed in the **Site Information** page of your **approved Management Plan**.

- **Number of Shifts:** Most commonly, this number will be 1. If the meal times in your approved Management Plan included a second shift, input 2. If you do not serve a meal or snack, input 0.

**Management Plan - Site Information**

Traditional Meal Participation

| Meal Type                 | First shift |     | Second shift |     |
|---------------------------|-------------|-----|--------------|-----|
|                           | Start       | End | Start        | End |
| Breakfast (no snack meal) |             |     |              |     |
| Morning Snack (no meal)   |             |     |              |     |
| Lunch (no meal)           |             |     |              |     |
| Afternoon Snack (no meal) |             |     |              |     |
| Supper (no meal)          |             |     |              |     |
| Evening Snack (no meal)   |             |     |              |     |

**5. Number of Shifts for Each Meal Type**

Breakfast:  
Breakfast Start Time:  
Breakfast End Time:  
Morning Snack:  
Morning Snack Start Time:  
Morning Snack End Time:  
Lunch:  
Lunch Start Time:  
Lunch End Time:  
Afternoon Snack:  
Afternoon Snack Start Time:  
Afternoon Snack End Time:  
Supper:  
Supper Start Time:  
Supper End Time:  
Evening Snack:  
Evening Snack Start Time:  
Evening Snack End Time:

**Section 6: At-Risk Meal Service Program Participation:** Unless you are approved to operate the At-Risk Program, select 'No' for each At-Risk meal time. Sites approved to operate the At-Risk Meal Service Program must complete this section.

- **At-Risk Meal & Meal Times:** Answer Yes next to the meals/snacks served under At-Risk. Most commonly, At-Risk Afternoon Snack or At-Risk Afternoon Snack and At-Risk Supper are served. Then, input the corresponding meal times, which must match your approved Management Plan.
- **Name of Public School Used to Determine Eligibility:** List the school used to determine eligibility for the At-Risk component of the CACFP. This must match the school listed on the Site Information page of the approved Management Plan.

# CNPWeb Applications

## SITE APPLICATIONS

- **Education or Enrichment:** Summarize the enrichment activities offered at the site.
- **Months At-Risk Meals Are Served:** At-Risk Meals may be served when school is in session. Therefore, operators may select all months except June and July.

Please note, the **Eligibility, Eligibility Determination Beginning Program Year** and **the Eligibility Determination Ending Program Year** is completed by an HNS Specialist and should be **left blank**.

# CNPWeb Applications

## SUBMITTING THE SITE APPLICATION

Once all sections of the site application are complete, it may be submitted by selecting the 'Submit' button on the bottom of the Site Application page.



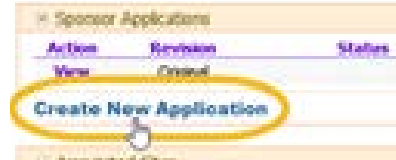
Once submitted, return to the applications index page. If your Site Application was properly submitted it will be in 'Waiting for Sponsor Application' status. This means you have submitted your site application(s) correctly. If your site application has a different status listed or you have multiple operating sites, repeat the process of completing and submitting the Site Application until all sites are in 'Waiting for Sponsor Application' status.

After submitting a Site Application for each site operating the CACFP in the upcoming program year, you are ready to complete the **Sponsor Application**.

# CNPWeb Applications

## SPONSOR APPLICATION

To begin your sponsor Application, select 'Create New Application' under Sponsor Application.



**Section 1: Sponsor Representative:** Input the contact information for the Designated Official or authorized representative for your institution. Verify the information is reflective of a reliable and accessible contact, as the contact information provided will be utilized by ADE to provide pertinent updates and information.

**Section 2: Record Keeper:** Input the contact information for an individual who maintains CACFP records on behalf of your institution. Verify the information is reflective of a reliable and accessible contact, as the contact information provided will be utilized by ADE to provide pertinent updates and information.

**Section 3: Physical Address:** Input the physical address of the sponsoring organization.

**Section 4: Mailing Address:** Input the mailing address of the sponsoring organization. If it is the same as the physical address, select the box.

|                                  |
|----------------------------------|
| <b>1. Sponsor Representative</b> |
| First Name:                      |
| Last Name:                       |
| Title:                           |
| Date of Birth:                   |
| E-Mail Address:                  |
| Phone:                           |
| Fax:                             |
| <b>2. Record Keeper</b>          |
| First Name:                      |
| Last Name:                       |
| Title:                           |
| Date of Birth:                   |
| E-Mail Address:                  |
| Phone:                           |
| Fax:                             |
| <b>3. Physical Address</b>       |
| Address 1:                       |
| Address 2:                       |
| City:                            |
| State:                           |
| Zip Code:                        |
| <b>4. Mailing Address</b>        |
|                                  |

# CNPWeb Applications

## SPONSOR APPLICATION

### Section 5: General Information:

- **Type of Sponsoring Authority:** From the dropdown of options, select the response that best describes your organization.
- **Do you currently receive USDA Foods?** Unless you are a School Food Authority (SFA), select 'No'. Based on the annual USDA Foods or Cash-in-Lieu of Commodities Survey, CACFP operators in Arizona prefer to receive additional funds for lunches and suppers served in lieu of USDA Foods. Therefore, USDA Foods are only available to SFAs in Arizona. If you are an SFA and would like to utilize your USDA Foods for CACFP meals/snacks, select 'Yes'.
- **Are you starting, maintaining, or expanding a Farm to Early Care Education (Farm to ECE) in your Child and Adult Care Food Program this Program Year?** Answer yes or no.
- **Pricing Policy:** Select Non-Pricing. Currently, all operators in AZ are operating non-pricing programs.
- **Computer Generated Meal Counts:** Indicate if you use a computer software to collect meal counts at any sites. If you do, verify you have an approved [Computer Software Agreement](#) on the Sponsor Information page of your Management Plan.

### Section 6: Projected Annual Income:

- **Non-CACFP Income:** Using the Projected Revenue Sources income chart on the Financial Viability page of your approved Management Plan, input your Non-CACFP Income.

6. Projected Annual Income

Non-CACFP Income:

Administrative Advance:

CACFP Income:

Value of Cash/Non-Cash Donations:

Value of Excess Personnel Meals:

Total Income:

Projected Revenue Sources

List the available funding sources you plan to use to operate CACFP in the event of interruption or gaps that will be available to CACFP, if needed. Note: Sources may not be anonymous.

| Source           | Monthly Amount | Allowable for CACFP |
|------------------|----------------|---------------------|
| Non-CACFP Income | \$ X           | Yes                 |
| Non-CACFP Income | \$ Y           | No                  |
| Non-CACFP Income | \$ Z           | No                  |
|                  |                | Yes                 |
|                  |                | No                  |

Add together all Monthly Amounts Allowable for CACFP and convert to Projected Annual Income by multiplying by 12.

# CNPWeb Applications

## SPONSOR APPLICATION

- **Administrative Advance:** Arizona does not issue Administrative Advances to center operators of the CACFP. Input '0'.
- **CACFP Income:** Input the Projected Annual CACFP Reimbursement for the upcoming fiscal year from your approved Budget.

| Projected Annual Non-CACFP Income for Non-Profit Food Service                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|
| Total Projected Annual Non-Profit Food Service Costs                                                                            |  |
| Projected Annual CACFP Reimbursement for upcoming fiscal year                                                                   |  |
| Projected Annual Revenue Received from Reduced-Price and Paid-households, if Organization has been approved for Pricing Program |  |
| Total Projected Funds required for Operations of a Non-Profit Food Service                                                      |  |

- **Value of Cash/Non-Cash Donations:** If your organization receives Cash/Non-Cash Donations allowable for use for the CACFP, input the approximate projected annual value of the donations in the corresponding field. If this does not apply, input '0'.
- **Value of Excess Personnel Meals:** Operators of the CACFP in Arizona are no longer required to track/report the value of excess personnel meals. Input '0'. Please note, if staff meals are served, they are still not reimbursable but must continue to be tracked by name at the point of service.

**Section 7 and 8: Projected Annual CACFP Expenses:** Enter your approved anticipated program expenses using the Budget Summary on your approved budget. The figures **must match** your approved budget. If the figures do not match, your applications will be rejected. Additionally, the system is unable to register decimal points. Please round all figures to the nearest dollar.

**Section 9: Certification Statement:** Once all other fields on your sponsor application have been completed, read the certification statement. If the statement reads true, select 'I Agree.'

# CNPWeb Applications

## SUBMITTING THE SPONSOR APPLICATION

Once all sections of the Sponsor Application are complete, it may be submitted by selecting the 'Submit' button on the bottom of the Sponsor Application page.



Once submitted, return to the applications index page. If your Sponsor Application was properly submitted it will be in 'Submitted to ADE' status. This means you have submitted your Sponsor Application correctly. If your Sponsor Application has a different status listed, repeat the process of completing and submitting the Sponsor Application until it is in 'Submitted to ADE' status.

Additionally, the status of your Site Application(s) should now be in 'Not Reviewed' status. If the status remains in 'Waiting for Sponsor Application' they were likely submitted in the incorrect order and will need to be rejected by your HNS Specialist.

If the statuses of your Sponsor Application are 'Submitted to ADE' and 'Not Reviewed' for your Site Application(s), congratulations! You have successfully submitted your CNPWeb Applications.



# What's Next?

## **FINALIZING THE RENEWAL PROCESS**

Your assigned specialist will receive a system-generated email indicating your applications have been submitted in the CNPWeb. They will review your submissions and either approve them or reject them for revisions. Once your applications are free of error, they will be approved by ADE and you will be all set for operations in the new program year.

# Thank you!

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In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

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