



New Applicant Guide for the Child and Adult Care Food Program



Health and Nutrition Services
Arizona Department of Education

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Introduction

WHAT IS AN APPLICANT GUIDE?

An Applicant Guide is a resource developed by the Arizona Department of Education (ADE) to assist prospective entities in navigating the onboarding process for ADE's federally funded meal programs. These programs provide essential reimbursements for meals served at participating centers.

INTENDED AUDIENCE

This guide is intended for sponsors and institutions interested in applying to operate the Child and Adult Care Food Program in Arizona. All regulations are specific to operating the CACFP under the direction of ADE.

PURPOSE OF THIS APPLICANT GUIDE

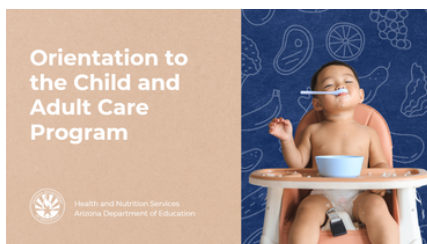
This applicant guide will go step-by-step through how to apply to operate the Child and Adult Care Food Program. It is essential to follow these steps in order. Please look at the form descriptions below for help completing the required paperwork.

Thank you for your interest in applying to operate the Child and Adult Care Food Program in Arizona! If you require additional assistance with the application process or paperwork, please contact HNS' New Entity Contact at (602) 542-8700 or submit a ticket through HelpDesk.

Assess Eligibility and Program Interest

Facilities must meet certain eligibility criteria to operate the CACFP. Further, being a federally funded program, there are a number of program requirements that must be upheld to sustain operations.

Please view and complete the [Orientation to the Child and Adult Care Food Program](#), [Civil Rights Compliance for Child Nutrition Operators](#), and the [CACFP Orientation Assessment](#) online training prior to beginning the applications process to assess eligibility and interest for the program.



[Orientation to the Child and Adult Care Food Program](#)



[Civil Rights Compliance for Child Nutrition Operators](#)

The image is a screenshot of a web-based assessment form titled "Orientation to the Child and Adult Care Food Program Assessment for New Operators". It includes fields for "Name" and "Date". Below these are instructions: "Instructions: Please complete the 20 questions below on your computer. Questions are in the form of drop-down, multiple choice, or short-answer. You may print this form once all questions have been answered." A note states: "Note: The form is a pre-test of questions are answered, the drop-down options will not show." The form contains two main sections: "1. What Child Nutrition Programs can CACFP sponsors participate in?" with a list of programs and checkboxes, and "2. Describe the relationship between a site and a sponsor." The bottom of the page has a footer: "November 2019, Health and Nutrition Services, Arizona Department of Education. This material is for informational purposes only.".

[Orientation Assessment](#)

Once complete, print the training certificate as they will be needed in the following application steps.

Prospective sponsors and institutions are encouraged to ensure that the training certificates are completed prior to submitting their application. Applicants must upload all forms simultaneously, as it is not possible to save the application and return later if any forms are missing during the initial submission.

How to Apply

Submission of the [CACFP Prospective Entity Form for Program Operators form](#) begins the application process for the Child and Adult Care Food Program. Training certificates will be uploaded on page 2 of the electronic form.

CACFP Prospective Entity Form for Program Operators

Start Training Requirements Entity Information Organizational Forms Preview Complete

Page 2 of 6 (20%)

* required field

Training Requirements

A Program administrator and key staff member(s) from each new operating organization are required to complete State Agency training in order for the organization to be eligible to participate in the Program. The following trainings must be completed, and corresponding training certificates uploaded here, before proceeding.

ONLINE COURSE: ORIENTATION TO CACFP
Upload completed assessment
 No file chosen

ONLINE COURSE: CIVIL RIGHTS COMPLIANCE FOR CACFP PROGRAM OPERATORS
Upload Civil Rights Certificate
 No file chosen

< Entity Information Entity Information>

Operating Entity Information

The next step includes adding the Operating Entity Information.

CACFP Prospective Entity Form for Program Operators

Start Training Requirements Entity Information Organizational Forms Preview Complete

Page 3 of 6 (40%)

* required field

If you have any questions while completing this form, please contact ADE's Health and Nutrition Services Onboarding Team for assistance at ContactHNS@azed.gov or by calling the Specialist of the Day at 602-542-8700, option 1.

Operating Entity Information

LEGAL ENTITY NAME (INCLUDING DBA IF IN LEGAL NAME)

PHYSICAL ADDRESS:

How to Apply (*continued*)

Prospective sponsors are required to complete the Operating Entity Information, which can be found on page 3 of the CACFP Prospective Entity Form for Program Operators submission process.

New applicants must obtain a Unique Entity Identifier (UEI) number and register with [SAM.GOV](https://sam.gov). Be sure to save the core data sheet issued by [SAM.GOV](https://sam.gov), which verifies your entity's registration and approval. This document is required to be uploaded during the application process. Both the UEI number and the approval document are essential for your application.

Active Registration

Unique Entity ID: [Redacted] CAGE/NCAGE: [Redacted] Expiration Date: Feb 14, 2026

Physical Address: [Redacted] Mailing Address: [Redacted]

Purpose of Registration: All Awards

Version: Current Record

BUSINESS INFORMATION

Doing Business As (blank)	URL (blank)
Division Name (blank)	Division Number (blank)
Congressional District Arizona 06	State/Country of Incorporation Arizona, United States

Owner	CAGE	Legal Business Name
Immediate Owner	(blank)	(blank)
Highest Level Owner	(blank)	(blank)

Registration Dates	
Activation Date Feb 26, 2025	Initial Registration Date Feb 12, 2025
Submission Date Feb 14, 2025	

Entity Dates	
Entity Start Date May 15, 1997	Fiscal Year End Close Date Dec 31

If there are any questions during the completion of this section, please do not hesitate to reach out to ADE's Health and Nutrition Services Onboarding Team for assistance. They can be contacted via HelpDesk or by calling 602-542-8700 to speak with a specialist.

Definitions

Table 1. Types of Entities

Child Care Center 7 CFR 226.2	Any public or private nonprofit institution or facility (except day care homes), or any for-profit center, as defined in this section, that is licensed or approved to provide nonresidential child care services to enrolled children, primarily of preschool age, including but not limited to day care centers, settlement houses, neighborhood centers, Head Start centers and organizations providing day care services for children with disabilities. Child care centers may participate in the Program as independent centers or under the auspices of a sponsoring organization.
Adult Day Care Center 7 CFR 226.2	Any public or private nonprofit organization or any for-profit center (as defined in this section) which (a) is licensed or approved by Federal, State or local authorities to provide nonresidential adult day care services to functionally impaired adults (as defined in this section) or persons 60 years of age or older in a group setting outside their homes or a group living arrangement on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall provide a structured, comprehensive program that provides a variety of health, social and related support services to enrolled adult participants through an individual plan of care.
At Risk Afterschool Care Center 7 CFR 226.2	A public or private nonprofit organization that is participating or is eligible to participate in the CACFP as an institution or as a sponsored facility and that provides nonresidential child care to children after school through an approved afterschool care program located in an eligible area. However, an Emergency shelter, as defined in this section, may participate as an at-risk afterschool care center without regard to location.
Emergency Shelter 7 CFR 226.2	A public or private nonprofit organization or its site that provides temporary shelter and food services to homeless children, including a residential child care institution (RCCI) that serves a distinct group of homeless children who are not enrolled in the RCCI's regular program.
Head Start Participant 7 CFR 226.2	A child currently receiving assistance under a Federally funded Head Start Program who is categorically eligible for free meals in the CACFP by virtue of meeting Head Start's low-income criteria.
Outside School Hours Care Center 7 CFR 226.2	A public or private nonprofit institution or facility (except day care homes), or a For-profit center as defined in this section, that is licensed or approved in accordance with § 226.6(d)(1) to provide organized nonresidential child care services to children during hours outside of school. Outside-school-hours care centers may participate in the Program as independent centers or under the auspices of a sponsoring organization.

How to Apply (*continued*)

Organizational Forms

Upload the necessary organizational forms into the CACFP Prospective Entity Form for Program Operators.

CACFP Prospective Entity Form for Program Operators

Start Training Requirements Entity Information Organizational Forms Preview Complete

Page 4 of 6 (60%)

* required field

Child and Adult Care Food Program Organizational Forms

Prospective sponsors and institutions are encouraged to ensure that all relevant forms listed below are completed prior to submitting their application. **Applicants must upload all forms simultaneously**, as it is not possible to save the application and return later if any forms are missing during the initial submission.

Please review your application prior to submission. Once all necessary forms have been uploaded, select submit at the bottom of the page.

Your application will be reviewed and a specialist will contact you in 8-10 business days.

[Parents](#) [Educators & Administrators](#) [Programs](#) [About ADE](#) [Data & Systems](#) [ADEConnect](#) [Q](#)

[Home / CACFP Prospective Entity Form for Program Operators / CACFP Prospective Entity Form for Program Operators](#)

CACFP Prospective Entity Form for Program Operators

Start Training Requirements Entity Information Organizational Forms Preview Complete

Page 6 of 6 (100%)

Thank you, your submission has been received.

[Go back to the form](#)

Thank you, your submission has been received.

[Go back to the form](#)

How to Apply (*continued*)

The following organizational forms must be completed and submitted as part of the application packet. The Arizona Department of Education posts organizational form templates on the Health and Nutrition Services' website

<https://www.azed.gov/hns/cacfp/programforms/>.

- ☐ ADEConnect Entity Administrator Form
 - Download [Request for ADEConnect Entity Administrator Account](#)
- ☐ State of Arizona W-9
 - Download [State of Arizona W-9 Form](#)
- ☐ Nonprofit 501C3 from the IRS (if applicable)
- ☐ Add-Change-Delete form
 - Download [Manual ADD/CHANGE/DELETE](#)
- ☐ Arizona Department Health Services License (if applicable)
- ☐ Child Care Standards for Unlicensed Facilities (if applicable)
- ☐ CACFP Electronic FPPSA Initiation Form
 - Download [CACFP Electronic FPPSA Initiation Form](#)
- ☐ Most Recent Three Months of Bank Statements
- ☐ 4 Week Cycle Menu
 - Save supporting menu documentation for later submission. For further guidance please review the [Supporting Menu Documentation Quick Guide](#).

At Risk Only

- ☐ Detail of Enrichment Activity (If Applicable)
- ☐ Documentation of Site Eligibility (If Applicable)
- ☐ Non-Associated Site Agreement (If Applicable)

Application Packet

Table 2. Application Packet Forms Descriptions

<u>State of Arizona Substitute W-9 Form</u>	This form is used to establish or update a vendor account with the State of Arizona. This form is required for LEAs to receive reimbursement for claims. Applicants must: • Follow the instructions provided on the form. • Be aware that ADE will only accept the W-9 in this format. • Provide a copy of the IRS approval letter if you selected Non-Profit, IRC §501(c) in the Minority Business Indicator section.
IRS 501(c)(3)	Private organizations only: Copy of tax-exemption 501(c)(3) letter from the IRS. • If you selected Non-Profit, IRC §501(c) in the Minority Business Indicator section of the AZ-W9, please provide a copy of the IRS approval letter. • IRS letters indicating you have applied for tax exemptions are not accepted.
Current Operating License	The purpose of collecting the Arizona Department of Health Services (ADHS) License to Operate is to show that the institution entering the agreement with ADE is credible, as well as regulated and monitored by a state licensing agency. Licensing is required and although ADE typically sees ADHS licenses, we do have a process for tribal nations, emergency shelters, and at-risk after school programs. Prospective Entities will need a copy of current operating license. • A license for each site(s) participating in the program. • Non-health facilities are licensed by DES. • Healthcare facilities are licensed by DHS.
Add/Change/Delete Form <u>Manual Electronic</u>	The purpose of this form is to formally request the sponsor and its participating site(s) to be added to ADE's application and claiming systems. The location where program meals will be served is referred to as a site. • The Sponsor (LEA) name must match the name listed in the School Finance database. • This form must be signed by the <i>Designated Official</i> or <i>Authorized Signer/Representative</i>. • If you are adding more than one site, there is an additional page to be filled out and signed.

Application Packet

Table 2. Application Packet Forms Descriptions (Continued)

**Food Program
Permanent
Service
Agreement
(FPPSA)**

**7 CFR 210.7
HNS 11-2020**

The Food Program Permanent Service Agreement (FPPSA) is a legal contract between the Arizona Department of Education (ADE) and the CACFP Operators participating in the Child and Adult Care Food Program. Reimbursement may only be made to those entities who have a current agreement with ADE. CACFP Operators may begin claiming reimbursable meals served in the month preceding the month ADE signed the FPPSA, provided that all program requirements are met. The FPPSA may be completed manually or electronically. If using the electronic FPPSA, please complete the [Initiation Form for Electronic FPPSA](#). If the paper-based FPPSA is being completed, please make sure to send one complete signed copy to ADE.

In addition to acting as a binding contract with ADE, the FPPSA is the document which establishes individuals who are authorized to make decisions and sign official documents on behalf of the organization. For the purposes of CACFP, these individuals are called the Designated Official or Authorized Representatives.

- The Authorized Official and Designated Official cannot be the same person and both fields must be filled out.
- The legal name of the sponsor must match the Arizona Corporation Commission.

**Most Recent
Three Months
of Bank
Statements**

Bank statements are essential to demonstrate an institution's financial viability. To obtain the necessary statements, prospective sponsors or entities should either contact their financial institution directly or utilize online banking tools, if available, to print the three most recent consecutive months of bank statements.

It is important to note that the statements must cover complete months and must be the three most recent statements as of the date the Intent to Apply Packet is submitted. For instance, if the packet is submitted on October 28, it should include the full bank statements for July, August, and September. The statement for October should not be included, as it will not reflect a complete month.

If a business is new, it must wait until it has accumulated at least three full months of bank statements to include in the Intent to Apply Packet for the application to be considered by ADE. Failure to include the three most recent and complete bank statements may hinder or delay progress in the application process.

Application Packet

Table 2. Application Packet Forms Descriptions (Continued)

4 Week Cycle Menu	As part of the application process for prospective entities that are new to the CACFP, a 4 week cycle menu must be submitted to HNS. To begin the menu creation process: 1) Complete the following trainings: Meal Pattern and Creditable Foods, Menu and Supporting Documentation. 2) Review the HNS ADE Sample Menu. 3) Create 4 week cycle menu and retain all pertinent menu supporting documentation. 4) Complete the Menu Self-Assessment. 5) Submit completed 4 week cyclical menu as part of application to HNS ADE.
<u>Unique Entity Identifier (UEI)</u>	• The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov. • For entities that previously used the DUNS number, the DUNS Number has been removed from SAM.gov. • Entity registration, searching, and data entry in SAM.gov now require the use of the new Unique Entity ID. • Existing registered entities can find their Unique Entity ID by following the steps here. • New entities can get their Unique Entity ID at SAM.gov and, if required, complete an entity registration.
ADE Entity Administrator Form	• To create an ADEConnect Entity Administrator account, complete and return this form to the Arizona Department of Education, Health & Nutrition Services. The Entity Administrator can set up user accounts for CNPWeb and other online systems. If the Designated Official delegates this task, the delegate must be specified. Each organization requires at least one Entity Administrator, and all designees must be Authorized Representatives on the Food Program Service Agreement. Individual email addresses are required; organization-wide accounts are not permitted.

Application Packet

Table 2. Application Packet Forms Descriptions (Continued)
At Risk Only

Detail of Enrichment Activity	To participate in the At-Risk Afterschool Meals program, a site must offer afterschool enrichment activities for its participants. To verify compliance with this requirement among all At-Risk operators, the Arizona Department of Education (ADE) mandates the submission of either a brochure or a schedule outlining the activities available in the afterschool program for prospective sponsors and entities.
Documentation of Site Eligibility	To qualify as an At-Risk site within the Child and Adult Care Food Program (CACFP), a site must be area eligible based on free and reduced-price school data. This requires being in the attendance zone of a public school (elementary, middle, or high) where at least 50% of students qualify for free or reduced-price meals under the National School Lunch Program. For non-school sites using school data or schools using data from another school, follow these steps: 1. Identify the appropriate school data using the Home Town Locator website: ◦ Scroll to "Input a Home Address - Find the School Zones." ◦ Enter the address and click "search" to generate a list of schools for area eligibility. 2. Access the Free/Reduced Price Percentage Reports for schools under "School District & School Zones." If the site is a school, reference its data or another school's data within the same attendance zone: ◦ Check if any schools have at least 50% of students eligible for free or reduced-price meals. Print the report section highlighting the eligible school. If the site does not meet eligibility based on the locator but is in a low-income area, contact a CACFP Specialist for guidance. 3. Submissions when using school data: ◦ If area eligibility is determined by a different school, provide a screenshot of the schools and the eligibility data from the Free/Reduced-Price Percentage Report. ◦ If the At-Risk site is within an eligible school, submit only the Free/Reduced-Price Percentage Report data. ◦ • For private or charter schools, use data from your institution or the assigned public school, ensuring submission of the correct school data.

Application Packet

Table 2. Application Packet Forms Descriptions (Continued)
At Risk Only

Non-Associated Site Agreement	This statement outlines regulations for determining children's eligibility for free and reduced-price benefits in the NSLP, SBP, and SMP. This policy statement is considered a permanent document and shall apply to the program(s) indicated on the most recent FPPSA. ADE has created a fillable template Free and Reduced-Price Policy Statement (FRPPS) containing all required regulatory elements. All fields must be filled out for this form to be considered complete. This document must be signed by the Designated Official or Authorized Signer/Representative. This document also contains addendums applicable to individual program operations.
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CACFP Essentials Trainings

As the Application packet is being received and processed by the Arizona Department of Education (ADE), prospective sponsors and entities should proceed to complete the required CACFP training. The online CACFP Essentials Series encompasses various topics related to Nutrition, Administration, and Infant Feeding, with each training session taking between 0.25 to 1 hour to complete.

These trainings are self-paced, allowing engagement with the material at a time that is most convenient. The total time required to complete all mandatory Essentials Series trainings is approximately six hours.

Upon finishing each training module, a link must be clicked to complete a survey and obtain a training certificate. It is essential to complete the survey and to customize and retain each training certificate, as these will be collected by ADE to verify training completion during future application processes.

If there are any difficulties customizing the training certificate, please refer to the [Training Certificate FAQ](#) for assistance.

CACFP Essentials Trainings

Civil Rights Training (Required)

- Online Course: Civil Rights Compliance for Child Nutrition Operators ([English](#)) ([Spanish](#)) (Self-Guided, 1 Hour)

Nutrition Essentials (Required):

- Part 1: [Meal Pattern and Creditable Foods](#) (1 Hour)
- Part 2: [Menu and Supporting Documentation](#) (0.5 Hour)
- Part 3: [Meal Service and Food Safety](#) (0.5 Hour)

Administration Essentials (Required):

- Part 2: [Participant Enrollment](#) (0.5 Hour)
- Part 3: [Meal Count Summary](#) (0.25 Hour)
- Part 4: [Procurement Requirements](#) (0.5 Hour)
- Part 5: [Training Requirements](#) (0.25 Hour)
- Part 6: [Recordkeeping and Cost Reporting](#) (1 Hour)
- Part 7: (Required for Multi-Site Sponsors Only) [Multi-Site Operations](#) (0.25 Hour)

Infant Feeding Essentials (Required for Facilities Licensed for Infants Only):

- Part 1: [Meal Pattern and Meal Service](#) (0.5 Hour)
- Part 2: [Feeding Infants Breastmilk and Formula](#) (0.75 Hour)
- Part 3: [Solid Foods & Infant Feeding Requirements](#) (1 Hour)

Management Plan and Budget

Congratulations on successfully completing the CACFP Essentials Trainings. Please be aware that prospective sponsors and entities cannot proceed to the Management Plan and Budget stage until a complete CACFP Prospective Entity Form has been submitted and processed by the Arizona Department of Education (ADE).

Accessing the System

After receiving the email from HealthandNutrition@azed.gov and ContactHNS@azed.gov confirming that the CACFP Prospective Entity Form has been processed, and the organization has been established in ADE's systems. The designated Entity Administrator must grant access to the following two systems:

- 1.CNP Management Plans and Budgets - Sponsors
- 2.CNPWeb - CAC Center Sponsors

For assistance, please refer to ADEConnect's instructional videos, which provide guidance on [assigning ADEConnect roles to prospective sponsors and entities](#) or others within their organization.

Completing the Management Plan and Budget

Once the necessary permissions for the CNP Management Plans and Budgets system have been obtained, prospective sponsors and entities may begin to complete their management plan and budget. Sponsors will receive a separate welcome email from your newly assigned HNS Specialist which provides the necessary details to move forward including the required deadlines.

Please remember that the management plan and budget, although part of the same system, require separate submissions.

Accessing the System

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

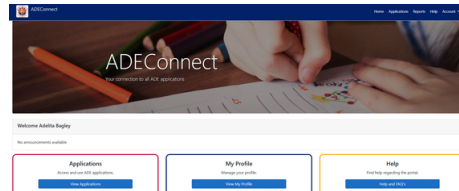
Step #1:

Go to any ADE webpage and click 'ADEConnect'.



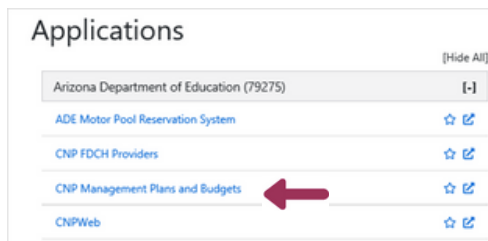
Step #2:

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 an
- [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 "
- [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 an
- [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 "

* 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.

Review the information to ensure it is accurate. If any documents are missing, or information is incorrect the management plan has to be rejected and revised.

TIPS FOR A SUCCESSFUL SUBMISSION

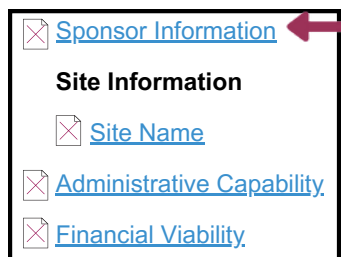
- Save often! The system times out after 10 minutes. Any information that is not saved will be lost.
- Only provide annually required forms/information or update items that have changed.
- Use our webpage! Forms and resources are available on the Renewal Resources webpage:
www.azed.gov/hns/cacfp/renewalresources/.

This quick guide reviews information that must be updated annually. The Management Plan and Budget must be completed yearly going forward. 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.

Summary of identified issues

- At least one Subcontracts option is required
- Attachment required: Media Release document
- Attachment required: Annually Required Training Certificates

The **Summary of Identified Issues** outlines items that must be corrected. These are the only items to address if all other necessary information has been provided in the Management Plan.

Subcontracts: The subcontracts section is the first 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

Category	Choose File	Action	File Name	Uploaded
Organization's Certificate of Incorporation	No file chosen			
		Delete	Good Standing.docx	05/20/20 08:35 AM
Free and Reduced Price-policy Statement	No file chosen			
		Delete	Media Release Non-Pricing CACFP 8.pdf	09/14/18 07:47 AM
Media Release document	No file chosen			
		Attachment required: Media Release document		
Organizational Chart	No file chosen			
		Delete	Organizational Chart CACFP 9.docx	09/14/18 07:47 AM
Annually Required Training Certificates	No file chosen			
		Attachment required: Annually Required Training Certificates		

At the bottom of the Sponsor Information page is the **Documents Upload** section.

You must upload **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 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.

Media Outlet(s) Contacted:

List the specific name of the radio station, newspaper, or news station contacted. For example, AZ Daily Star, KVOA, KUAZ, Tucson Local Media. Social Media or your business' webpage is not sufficient.

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

Today _____ :

On the blank line, input the name of your institution. NOT your name.

Income guidelines:

Type in the current year's income guidelines.

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) 720-2600 (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. 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

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

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

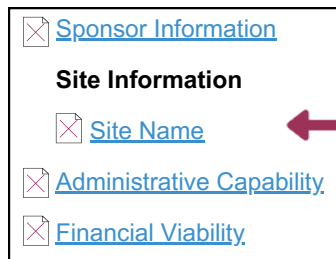
All operators must complete the self-guided, online [Civil Rights Compliance](#) training. This training must be completed by all staff. The certificate of completion by an individual on the Permanent Agreement must be uploaded to ADE.

- [Training on the CACFP](#) - Upload the certificate to the Orientation to the CACFP training in this section.
- CACFP Essentials - See comprehensive list on **Page 16** of this guide.

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.

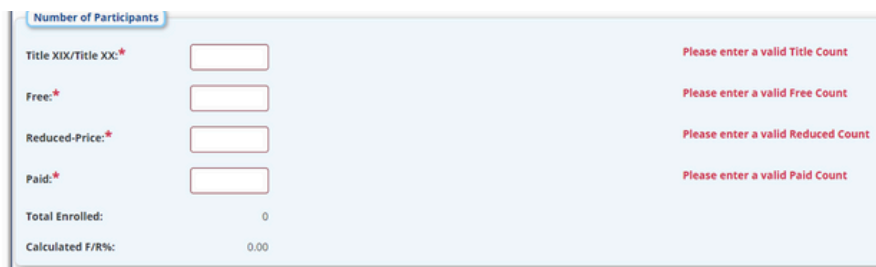


A screenshot of a sidebar menu. At the top is a link for 'Sponsor Information'. Below it is a section header 'Site Information'. Under 'Site Information' are four links: 'Site Name', 'Administrative Capability', and 'Financial Viability'. A red arrow points from the 'Site Name' link to the right.

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.

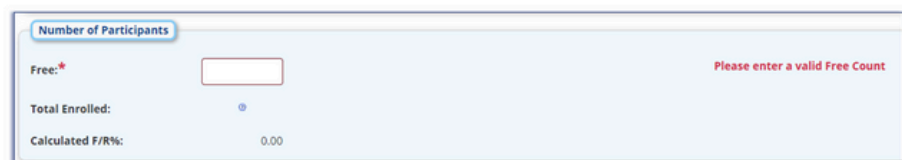
Number of Participants: The first section of the site information page that must be updated annually is Number of Participants. In this section, report the total enrolled participants at the site. For ease, it is recommended to use the enrollment breakdown provided on the last submitted site claim. The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



A screenshot of a form titled 'Number of Participants'. It contains four input fields with red borders and red error messages to their right: 'Title XIX/Title XX:' with 'Please enter a valid Title Count', 'Free:' with 'Please enter a valid Free Count', 'Reduced-Price:' with 'Please enter a valid Reduced Count', and 'Paid:' with 'Please enter a valid Paid Count'. Below these are two summary rows: 'Total Enrolled:' with the value '0' and 'Calculated F/R%:' with the value '0.00'.

 Centers

Emergency
Shelters, Head
Starts, At-Risk
Programs



A screenshot of the 'Number of Participants' form, specifically for 'Emergency Shelters, Head Starts, At-Risk Programs'. It shows the 'Free:' input field with a red error message 'Please enter a valid Free Count'. Below it are the summary rows: 'Total Enrolled:' with a blue dot icon and 'Calculated F/R%:' with the value '0.00'.

Management Plan

SITE INFORMATION

Meal Participation: Provide the meal start and meal end times under each meal you will be claiming for reimbursement. **There must be a minimum of two hours between the start of each meal and/or snack.** If serving two shifts, enter the meal start and end time for each shift. There must be 1/2 hour between the end of the 1st shift and the start of the 2nd shift. Refer to the chart below for meal time requirements:

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 has a light blue background and a thin border. It contains five lines of text, each followed by 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:". The text is in a dark blue font.

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: Upload the most 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 reach out to HNS via HelpDesk or by calling 602-542-8700 to speak with a specialist.

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.).

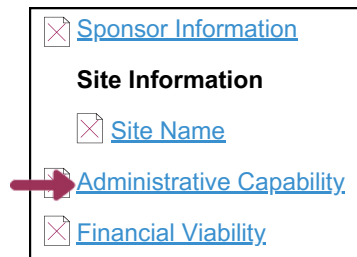
Rental/Lease Contract or Depreciation Schedule: If you include rent/depreciation on your budget/claim, upload a current rental/lease contract or current (meaning from the most recent tax year) depreciation schedule.

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.



☐ [Sponsor Information](#)

Site Information

☐ [Site Name](#)

☒ [Administrative Capability](#)

☐ [Financial Viability](#)

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 required internal training on CACFP and Civil Rights topics.

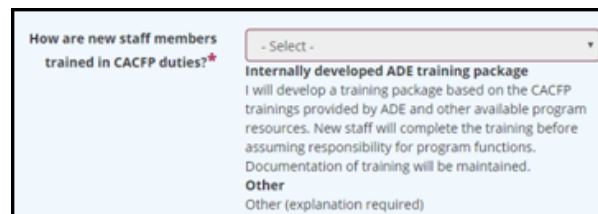
The following resources are available to support this training offering:

- 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.

ADE provides specialized curricula tailored to job duties for directors' training plans, featuring recommended trainings from ADE, USDA, and ICN for specific roles. The curriculum is accessible online.



How are new staff members trained in CACFP duties?*

- Select -

Internally developed ADE training package
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.

Other
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

- ☒ Meal Pattern
- ☒ Meal Count Procedures
- ☒ Record Keeping
- ☒ Claims Submission
- ☒ Reimbursement System (if applicable)
- ☒ Review Procedures

Check all required training topics that were provided

- ☒ Collection and use of data
- ☒ Effective public notification systems
- ☒ Complaint procedures
- ☒ Compliance review techniques
- ☒ Resolution of noncompliance
- ☒ Requirements for reasonable accommodations for persons with disabilities
- ☒ Requirements for language assistance
- ☒ Conflict resolution
- ☒ 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

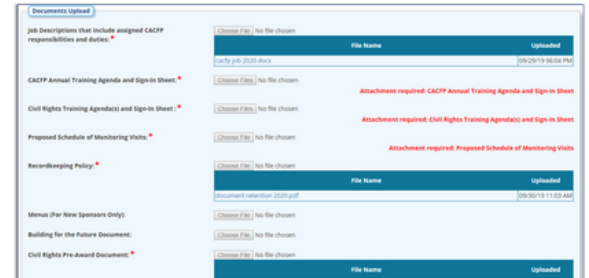
Proposed Date for Annual
Civil Rights*

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

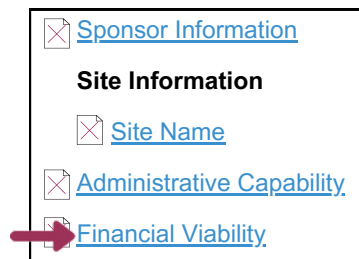
ADMINISTRATIVE CAPABILITY | DOCUMENTS UPLOAD

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](#)

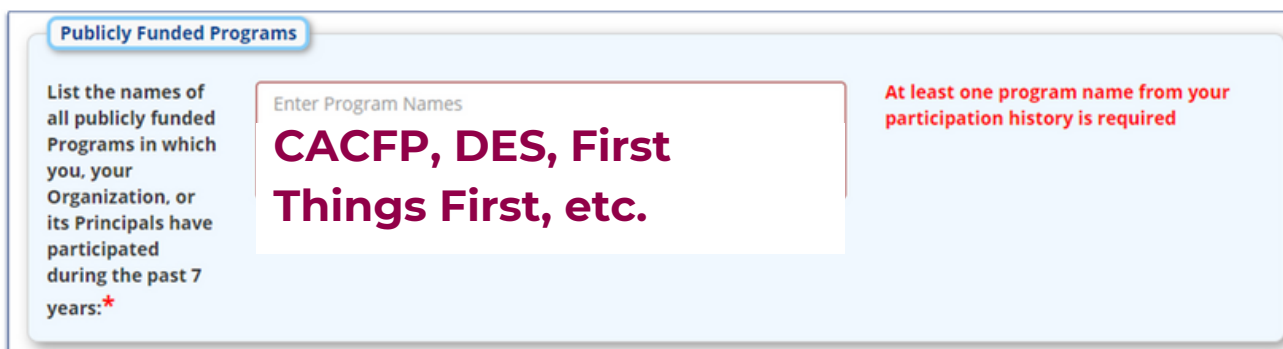
☒ [Administrative Capability](#)

☒ [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.

Publicly Funded Programs: The first required section 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 Interest 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:** To get your anticipated monthly reimbursement, use the [projected reimbursement calculator](#) provided by ADE.

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)(vi).
- ☐ 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

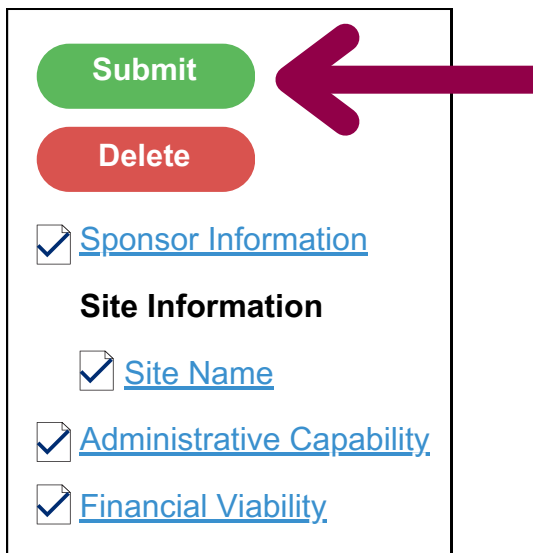
Management Plan

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](#)

Management Plan

DOCUMENT LIST

Sponsor Information	
Documents provided by sponsor:	Documents provided by ADE and completed by sponsor:
501(c)(3) Tax Exempt Letter (for private non profit organizations)	Computer Software Agreement (if applicable)
List of Board members with addresses (for private non-profit organizations)	Media Release
Food Service Vendor/Catering Contract (if applicable)	Pricing Policy
Sub-contracts for bookkeeping, data processing, etc. (if applicable)	Free/Reduced-Price Policy Statement
Organizational Chart	
Training Certificates (uploaded as one document)	

Site Information
Documents provided by sponsor:
Rental Lease Agreement/Mortgage Verification/Depreciation Schedule Letter (if claiming this cost)
DHS License/Child Care Standards and Inspections/Tribal Health Letter
At-Risk Area Eligibility Documentation (if applicable)
At-Risk Area Enrichment Activities Documentation (if applicable)

Management Plan

DOCUMENT LIST

Administrative Capability	
Documents provided by sponsor:	Documents provided by ADE and completed by sponsor:
Job Descriptions with CACFP Duties	Civil Rights Pre-Award
Annual Staff Training Agenda and Sign-In Sheets	
Annual Civil Rights Training Agenda and Sign-In Sheets	
Proposed Monitoring Schedule (sponsors with multiple sites)	
FTE Monitoring Policy for Sponsors with >25 Sites (if applicable)	
Record Retention/Recordkeeping Policy	
Menus & Building for the Future (new sponsors only)	
Unannounced Review Policy	
Outside Employment Policy	

Financial Viability	
Documents provided by sponsor:	Documents provided by ADE and completed by sponsor:
Certificate of Incorporation/In Good Standing	Procurement Standards and Code of Conduct
Satisfaction of Liens and Judgments (if applicable)	

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.
- Provide all required forms/information.
- Forms and resources are available at the end this section.

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 can be found using the [New Sponsor Budget Builder](#). All forms and resources for the budget are linked at the end of this section.



ADE's [New Sponsor Budget Builder](#) 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.

Once you have completed the [New Sponsor Budget Builder](#) keep the information readily available to fill out the rest of the budget section.

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.

Management Plan and Budget Continued

Table 3. Management Plan and Budget Forms and Resources

Sponsor Information Page	• Unique Entity Identifier (UEI) lookup or request a UEI by visiting https://sam.gov/content/duns-uei • Food Service Contract Document if applicable – contact Phil Grant at Phil.Grant@azed.gov or HNSContracts@azed.gov • Organization's Certificate of Incorporation lookup electronic certificate of good standing • Computer Software Agreement if applicable • Free/Reduced-Price Policy Statement • Media Release • Annually Required Training Certificates: Upload all Nutrition (3), Administration (6 or 7 if multi-site), and Infant (1, if licensed for infants) Essentials Series Certificates (Training Certificate FAQ)
Site Information Page(s)	• Civil Rights Data Collection (How to Complete Ethnic and Racial Data) (Worksheet) (American FactFinder Website) • How to Determine At-Risk Eligibility only for sites that operate at-risk • Child Care Standards for Unlicensed Facilities only required for unlicensed sites/facilities
Administrative Capability Page	• Sample Job Descriptions • Template Annual CACFP and Civil Rights Training Agendas and Sign-In Sheet • Sample Monitoring Schedule only required for multi-site sponsors • Recordkeeping Policy Template • Building for the Future Poster • Civil Rights Pre-Award • Sample Unannounced Review Policy only required for multi-site sponsors • Sample Outside Employment Policy
Procurement	• Procurement Standards and Code of Conduct
Budget	• Budget Builder • Projected Reimbursement Calculator

Pre-Approval Visit

After the Management Plan and Budget are submitted, the assigned program specialist will schedule a Pre-Approval Visit.

This visit provides the Arizona Department of Education (ADE) the chance to evaluate whether the processes comply with program regulations and to pinpoint any further assistance needed before receiving official program approval.

It is crucial to integrate all practices from the CACFP Essentials Training into everyday operations. Below is a checklist of documents that should be utilized. Ensure that all these documents are consistently and accurately completed on a routine basis before the pre-approval visit to facilitate a smooth onboarding experience.

Pre-Approval Visit Checklist

- ☐ Completed Meal Benefit Eligibility Forms – N/A for Head Start (HS) or Emergency Shelter (ES)
- ☐ If HS - maintain statements of income eligibility or a statement of enrollment (roster for the month above; stating participants listed do qualify for HS). Must be signed by a HS Official
- ☐ Copy of F/R/P Claiming Percentage Rosters – N/A for HS or ES
- ☐ Sign-in/out Sheets for month above – if ES maintain names, dates of birth, and dates of residency
- ☐ DES Billing Records for the month
- ☐ Point of Service Meal Count Sheets
- ☐ Point of Service Meal Count Sheets (Infants) (if applicable)
- ☐ Copy of Meal Count Summary Sheet computer generated meal count agreement - if applicable
- ☐ Multiple Sites/Centers Only - Meal Count Sheets for the 5 days prior to the review date
- ☐ Child Nutrition Labels for Commercially Prepared Entrées
- ☐ Supporting documentation for whole grain-rich items and any low sugar yogurt or cereal serve
- ☐ Menu Modification Form for Meal Substitutions (if applicable)
- ☐ Menu Production Records (if applicable)

Pre-Approval Visit

- ☐ Enrollment Emergency Forms (will review these in their normal location during visit)
- ☐ DHS License & Sanitation Permit (will review in their normal location during visit)
- ☐ Food Handler Cards and Food Safety Manager Card
- ☐ Staff Training Documentation (attendance roster/agenda/materials)
- ☐ Time Distribution Report
- ☐ Food Service Cost Report
- ☐ Expense Worksheet
- ☐ At – Risk Records (if applicable)
- ☐ Completed Meal Benefit Eligibility Forms – N/A for Head Start (HS) or Emergency Shelter (ES)
- ☐ If HS - maintain statements of income eligibility or a statement of enrollment (roster for the month above; stating participants listed do qualify for HS). Must be signed by a HS Official
- ☐ Copy of F/R/P Claiming Percentage Rosters – N/A for HS or ES
- ☐ Sign-in/out Sheets for month above – if ES maintain names, dates of birth, and dates of residency
- ☐ DES Billing Records for the month
- ☐ Point of Service Meal Count Sheets
- ☐ Point of Service Meal Count Sheets (Infants) (if applicable)
- ☐ Copy of Meal Count Summary Sheet computer generated meal count agreement - if applicable
- ☐ Multiple Sites/Centers Only - Meal Count Sheets for the 5 days prior to the review date
- ☐ Child Nutrition Labels for Commercially Prepared Entrées
- ☐ Supporting documentation for whole grain-rich items and any low sugar yogurt or cereal serve
- ☐ Menu Modification Form for Meal Substitutions (if applicable)
- ☐ Menu Production Records (if applicable)
- ☐ Enrollment Emergency Forms (will review these in their normal location during visit)

CNPWeb Applications

COMPLETING THE CNPWEB APPLICATIONS

After the pre-approval visit is complete, an HNS Specialist will review the Management Plan and Budget submission for accuracy and completion. If revisions are needed, the applications will be rejected and returned for corrections. Once the Management Plan and Budget are approved by a Director, the final step of the approval process is to complete 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.

The information reported in the CNPWeb must match the approved information reported in the Management Plan and Budget. ADE has created this optional worksheet, [Transferring the Management Plan and Budget to the CNPWeb](#), to simplify this process of transferring information.

CNPWeb Applications

LOCATING CNPWEB APPLICATIONS

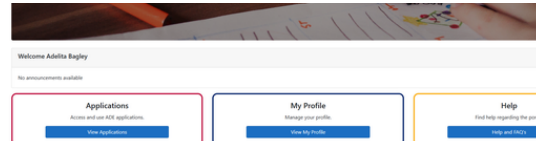
Step #1:

Go to any ADE webpage and click 'ADEConnect'.



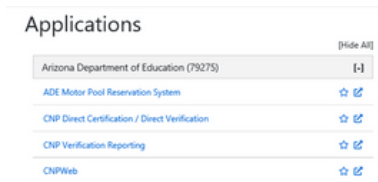
Step #2:

Click 'View Applications'.



Step #3:

Click 'CNPWeb'.



Step #4:

Click 'CACFP'.



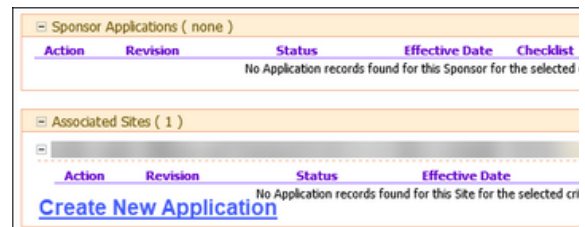
Step #5:

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.

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

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)				
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.



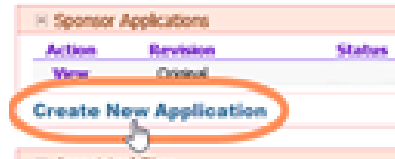
Once submitted, return to the applications index page. If your Site Application was properly submitted it will be in 'Waiting for Sponsor Application' status. This means you have submitted your site application(s) correctly. If your site application has a different status listed or you have multiple 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.

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

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 Advances:

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 repa that will be available to CACFP, if needed. Note: Donors may not be anonymous.

Source	Monthly Amount	Allowable for CACFP
Non-CACFP Income	\$ X	Yes
Non-CACFP Income	\$ Y	Yes
Non-CACFP Income	\$ Z	Yes
	\$	Select
	\$	Select

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

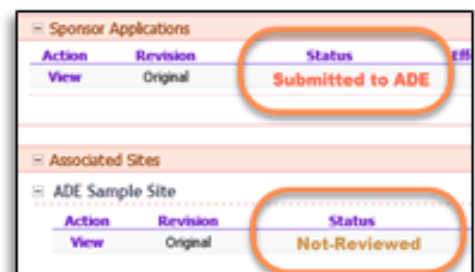
Once all sections of the Sponsor Application are complete, it may be submitted by selecting the 'Submit' button on the bottom of the Sponsor Application page.



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.



Notification of Participation

FINALIZING THE APPLICATION 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!

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, audiotape, 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.

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