INSTRUCTIONS FOR COMPLETING APPLICATION FORMS FOR AFTER SCHOOL CARE SNACKS (AREA ELIGIBLE) CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Completion of HS-1970 Application Form

Please follow the instructions below to properly complete the application for participation:

1. Sections 1 through 3 are self-explanatory.

2. Identify in Section 4 whether your agency is a public, private non-profit, church or proprietary (for profit) agency. If a private non-profit agency, please attach a copy of the IRS letter that documents your agency's federal income tax exemption. If your agency is a church, please attach a copy of the state sales tax exemption letter which was issued to the church by the Tennessee Department of Revenue. If you agency is a proprietary (for profit) agency, attach a copy of most recent DHS-EAV, **OR** copies of Child Care Certificates for at least 25% of enrollment.

3. Sections 5 - 6 are self-explanatory. Please read and mark as appropriate.

4. Please indicate in Section 7 if the total federal funds received by the agency through the State of Tennessee and expended during the agency's prior fiscal year, **and** the total federal funds received by the agency directly from the federal government and expended during the agency's prior fiscal year exceeded $500,000. Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.

   If the total federal funds exceeded $500,000, the agency is required to have an audit to participate in the CACFP.

5. Sections 8 - 9 are self-explanatory. Please read and mark as appropriate.

6. As required in Section 10, please complete an "Exhibit A" for each feeding site to participate, and "Exhibit B" for all feeding sites.

7. For Section 11, please complete the budget in "Exhibit C".

8. For Section 12, provide the number of potential eligible children in your agency's service area by the ethnic/racial categories identified. Sources for this information may include census data or public school enrollment data.

9. Sections 13 through 15 are self-explanatory.

10. In Section 16, identify the names and home addresses of your agency's Board of Directors. You may attach a separate list if the space provided on the application is not sufficient.

11. If you agency does not have a Board of Directors, please list the name and home address of your agency's administrator or chief executive officer in Section 17.

12. Please indicate in Section 18 if all food service sites identified in the application are an integral part of your agency. If the sites are under the supervision and direct control of your agency's governing board or chief executive officer, the sites are considered to be an integral part of your agency.

13. For Section 19, please attach as "Exhibit D" the menu(s) to be utilized in your snack program, if your agency is applying for CACFP participation for the first time.

14. To complete Section 20, identify the names of the local news media, minority or other grassroots organizations that will receive a news release concerning your agency's participation in the CACFP. A sample public release is attached as "Exhibit E". Each agency is required under federal regulations to announce its participation in the CACFP. Please note that your agency is **not** required to have the news releases published in newspapers as a legal notice.

15. In Section 21, please identify the name and title of all personnel in your agency who will be authorized to sign claims for CACFP reimbursement. If additional space is needed, you may submit a separate sheet of paper identifying the other personnel.

16. To complete Section 22, enter the name and address of any bookkeeping or CPA firm that will perform accounting work for the agency.

17. To complete Section 23, attach to your application one of the documents identified. If a financial statement is to be used to document your agency's financial viability, please ensure that the statement is contained on your agency's official stationery, and is signed and dated by an authorized representative. Do not complete this section if your sponsoring agency is a public (governmental) agency.

18. In Section 24, please complete, sign and date the attached Sample Form to Document Required Management Controls in "Exhibit F" and return it with your application. Do not complete this section if your sponsoring agency is a public (governmental) agency.

19. In Section 25, answer each question for agency's Civil Rights' compliance. If your agency has previously received a Civil Rights' complaint, please attach

additional information on the action that has been taken to address the complaint and on the current status of the complaint.

20. Carefully read the "Certification Statement". If there is any portion of the statement which is not fully understood, contact DHS staff at (615) 313-4749. As part of the certification statements, enter the names of the publicly funded programs that your agency has participated in during the last seven years. If you have any questions concerning the certification statements, please contact our office.

21. Enter the name and title and signature and date of signature of your agency's board chairperson or authorized representative, or if privately owned, enter the name, signature and date of signature of the owner or corporate representative who has management responsibility for the agency.

22. Retain one (1) copy for your agency's files and return the other completed copy to the Department.

Special Instructions for Completing Exhibit A

Please follow the instructions below to properly complete an "Exhibit A" for each feeding site to participate in the snack program:

1. Enter the site number (if multiple sites are to participate) and identify the location of the feeding site in Section 1.

2. Enter in Section 2 the name and address of the elementary school that serves the area in which the feeding site is located. An elementary school is defined as a school that has one or more of the grades of kindergarten through sixth grade. If there are two or more elementary schools that meet this definition and serve the area in which the feeding site is located, please identify the schools. To be eligible for participation, a feeding site must be located in an area served by an elementary school in which at least 50 % of the enrolled children are certified eligible for free or reduced price meals under the National School Lunch Program.

3. Indicate in Section 3 if feeding site is now licensed for child care services by the Tennessee Department of Human Services or the Tennessee Department of Education. If the feeding site is not licensed, please indicate if inspections by local fire and/or health department personnel have been completed for the site. Attach a copy of each inspection report that has been received during the past year.

4. Sections 4 through 15 are self-explanatory.

5. In Section 16, describe the education and/or enrichment activities to be provided in the after school program. To be eligible for participation, children in the after school program must participate in education or enrichment activities. The activities must be regularly scheduled and provided in a setting that is structured and supervised. No organized athletic programs that compete in a league may participate in accordance with federal policy. However, programs that include a supervised athletic activity along with education or enrichment activities may participate.

Special Instructions for Completing Exhibit B

Please follow the instructions below to properly complete an "Exhibit B" for all feeding sites to participate in the snack program:

1. Enter the name and address of each feeding site.

2. Enter the maximum number of children to be served for each feeding site.

3. Identify the time that each meal service is to begin and end.

Special Instructions for Completing Exhibit C

1. Enter the estimated meal payments to be received for the program year;

2. Enter the estimated expenditures for the program year;

3. Complete the personnel salary schedule by entering the requested data for each position to be charged to the CACFP; and

4. Complete the travel budget if any travel costs are to be charged to the CACFP.

Please note that if your program will charge salaries or wages to the CACFP, you must have a Written Compensation Policy, and must use Time and Attendance and Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs.

The budget will be reviewed to determine if adequate personnel are available to administer the program. For any positions that will perform CACFP responsibilities and that are not included in the budget, please attach information that provides the names of the employees, position titles, duties and funding sources.

Special Instructions for Completing Exhibit D

1. If participating for the first time in the CACFP, attached menus to be used by food service site(s).

Special Instructions for Completing Exhibit E

1. Enter the name of your agency and the name and location of the feeding sites to be sponsored.

2. Mail the completed Public Release to the local news media, minority or other grassroots organizations identified in Section 20.

Special Instructions for Completing Exhibit F

1. Enter the names and position titles of the personnel to perform management controls.

2. Obtain the signature of the authorized sponsor official.

Mailing of Completed Application

Please make a photocopy of your completed application, and return the original to the following address:

Doug Hutchison, Program Manager
Tennessee Department of Human Services
Adult and Community Programs
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243-1403

Pre-Operational Visit by DHS Personnel

If your agency will participate in the CACFP for the first time or after an absence of six months or more, a DHS representative to arrange for a pre-operational visit. This visit may be conducted at your agency or at an off-site location. The visit will occur prior to the submission of a claim for reimbursement, and will provide training and technical assistance for meal requirements and record-keeping responsibilities.