

Child & Adult Care Food Program (CACFP) Center/Site Application

Center's Legal Name	
Doing Business Name of Center	
Federal Employer Identification #	

SECTION 1: SITE INFORMATION

1. Site Type (Check all that apply)

	Free Enrollment	Reduced Enrollment	Paid Enrollment	Total Enrollment
<input type="checkbox"/> Adult Care Center				
<input type="checkbox"/> Child Care Center Enrollment Select type below: <input type="checkbox"/> Child Care				
<input type="checkbox"/> Head Start Only				
<input type="checkbox"/> Outside School Hours				
<input type="checkbox"/> At-Risk Afterschool Care Center				
<input type="checkbox"/> Homeless/Emergency Shelter				

Tax Status: For-Profit Private Non Profit Non Profit (Church) Public Non-Profit (School, Govt., etc.)

Tax Exempt Status Date: _____

If For-Profit, select all that apply (eligibility status) and provide enrollment:

Title XIX/XX (Adult Care Center) Enrollment (Enrollment)
 Title XX (Child Care Center) Enrollment (Enrollment) and/or Pre-K Category 1
 Free and Reduced Meal Participant (Childcare Center) | Enrollment: Free Reduced Paid

2. Will this site also participate in the summer Food Service Program? Yes No
 2a. Is the center listed in this application owned (in part or whole) by the Institution who is currently participating in the CACFP and submitting this Center/Site Application for approval? Yes No **(If No, please select the appropriate ownership code below in item 2c.)**
 2b. Ownership Code: Sole Owner Limited Liability Company Corporation Government Partnership Out of State Corporation
 2c. Does the center charge a separate fee for meals? Yes No **(If Yes, submit Written Free & Reduced Policy Statement.)**

SECTION 2: LICENSE / REGISTRATION INFORMATION

3. Licensed Type: _____
4. License Number: _____
5. License Effective Date: _____
6. License Capacity: _____
7. Building Capacity: _____
8. Average Daily Attendance: _____
9. Fire Inspection Date: _____
10. Food Inspection Date: _____
11. Do you provide child care for infants under 12 months old? Yes No

SECTION 3: PHYSICAL ADDRESS

12. Address Line 1: _____ Address Line 2: _____
13. City: _____
14. State: _____ Zip: _____
15. County: _____

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SECTION 4: MAILING ADDRESS

16. Address Line 1: _____ Address Line 2: _____
 17. City: _____
 18. State: _____ Zip: _____

SECTION 5: DIRECTIONS

19. Enter driving directions to your site from Atlanta, GA:

SECTION 6: CENTER CONTACT – Person in charge of this center on a daily basis

20. Name: Salutation: _____ First Name: _____ Last Name: _____
 21. Date of Birth (mm/dd/yyyy): _____
 22. Email Address: _____
 23. Facility Phone: _____ Ext. _____ Fax: _____
 24. Cell/Alt Phone: _____
 25. Title: _____ Director: _____

SECTION 7: SCHEDULE

26. A. Months of Operation (Check all that apply)
 All: ___ Jan: ___ Feb: ___ Mar: ___ Apr: ___ May: ___ Jun: ___ Jul: ___ Aug: ___ Sep: ___ Oct: ___ Nov: ___ Dec: ___

- B. Days of Operation (Check all that apply)
 Mon-Fri: ___ Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___ Sat: ___ Sun: ___

Regular Schedule

27. Normal Hours of Operations: Time Open: _____ Time Close: _____
 28. Regular Meals

Regular Meals	First Shift		Second Shift (Optional)	
	Start Time	End Time	Start Time	End Time
Meals				
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Night Snack				

29. At-Risk Meals

At-Risk Meals	Traditional School Day		Vacation/Holiday Shift (Optional)	
	Start Time	End Time	Start Time	End Time
Meals				
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Night Snack				

Weekend Schedule

30. Weekend Hours of Operations: Time Open: _____ Time Close: _____
 31. Additional Institution notes related to Meal Service:

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SECTION 8: AT-RISK SITE ONLY

32. Select At-Risk activities that apply: Educational Enrichment
 33. Please enter a description of the educational and/or enrichment program(s).

34. Enter the elementary, middle, or high school a child would attend if he/she lived next door to this site:

School District: _____

School Name: _____

Free and Reduced Meal Eligibility (%): _____

Eligibility – Start Year: _____

Eligibility – Expiration Year: _____

Is After School Program located in a Public School building? Yes No

Is the After School Program and Expanded Learning Time Program? Yes No

List the names and work hours for the staff that supervise the After School Program:

Name: _____ Work Hours: _____

Name: _____ Work Hours: _____

Name: _____ Work Hours: _____

Name: _____ Work Hours: _____

Name: _____ Work Hours: _____

SECTION 9: FOOD SERVICE

35. How are the meals prepared? Prepared on site Prepared at Central Facility Contracted School Food Authority Other
 If Other, please explain: _____

36. How are meals served? Individual Meals Family Style

37. Do you have a food service contract? Yes No

38. Name of Food Service Vendor: _____

39. Contract Period: _____ From: _____ To: _____

40. Which meal types does offer vs. serve apply? Breakfast Lunch Supper None

SECTION 10: Ethnicity Data

41. Select the name of a school in the zone in which the site is located. (All programs): _____

42. Provide the ethnic makeup of the participants served by the Institution's service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic17.pdf>)**

Geographic Area (enter percentages):	School %
Hispanic or Latino:	____%
Non-Hispanic or Latino:	____%

Provide the ethnic makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

43. Participation Area (enter number of enrolled participants):

Hispanic or Latino: _____

Non-Hispanic or Latino: _____

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SECTION 11: RACIAL DATA

44. Provide the racial makeup of the participants served by the Institution's service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic17.pdf>)**
- 45.

Geographic Area (enter percentages):	School %
American Indian or Alaskan Native:	____%
Asian:	____%
Black or African American:	____%
Native Hawaiian or Pacific Islander:	____%
White:	____%

Provide the racial makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

Program Participants (enter number of enrolled participants):
American Indian or Alaskan Native: _____
Asian: _____
Black or African American: _____
Native Hawaiian or Pacific Islander: _____
White: _____

SECTION 12: COMMENTS FROM INSTITUTION

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ADDITIONAL CERTIFICATIONS:

Complete the certification section applicable to your program type. If the center is a child care center including Head Starts, Outside School Hours and At Risk Centers, check the Child Care Certification. If an Emergency Shelter, check the Emergency/Homeless Shelter Certification.

CHILD CARE CENTER CERTIFICATION

Each statement below must be true to qualify. All child care centers other than Emergency/Homeless Shelters must certify to each statement below. If a statement is left unchecked, the organization is indicating that it does not qualify for the program, and the application will be denied.

- I understand that child care centers must be providing DAY CARE, Pre-K, or Head/Early Start services to enrolled children, and I certify that the program for which this application is made qualifies.
- I understand that centers whose primary purpose is for substance abuse treatment or rehabilitation, and whose participant eligibility is based upon a substance abuse diagnosis are not eligible for the CACFP, and I certify that my program does not fall under this category.

EMERGENCY/HOMELESS SHELTER CERTIFICATION

- I understand that shelters eligible to participate may be serving children unaccompanied by their parents or guardians as a result of circumstance or be placed in the shelter temporarily by a State Authority (in State custody rather than parents).
- I understand that shelters serving homeless children and their families may participate but only meals for children up to the age of 18 may be claimed for reimbursement.

CHECK THE APPLICABLE STATEMENT BELOW:

- I understand that if my program is licensed as a Residential Child Care Institution (RCCI), the organization may participate in the CACFP as an emergency shelter only for service to a distinct group of homeless children who are not enrolled in the RCCI's regular program.
- I certify that the emergency/homeless shelter making an application is not licensed as a Residential Child Care Institution.

SECTION 13: CERTIFICATIONS

I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently terminated, suspended, proposed for termination, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

***SIGNATURE of PRINCIPAL of ORGANIZATION MAKING THE APPLICATION:** _____

PRINTED NAME of PRINCIPAL: _____

DATE: _____

***The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. In many cases the director of the day care center will not be the principal unless the director also fulfills one of the roles listed earlier. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.**