



# NEW JERSEY DEPARTMENT OF AGRICULTURE

DIVISION OF FOOD AND NUTRITION

## **CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

### **ON-LINE APPLICATION PROCESS**

22 South Clinton Avenue, Bldg. 4, 3rd Floor P.O. Box 334

Trenton, N.J. 08625-0334



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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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a 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  
Washington, D.C. 20250-9410.
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**CACFP COUNTY ASSIGNMENTS AND CONTACT INFORMATION**

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| Cape May                                   | Chris Fischetti            |
| Cumberland                                 | Esther Ihekuna             |
| Essex                                      | Esther Ihekuna             |
| Gloucester                                 | Esther Ihekuna             |
| Hudson                                     | Chris Fischetti            |
| Hunterdon                                  | Esther Ihekuna             |
| Mercer                                     | Chelsea Saltzman           |
| Middlesex                                  | Marissa Waldron            |
| Monmouth                                   | Chelsea Saltzman           |
| Morris                                     | Chelsea Saltzman           |
| Ocean                                      | Chris Fischetti            |
| Passaic                                    | Marissa Waldron            |
| Salem                                      | Chelsea Saltzman           |
| Somerset                                   | Chelsea Saltzman           |
| Sussex                                     | Chris Fischetti            |
| Union                                      | Marissa Waldron            |
| Warren                                     | Chelsea Saltzman           |
| Schools                                    | Chelsea Saltzman           |
| Large Institutions (20 or more Facilities) | Chris Fischetti            |
| Multi-State Sponsoring Organization        | Chris Fischetti            |
| Family Day Care                            | Esther Ihekuna             |
| New Institutions                           | Kristen Lento              |

**NJCARES HELP DESK (FOR SYSTEM TECHNICAL ASSISTANCE): NJCARES@ag.nj.gov CACFP**

**DIVISION PHONE NUMBER: 609-984-1250**

**DIVISION FAX NUMBER: 609-984-0878**

## GENERAL OVERVIEW OF THE CHILD AND ADULT CARE FOOD PROGRAM(CACFP)

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals to eligible participants enrolled for care at participating day care centers and homes. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care facilities. CACFP contributes to the wellness and development of young children and adults in the United States.

Organizations wishing to participate in the CACFP may be private non-profit organizations, private for-profit organizations, or public non-profit organizations.

### TERMS TO KNOW

Below are definitions for important terms frequently used throughout this handbook:

**Institution:** An organization which enters into an agreement directly with the State agency to participate in CACFP.

**Sponsoring Organization:** An Organization that enters into an agreement with the State Agency to assume financial and administrative responsibility for all affiliated or non-affiliated facilities which fall under their sponsorship. A facility enters into an agreement with a sponsoring organization.

**Facility:** A location, facilities enter into agreements with a sponsoring organization. A facility may be a program held at a different physical address from the sponsoring organization or could be a separate program within the same building.

**Independent Center:** An agency that operates a center at a single physical site. Independent centers enter into agreements to assume financial and administrative responsibility for program operations

**Program:** The specific program that is being run at a facility. The eligible programs are listed on the next page of this handbook.

## CACFP PROGRAM TYPES

- ❖ **Adult Day Care Centers:** Provide structured, comprehensive services to adults who are age 60 or older, or who are physically or mentally impaired to the extent that limits independence and the ability to carry out activities of daily living.
- ❖ **At-Risk Afterschool Programs:** Serve children 18 years of age and younger attending a school in which 50% or more of the children are receiving free and reduced-priced school lunches. Programs must have organized, regularly scheduled activities that include education or enrichment activities. Athletic programs engaged in interscholastic, or community level competitive sports are not eligible.
- ❖ **Child Care Center Programs:** Serve children attending licensed or other approved childcare centers including head start programs.
- ❖ **Day Care Home Programs:** Serve children attending non-residential day care in family day care homes of 6 children or less and group day care homes of 12 children or less in approved private homes.
- ❖ **Emergency Shelters:** Provide emergency residential shelter and food services to homeless children.
- ❖ **Outside School Hours Programs:** Serve school age children up to age 12 attending a care program outside of regular school hours, such as before and after school, holidays, or during the summer vacation break.

## ELIGIBILITY REQUIREMENTS FOR PUBLIC, NON-PROFIT AND FOR-PROFIT PROGRAMS

- ❖ For-profit programs must have at least 25% of participants with income eligibility in either a free or reduced category (Child Care only), or at least 25% of participants are beneficiaries or title XIX/XX of the Social Security Act. These categories are based on the USDA's Income Eligibility Guidelines. The guidelines can be found at: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>
- ❖ Non-profit programs must provide proof of non-profit status.
- ❖ Except for Emergency Shelters, only non-residential facilities may qualify for participation.
- ❖ Income Eligibility Forms are required for all programs except for At-Risk Afterschool Programs or Emergency Shelters. However, Area Eligibility is required.
- ❖ All participating institutions must sign an agreement to participate with the State agency. All sponsoring facilities must have an agreement with their Sponsoring Organizations.



## NEW AND EXISTING INSTITUTION APPLICATION PREREQUISITES

### ON-LINE REGISTRATION PREREQUISITES

If you are a **new Institution** prior to applying on-line, you will need to accomplish a few things. These are:

- ❖ Registering on a few on-line sites (please take note of the sequence). Detailed instructions on the sites listed below can be found on pages 10-20 of this handbook. **Please note all the sites listed below are free of charge. If you are on a site that is asking for any form of payment you are on the wrong site.**
  - Data Universal Numbering System (DUNS)
  - System for Award Management (SAM)
  - New Jersey State of the Art Requisition Technology (NJSTART)
  - Official Site of the State of New Jersey Portal (*MyNewJersey*)
- ❖ Completing a State issued application package.  
To obtain a copy of the application package please contact:  
Kristen Lento                      Kristen.Lento@ag.nj.gov
- ❖ Completing mandatory State agency training sessions
- ❖ Completing a NJDA CACFP Eligibility Application and Notice to Parent-Participant Form for all participants / family day care home providers.  
**This is not a requirement for At Risk Afterschool Centers and Emergency Shelters.**

**Note:** The DUNS and SAM Number will soon be replaced with a Unique Entity Identifier number (UEI), this is tentatively scheduled for April 2022. Additional information on the change will be released as it becomes available.

If you are a **returning Institution**, please use the link below to access the Annual Certification for Approved/Returning CACFP Institutions:

<https://www.nj.gov/agriculture/divisions/fn/childadult/food.html>

**After completing the Annual Certification Process, please skip to page 21 of this handbook**

**Note:** Whether a new or returning Institution, it is recommended you use Chrome or Microsoft Edge browsers during the pre-registration and Application processes.

## DATA UNIVERSAL NUMBERING SYSTEM (DUNS)

A data universal numbering system or DUNS number is a unique, nine-digit series of numerals that identifies a business. Dun & Bradstreet (D&B) creates the number, which generates a business profile in its database and provides a company's name, phone number, address, number of workers, and line of business, along with other relevant corporate information.

The DUNS number is the most widely used method for identifying companies in the United States. It designates and maintains up-to-date information on more than 300 million global businesses, as of 2019. Once issued, a DUNS number is permanent, regardless of changes in corporate ownership or domicile; if a company ceases to exist, its DUNS number is never reissued.

**Note:** Your business must have a valid Federal EIN (tax ID #) to begin the process. The EIN used in this step must match the business you are having apply for CACFP.

To obtain a DUNS number go to: <https://fedgov.dnb.com/webform/>

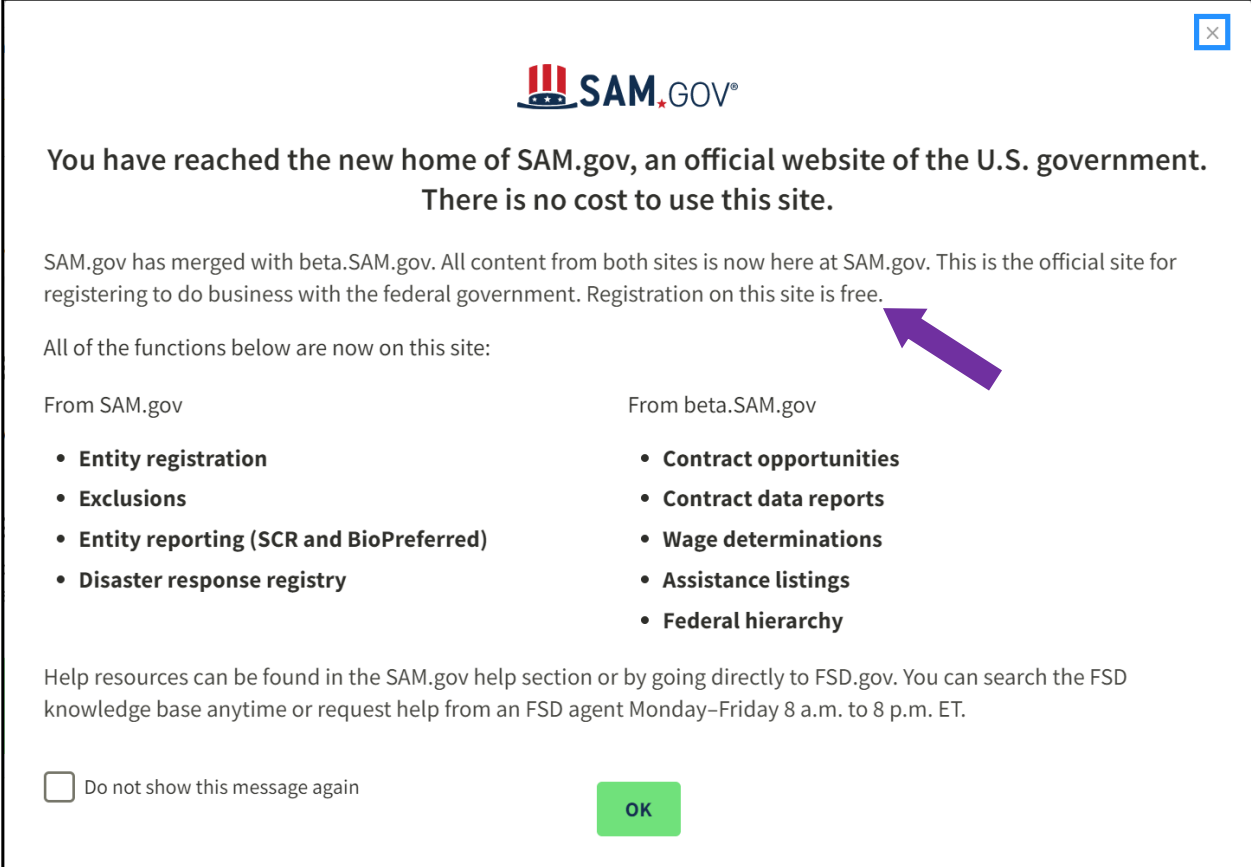
Once on the site simply follow the on-line instructions to obtain your DUNS number.

The screenshot shows the Dun & Bradstreet website interface. At the top left is the logo. Below it is a navigation menu with links: "D&B D-U-N-S Request Home Page", "About the D&B D-U-N-S Number", "Frequently Asked Questions (FAQ)", "D&B, SAM, Grants Contacts", "D&B's Privacy and Data Policy", and "Accessibility". The main content area is titled "Search" and includes instructions: "Fill out the following information to search for your company." Below this are two sections. The first section asks the user to select a country or territory from a dropdown menu (currently set to "UNITED STATES OF AMERICA") and click "Continue". The second section, highlighted with a red border, asks for company details: "Business Name", "Street", "City", "State", and "Phone", each with a corresponding input field. Below these fields is a CAPTCHA image showing the word "pfrhpn" and a verification code input field. A "Submit" button is located at the bottom right of this section.

## SYSTEM FOR AWARD MANAGEMENT (SAM)

The System for Award Management (SAM) registration number is required to bid on government contracts, either as a prime contractor or as a subcontractor. SAM is a database that includes every entity that is registered to do business with the federal government.

To obtain your SAM registration number go to: <https://www.sam.gov/SAM/>



The screenshot shows a banner for SAM.gov with the following content:

**SAM.GOV®**

**You have reached the new home of SAM.gov, an official website of the U.S. government.  
There is no cost to use this site.**

SAM.gov has merged with beta.SAM.gov. All content from both sites is now here at SAM.gov. This is the official site for registering to do business with the federal government. Registration on this site is free.

All of the functions below are now on this site:

|   |   |
|---|---|
| From SAM.gov  | From beta.SAM.gov   |
| <ul style="list-style-type: none"><li>• <b>Entity registration</b></li><li>• <b>Exclusions</b></li><li>• <b>Entity reporting (SCR and BioPreferred)</b></li><li>• <b>Disaster response registry</b></li></ul> | <ul style="list-style-type: none"><li>• <b>Contract opportunities</b></li><li>• <b>Contract data reports</b></li><li>• <b>Wage determinations</b></li><li>• <b>Assistance listings</b></li><li>• <b>Federal hierarchy</b></li></ul> |

Help resources can be found in the SAM.gov help section or by going directly to FSD.gov. You can search the FSD knowledge base anytime or request help from an FSD agent Monday–Friday 8 a.m. to 8 p.m. ET.

Do not show this message again

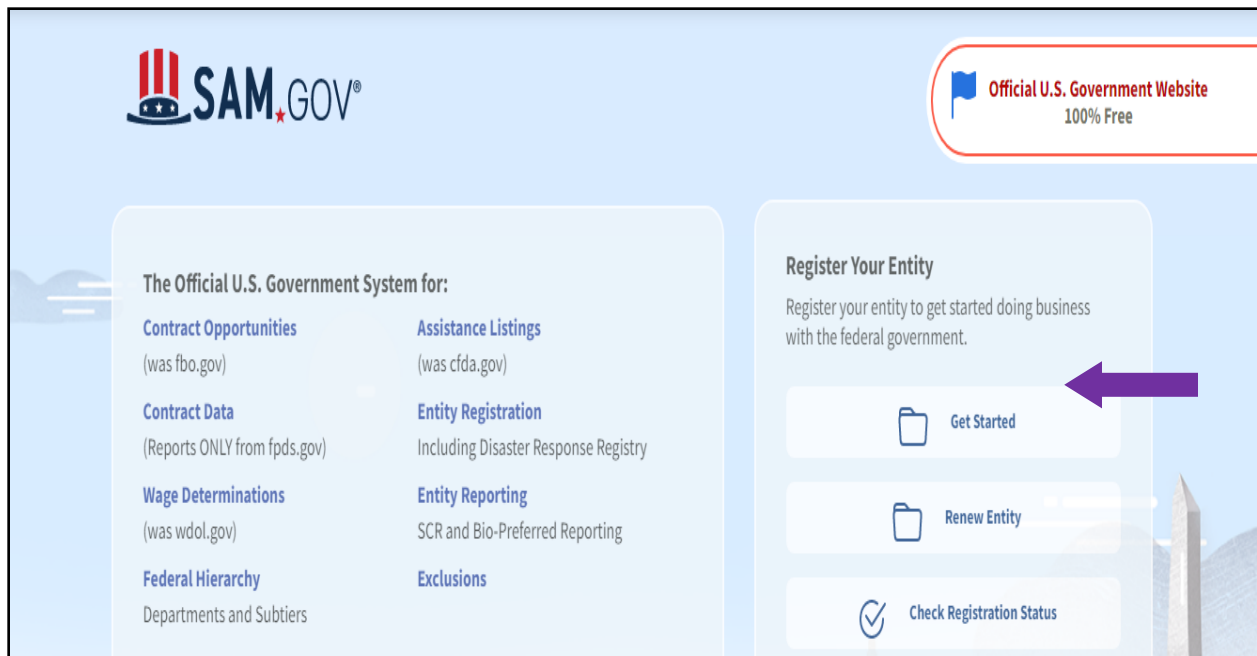
**OK**

A purple arrow points to the text "Registration on this site is free."

When you first enter the SAM site you will be greeted with the informational box shown above. As you can see above SAM.gov and beta.SAM.gov are mentioned, the contents for both sites are all contained in the current SAM website.

**Note:** Registration for obtaining a SAM number is free.  
If you are asked for payment information you are on the wrong site.

After clicking on "OK" you will be brought to the screen on the next page of this handbook.



On the new screen there will be three options on the right side they are:

- ❖ Get Started
- ❖ Renew Entity
- ❖ Check Registration Status

Since the processes involved in both renewing an Entity and checking your registration status are similar, we will briefly cover how to create a new SAM account.

After you click on "Ger Started" a new screen will appear.

## Getting Started with Registration

This the official U.S. government website for entity registration. Entity registration is FREE.

### Before You Get Started

Before you start your registration, there are a few steps you must complete first. Review these steps to help ensure you set aside enough time to complete your

The SAM registration process is laid out in four steps. As you can see the first step is to obtain a DUNS Number. This is why we previously mentioned the importance of obtaining your credentials in the order below:

- Data Universal Numbering System (DUNS)
- System for Award Management (SAM)
- State of the Art Requisition Technology (NJSTART)
- Official Site of the State of New Jersey (*MyNewJersey*)

If you do not have a DUNS number, you will need to obtain one before you can move forward with the process. If you have a DUNS number click on "2 Prepare Your Data", a new screen will appear.

**1** Request a DUNS Number

**2** Prepare Your Data

**3** Get a Login.gov Account

**4** Submit and Finish

**2** Prepare Your Data

Once you have a UEI (DUNS), you need to gather the information you must input during the registration process. Gathering this information could take a few days, depending on the complexity of your situation. You will first be required to enter core data about your entity. Core data is mandatory for all registration types. It includes, but is not limited to:

- UEI (DUNS) , legal business name, physical address, entity type, and general entity information
- Taxpayer Identification Number (TIN) and taxpayer name
- Contractor and Government Entity (CAGE) code if you have one, or NATO Commercial and Government Entity (NCAGE) code if your entity is located outside of the U.S. and its territories
- Financial and banking information to set up Electronic Funds Transfer (EFT)

To register an entity to pursue federal assistance only, you need to complete the following documentation:

- Representations and certifications questionnaire
- Points of contact (mandatory and optional POCs)

To register an entity to pursue federal contracts, you need to prepare and submit all documentation above, as well as the following documentation:

- The Entering Assertions section
- The Electronic Data Interchange (EDI) information section
- The Federal Acquisition Regulation (FAR) responses questionnaire (33 questions)
- The Architect and Engineering Responses questionnaire
- The Defense FAR Supplement (DFARS) questionnaire (if applicable)
- The SBA supplemental page (If you are a small business)

Please read the information in this section carefully. There is nothing to do on this screen other than ensuring you have all the required information to move forward in the process.

After you have gathered all the required information click on "3 Get a Login.gov Account", a new screen will appear.

**1** Request a DUNS Number

**2** Prepare Your Data

**3** Get a Login.gov Account

**4** Submit and Finish

**3** Get a login.gov account

With a login.gov account, you will get secure and private online access to government programs such as federal benefits, services, and applications. You can sign in to multiple government websites (including SAM.gov) with the same email address and password. It takes just a few minutes to create your account.

A login.gov account is required to register your entity in SAM.gov. You can set up your login.gov account in just a few minutes. Once you complete the login.gov authentication, return to SAM.gov to begin the registration process.

Once you begin your registration and start to enter your entity data, you will be prompted to verify your individual identity. This process requires a state-issued photo ID that you will supply to login.gov. Identify verification is usually quick for U.S. residents who have state-issued ID and a social security number. (See [verifying your identity](#) for more information.)

[Quick Start Guide for creating a login.gov account](#)

[Go to Login.gov](#)

Please read all the information provided and take note of the links at the bottom of the informational box.

The Quick Start Guide explains in detail the steps to obtain a login.gov account. It is recommended you review the guide so that you fully understand the processes involved.

To begin the process, click on Login.gov. You will be brought to new page to obtain your login credentials. The steps involved are explained in detail while going through the process, they are also explained in the Quick Start Guide previously mentioned.

Once you obtain your Login.gov credentials you can move forward in the process by clicking on "4 Submit and Finish".

**Before You Get Started**

Before you start your registration, there are a few steps you must complete first. Review these steps to help ensure you set aside enough time to complete your registration.

- 1 Request a DUNS Number
- 2 Prepare Your Data
- 3 Get a Login.gov Account
- 4 **Submit and Finish**

**4 Submit and Finish**

When you are ready to start the process, select the Get Started link and begin to submit your data. You can save your registration at any point during the process as long as you verify and save a valid UEI (DUNS), legal business name, and physical address. Incomplete registrations are deleted from the system after 90 days of inactivity.

Some individuals will be required to provide a notarized letter affirming that they represent the entity in question. You will receive a request for this letter if it is required in your case.

**Allow up to 10 business days** after you submit your registration for it to become active in SAM and an additional 24 hours for that registration information to be available in other government systems. You may quickly view your registration's status using the SAM **Status Tracker** . Your record will become active in SAM once your TIN is validated by the Internal Revenue Service (IRS) and your CAGE or NCAGE code is validated or assigned by the Department of Defense (DoD), if applicable. You will get an email from SAM.gov when your registration becomes active.

**Register Your Entity**

Register your entity to get started doing business with the federal government.

- Get Started
- Renew Entity
- Check Registration Status

**Already Registered?**

- Managing your entity registration
- Managing users and roles (non-federal users)

Please read the information contained in the box shown above. At this time, you should have all the information and credentials needed to move forward in the process.

The next step is to click on "Get Started" on the top right portion of the page, a new screen will appear.



## BEFORE YOU START

You will need the following information:

### U.S. REGISTRANTS:

- Your DUNS Number, Legal Business Name, and Physical Address for your Entity.  
- If you don't have one, you can [request a DUNS Number for free](#) from D&B
- Your Taxpayer Identification Number (TIN) and Taxpayer Name associated with your TIN. Review your tax documents from the IRS (such as a 1099 or W-2 form) to find your Taxpayer Name.
- Your bank's routing number, your bank account number, and your bank account type, i.e. checking or savings, to set up Electronic Funds Transfer (EFT).

### INTERNATIONAL REGISTRANTS:

- Your NATO Commercial And Government Entity (NCAGE) Code from the NATO Support and Procurement Agency (NSPA).  
- If you don't have one, you can [request an NCAGE Code online for free](#) from NSPA
- Your DUNS Number, Legal Business Name, and Physical Address for your Entity. Make sure your DUNS information and NCAGE information match.  
- If you don't have one, you can [request a DUNS Number for free](#) from D&B

CANCEL

CONTINUE



### Notes:

An entity within the SAM system includes prime contractors, organizations or individuals applying for assistance awards, those receiving loans, sole proprietors, corporations, partnerships, and any Federal government agencies desiring to do business with the government.


Entity Administrators and/or Entity Registration Representatives are responsible for ensuring the accuracy of an entity registration in SAM. An entity registration must be renewed every 365 days in order to remain active and will expire if it is not updated in a timely manner. An expired registration may affect the ability to do business with the Federal government.

START REGISTRATION



On the new page there are two steps. First click on "Start Registration" at the bottom of the page, once you do that a new box will appear.

In the new box read the information carefully and then click on "Continue".



**sam.gov** is using login.gov to allow you to sign in to your account safely and securely.


Email address

Password

 Show password  

**Sign in**

Create an account



On the new screen enter your e-mail address, select a password, and click on "Create an Account".

Once your account is created simply follow the on-line prompts to complete the process.

Remember, if you have any questions, please refer to the links provided in the section entitled "3 Get a Login.gov Account", as previously mentioned.

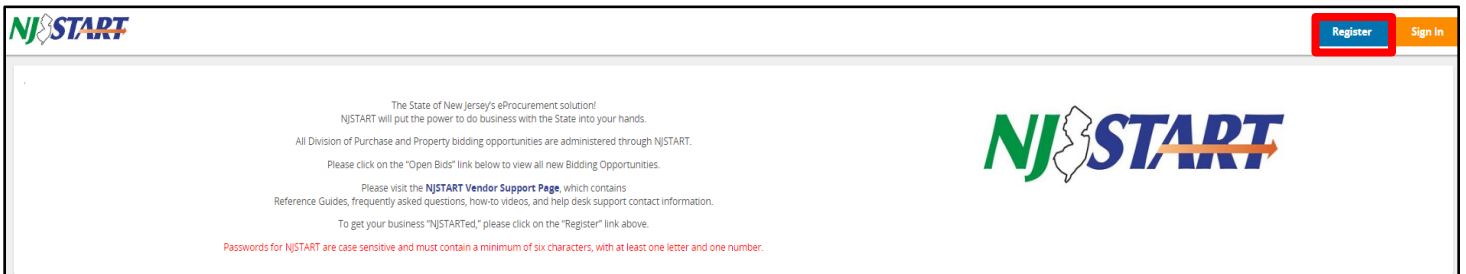
## NEW JERSEY STATE OF THE ART REQUISITION TECHNOLOGY (NJSTART)

NJSTART (**New Jersey State of the Art Requisition Technology**), the State of New Jersey's eProcurement portal.

NJSTART is designed to streamline the procurement process and make it more efficient for companies looking to do business with the State.

To begin the process, go to: <https://www.njstart.gov/bsol/> and click on "Register"

**Note:** A quick NJSTART reference guide is available at:  
<https://www.state.nj.us/treasury/purchase/njstart/pdf/Find-a-Bid.pdf>



A box will appear where you will need to enter the following:

Tax ID # (SSN or EIN will work)  
Company Name  
E-mail address

Click "Register" after the required information is entered

After clicking on "Register" you will be taken to a new page where you will enter your company's information and complete the registration process.

**Note:** NJSTART is mandatory for all new Sponsors wishing to do business in the State of New Jersey.

If you do not have a *myNewJersey* account, the first step in the on-line registration process is to go to: <https://nj.gov/> and click on 'Register'.

**Note:**

**If you already have an account do not create a new account.** If you do not remember your username and/or password please click on the "Forgot your Login ID?" or "Forgot your password?" option on the login screen.

After you click on "Register" you will be brought to a new page.

Fill out the required information and click on "Create Account".

**Note:**

After clicking on "Create Account" you must wait for an authorization code to be sent via email from the State agency.

**Note:**

Your authorization code will come from the following e-mail address:

[NJCACFPCOMMUNICATION@ag.nj.gov](mailto:NJCACFPCOMMUNICATION@ag.nj.gov)

Please check your spam/junk email folders for your authorization code if it doesn't appear in your regular inbox.

**Note:** Any individual in your organization that will have access to claims and the application will need to register separately. Remember, submitting and certifying claims must be done by two separate individuals.

OFFICIAL SITE OF THE STATE OF NEW JERSEY

NJ.gov

NJ.gov About NJ Business Community & Wellness

Login Register

myNewJersey powered by NJON

### Create Your myNewJersey Account

To use specific services that New Jersey has offered you, you need to create a myNewJersey account using this form (all fields are required). You'll be able to change all of your entries later, except your login ID, using the "my account" link any time you're logged in to myNewJersey.

Login IDs can only contain letters, numbers, and these four characters: @, -, ., \_

Login ID

Passwords must be at least 8 characters long, chosen from at least three of these groups: lowercase letters, uppercase letters, digits, and other characters (except space, quotes, <, >, & and \).

Password

Retype your password

First name

Last name

If you forget your login ID or password in the future, the system will ask you the question you enter here. If the answer you give then matches the answer you enter now, the system will send your ID or a new password to the email address you provide below. Pick a question and answer you can remember, but only you would know.

Question you want us to ask

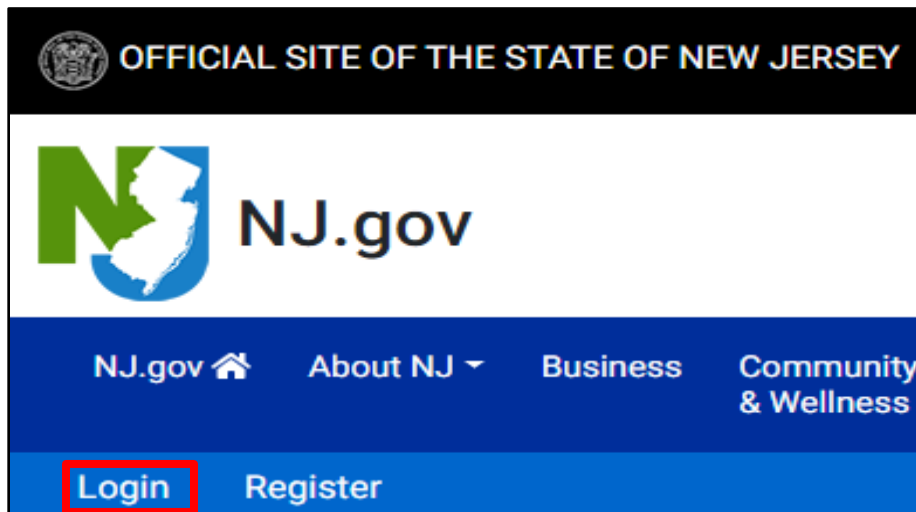
Your answer

Email address

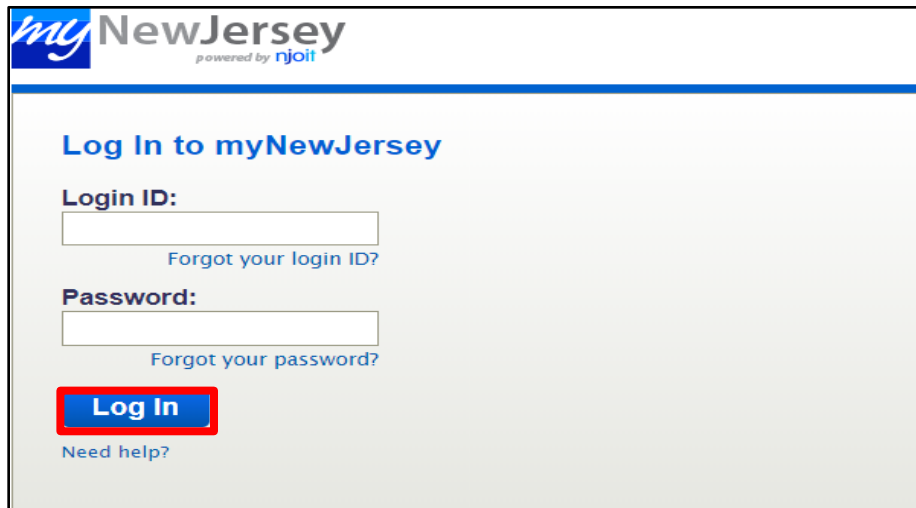
Retype your email address

Take a moment to review your sign-up information and be sure it's correct before you click the Create Account button.

Create Account



Once you receive your authorization code, go back to [NJ.gov](https://www.nj.gov) and click on “Login”. A new screen will appear.



On the new screen enter your credentials and click “Log In”. You will then be brought to a new page.

**Note: The MyNewJersey Login ID is used in several different programs.**

**In the Cares 2.0 application the MyNewJersey Login ID is referred to as a Portal ID.**

Welcome Anthony: [logout](#) | [my account](#) | [auth code](#) | [layout](#) | [help](#)

After logging into your account, click on “auth code” on the top right side of the page. A new screen will appear that will ask for the authorization code you received via email.

**myNewJersey**  
powered by njoit

### Enter Your myNewJersey Authorization Information

1. If you've been given an authorization code, type or "paste" it into the box below (otherwise, click "Cancel").
2. Click the "Finished" button.
3. Your code will be verified and your profile will be updated with your new role.
4. If the update is successful, the *myNewJersey* portal will end your current session and, after a few seconds, will return your browser to the login page.
5. Please log back in and verify that your *myNewJersey* desktop includes the content for your new role.

Enter your authorization code:

[Finished](#) [Cancel](#)

You are now authorized to access the CACFP application.

Enter your authorization code and click on “Finished”.

Remember, your authorization code will come from the following e-mail address:

[NJCACFPCOMMUNICATION@ag.nj.gov](mailto:NJCACFPCOMMUNICATION@ag.nj.gov)

**Note:**

Depending on your email security settings the e-mail from **NJCACFPcommunications@ag.nj.gov** may appear as junk and/or spam. If you are expecting an email, always check your junk and/or spam folders.

# CACFP ONLINE CARES APPLICATION

OFFICIAL SITE OF THE STATE OF NEW JERSEY

myNewJersey powered by njoi

Welcome Anthony: [logout](#) | [my\\_account](#) | [auth\\_code](#) | [layout](#) | [help](#)

**Agriculture**

**New Jersey Events**

**Travel Guide**

[Locate Events](#) | [Travel & Tourism Home](#) | [Add an Event](#)

**NJCARES (CACFP Application and Reimbursement Electronic System).(system test 64-bit)**

**NJCARES (CACFP Application and Reimbursement Electronic System).(UAT 64-bit)**

**NEW JERSEY CACFP**

**Child and Adult Care Food Program.(CARES 2.0)**

After entering your authorization code, you will have access to the CACFP System. Click on “Child and Adult Care Food Program (CARES 2.0)”. A new screen will appear.

**CACFP Announcements**

- [NDS Test](#) [8/26/2021]
- [Link Test #2](#) [8/25/2021]
- [NPS Level Test](#) [8/5/2021]

[View All](#)

**CACFP CARES System**

- CACFP Application**
- CACFP Reimbursement**

**NJDA Websites**

- [NJDA CACFP Website](#)
- [NJDA Food and Nutrition Website](#)
- [NJDA Farm to School](#)
- [USDA Food and Nutrition Website](#)
- [USDA Team Nutrition](#)
- [USDA Nondiscrimination Statement](#)

Please note the CARES Announcement section above the CACFP Application icon. This section will contain important announcements related to the CACFP program.

Also, please note a link for the NJDA CACFP website is located at the bottom of the page

To begin the application, click on "CACFP Application" and a new screen will appear.

Before we go over the application process, let's go over some key points.

**CARES - Application** My Account

Application Summary Resources Training Select Institution

**Welcome UAT Submitter**  
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: **Needs To Be Submitted**

Submitted: Approved:

Select Year 2021

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                |        |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       |        |                     |                    |                    |
| <a href="#">Facility Program Information</a>           |        |                     |                    |                    |
| <a href="#">Management Plan</a>                        |        |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          |        |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> |        |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

[Submit](#)

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The screen above is the Application Summary page. This is where you will begin completing the application.

The next section of this handbook will cover important information and key points regarding the new CARES 2.0 application system.



## CACFP APPLICATION PROCESS – OVERVIEW

The purpose of this handbook is to provide step by step instructions to complete a CACFP CARES 2.0 application. Please be aware that there are numerous programs that fall under the CACFP umbrella and each of those programs have a variety of options. While we will provide detailed guidance as to the application process, to reduce the length and of this handbook and eliminate confusion not every possible combination of programs will be shown. However, the information provided in this handbook is comprehensive and will assist in completing your application regardless of which type program(s) you are managing.


When completing an application please take your time and ensure all information entered is accurate. This is important because one error may affect other areas of the application. To ensure your application can be promptly processed please review each section carefully before submission.


Key points to remember:

- ❖ Historical data will be stored in the current CARES 1.0 system. The current years information from the older system will be migrated over. All new information must be loaded into the new system (CARES 2.0).
- ❖ In the new system there may be slight changes to official titles. This will be covered in the "Responsible Principals and Users" section of this handbook. However, the title and access level from the old system will be brought over to the new system.
- ❖ The new system is very intuitive and user friendly. Most errors will be identified so that corrections can be made (see screenshot below). However, documents will need to be uploaded in several areas of the application. Please double check that all applicable documents are uploaded before saving or exiting any section of the application.

**Staff Training**

Each institution must provide annual training for all their food services and administrative personnel involved with the Child and Adult Care Food Program (CACFP). Written documentation of these sessions must be maintained on file for review during the administrative review in addition to this section. The training document can be found by clicking [here](#). Complete all sections in the chart.

| Required Topics  | Name/Title of the Trainer | Date of Training | Place of Training  |
|--|---------------------------|------------------|--|
| Meal Pattern Requirements <a href="#">(Apply to all)</a> | Timmy T                   | 05/07/2021       | <input type="text"/> <br><small>Please fill out this field.</small> |
| Menus  | Timmy T                   | 05/07/2021       | Trenton, NJ  |



- ❖ Throughout the application you will notice several tools that will provide additional information and assistance. The following tools will assist:
  - **Blue lettering** - Will take you to a specific document, provide additional information or provide a way to expedite the completion of your application.
  - **Green Question Marks** - Provides detailed information regarding a specific area of the application.
  - **Red Asterisks** - Indicates a field requesting mandatory information. If you do not enter information in an area designated with a red asterisk you will be alerted in red as shown on the screenshot on the previous page.
- ❖ You will be assigned a new agreement number in the system. **Please take note of your new agreement number**. The basic setup for the new agreement number is below.

Agreement number example: X X 123456 X X X.

The first two letters designate your type of institution.

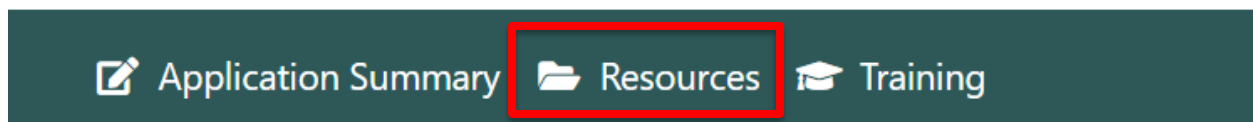
The six digits are generated by the system.

The last three letters designate the County in which your institution is located.



Certain sections of the application are comprised of several different areas. To make the sections easier to manage, there is the option to expand or collapse specific areas of a section. To expand or collapse an area simply click on the symbol to the left of the areas name at the top left side of the section.

**Note:** The option to expand and collapse areas is not available in all sections as some sections, have limited areas.



At the top of each page is a Resources link. This link contains applicable documents, handbooks, memos, etc. If you have a question, please first look in Resources for an answer before reaching out to your CACFP Specialist.

The answer to most questions can be found under the Resources section.

You will be asked to upload documents throughout the application process. All documents required for application completion that the State normally provides can be found under the "Resources" link shown above. However, please remember it is critical you maintain copies of **all** your records for the current year and three previous years.

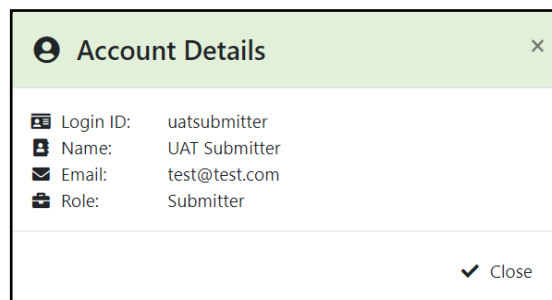
**Note:** In order to keep things organized it is highly recommended to create a folder for storing all of your CACFP documents, this will make uploading simpler.

**Note:** At the bottom of each page of the application is a "Contact Us" button. This is to obtain assistance related to the on-line application. The response to any question via the "Contact Us" option will come from [NJCACFPCOMMUNICATION@ag.nj.gov](mailto:NJCACFPCOMMUNICATION@ag.nj.gov)

On the top of the application summary page, you will see an area identified as "My Account".



To get your specific account details click on "My Account" and a new box will appear with your information. Please make sure all your information is accurate, especially your role as it determines what level of access you have for the application.

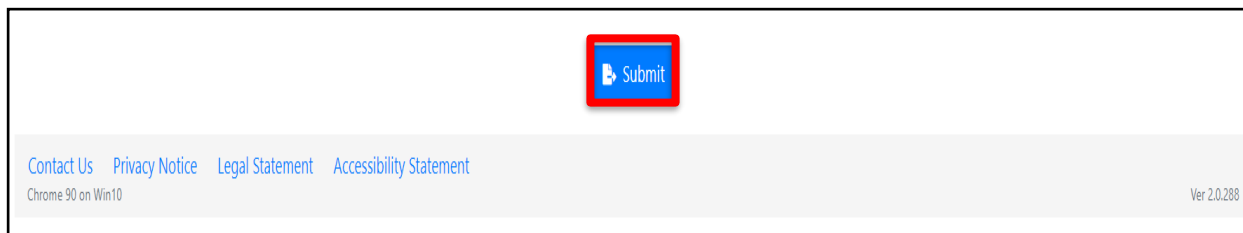


As previously mentioned, each organization has different titles assigned which will be identified in the "Responsible Principals and Users" section. However, for the purpose of the application there are three types of roles which are determined by each institution. The roles are as follows:

- ❖ **Submitter(s):** A submitter enters all the information into the application. The Submitter can enter and/or change information on an application.
- ❖ **Certifier(s):** A certifier ensures all the information contained in the application is complete and accurate prior to submission. A certifier cannot alter any information contained in the application.
- ❖ **View Only:** A view only person has view only access. They cannot alter any information on the application.
- ❖ **No Access:** A person with no access does not have access to the application and DOES NOT need a valid Login ID added to the application. Use the no access option for key personnel in an Institution that will not be involved in the application process.

**Each role, (other than No Access) must have an individual Login ID.** For example, if a person attempts to designate themselves as both a Submitter and Certifier using the same Login ID, the system will recognize this and lock them out of both roles.

**If a person needs access as both a Submitter and Certifier they will need two separate Login ID's, each having a unique email address.** If the same e-mail address is used for more than one Login ID there will be an issue when trying to recover a Login ID or Password.



Please take note of the "Submit" button on the bottom of the application summary page. The submit button should not be clicked until all sections of the application are complete and have been reviewed by the Certifier.

The "Submit" button is also used if changes were made to a specific area(s) of an application. We will cover changes to applications towards the end of this handbook in the section entitled "Revising a Submitted Application".

There are eight main sections of the application that you must complete. The sections are as follows:

- ❖ Institution Information
- ❖ Responsible Principals and Users
- ❖ Facility Program Information
- ❖ Management Plan
- ❖ Budget and Audit Requirements
- ❖ Eligibility and Enrollment Information
- ❖ Monitoring Information
- ❖ Permanent Agreement

CARES - Application My Account

Application Summary Resources Training Select Institution

Welcome UAT Submitter  
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year 2021

| Sections                               | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| Institution Information                | Saved  |                     |                    |                    |
| Responsible Principals and Users       |        |                     |                    |                    |
| Facility Program Information           | Draft  |                     |                    |                    |
| Management Plan                        |        |                     |                    |                    |
| Budget and Audit Requirements          | Saved  |                     |                    |                    |
| Eligibility and Enrollment Information | Draft  |                     |                    |                    |
| Monitoring Information                 | Draft  |                     |                    |                    |
| Permanent Agreement                    |        |                     |                    |                    |

Submit

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First, ensure that you are working in the correct agreement year. Please take note of the pull-down arrow in the center portion of the screen. This is where you will select the correct year.

As you can see above, all sections of the application are located on the left side of the screen. To work on a specific section, simply click on its name. It is critical you complete the sections in the order listed on the left side of the screen, starting with “Institution Information”.

Let’s begin the application process by clicking on “Institution Information”. At this time, a new screen will appear.

Please take note of your agreement number in the green bar towards the top of the screenshot above.

## INSTITUTION INFORMATION

There are several areas in this section of the application. For clarity, we will break things down a few areas at a time.

### Institution Information - Agreement Year 2021

Tony FP Adult Care - AD-010047-CPM Section Status: **Approved**

---

#### Institution Details

Institution Legal Name  
Tony FP Adult Care

Doing Business As: Business Agreement Year: 2021 Agreement Number: AD-010047-CPM

Federal Tax ID: 987787878 NJ Vendor ID: V54454546545

Name of CACFP Responsible Principal: Test Title of CACFP Responsible Principal: cvx

Institution Phone #: (546) 545-6465 Extension: Alternate Phone #: Extension: Fax Number:

Institution Email Address: test@test.com

Institution Type: For-Profit Adult Care Organization Additional Institution Details: Non-Public - Private or Charter School Institution Tax Status: For-Profit (Proprietary) 25% Title XIX/XX Business Type: N/A

Participation Status: Active DUNS #: 987897897 UEI #: 54e43fbdg345 SAM Expiration Date: 05/12/2021 Institution on SAM Exclusion List: No Institution Listed on NDL: No

Institution Fiscal Year End Date: 05/12/2021 USDA Commodities/Cash-In-Lieu Preference: Cash-in-Lieu of Commodities Church Sponsoring Organization?: No Agreement Start Date: 05/01/2021 Agreement End Date: 05/31/2021

Organization Type: Independent Institution

In this section of the application simply enter your Institutions details in the white boxes provided. Once all the required information is entered, you can move on to the next area of this section.

**Note:** The information contained in the gray boxes cannot not be changed. That information has been entered by CACFP personnel based upon your specific institutions details on-file with the State. If there is an issue with any information in a grayed-out area anywhere in the application, please contact your CACFP Specialist.

Please take note of your **new agreement number**. It is recommended you include your agreement number each time you correspond with the State.

Also, please take note of the green question mark to the right of "Business Type" with the purple arrow pointing to it. Whenever you see a green question mark you can click on it for additional information regarding a specific area of the application. In this case, the different business types are explained.

**Mailing Address**

Address Line 1: 158 Regent Drive

Address Line 2: [Grayed out]

City: Lakewood    State: New Jersey    ZIP Code: 08701    Extension: 2131

---

**Administrative Office Location**

Address Line 1: 158 Regent Drive

Address Line 2: [Grayed out]

City: Lakewood    State: New Jersey    ZIP Code: 08701    Extension: 2131

---

**NJ CACFP Physical Office Location - Where CACFP Records Are Maintained**

Address Line 1: 158 Regent Drive

Address Line 2: [Grayed out]

City: Lakewood    County: Cape May    State: New Jersey    ZIP Code: 08701    Extension: 2131    Congressional District: 6

The next three areas in this section are "Mailing Address", "Administrative Office Location" and "NJ CACFP Physical Office Location - Where CACCFP Records Are Maintained". As previously mentioned, each application is personalized and may appear slightly different than the example above.

Enter the required information in any white boxes that may be present. Once again, the grayed-out areas cannot be changed.

The next area in this section is, "Food Service Contract Information".

**Food Service Contract Information**

Type(s) of Food Service Operation \*

Self-Preparation     Satellite from Central Kitchen     Vended     Food Service Management Company

The first step in the Food Service Contract Information area is to select your institutions type of food service operation; your options are:

- ❖ Self-Preparation
- ❖ Satellite from Central Kitchen
- ❖ Vended
- ❖ Food Service Management Company

As previously mentioned, each selection made will tailor the application to your specific institution. The screenshots on this page illustrate how an application is affected by the type of food service operation selected.

### Self-Preparation

Type(s) of Food Service Operation \*

Self-Preparation    Satellite from Central Kitchen    Vended    Food Service Management Company

### Satellite from Central Kitchen

Type(s) of Food Service Operation \*

Self-Preparation    Satellite from Central Kitchen    Vended    Food Service Management Company

Central Kitchen Address

Address Line 1 \*  Address Line 2

City \*  State \*  ZIP Code \*  Extension \*

Enter the contract details and upload the contract file under "Documents" section below.

| Contract Type                              | Vendor Name          | Contract Begin Date                     | Contract End Date                       | Delete |
|--|----------------------|---|---|--------|
| <input type="text" value="Please Select"/> | <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text" value="mm/dd/yyyy"/> |        |

←

Please fill out this field.

### Vended

Type(s) of Food Service Operation \*

Self-Preparation    Satellite from Central Kitchen    Vended    Food Service Management Company

Enter the contract details and upload the contract file under "Documents" section below.

| Contract Type                              | Vendor Name          | Contract Begin Date                     | Contract End Date                       | Delete |
|--|----------------------|---|---|--------|
| <input type="text" value="Please Select"/> | <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text" value="mm/dd/yyyy"/> |        |

←

### Food Service Management Company

Type(s) of Food Service Operation \*

Self-Preparation    Satellite from Central Kitchen    Vended    Food Service Management Company

Enter the contract details and upload the contract file under "Documents" section below.

| Contract Type                              | Vendor Name          | Contract Begin Date                     | Contract End Date                       | Delete |
|--|----------------------|---|---|--------|
| <input type="text" value="Please Select"/> | <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text" value="mm/dd/yyyy"/> |        |

←

Regardless of the type of food service contract you have selected, please enter all information that is requested on the application.



Please take note of the "Add" button on the bottom of three of the screenshots on the previous page. If you need to add additional contract information, please do so via the "Add" button.

The final area in this section of the application is "Documents". This is where you will upload required documents which are determined by your specific type of Institution.

To upload a document, click on the arrow to the right of "Select document type". Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

To upload your document, click "Browse and upload", once you locate the file you are looking for, select and upload your document. As your documents are uploaded, they will appear below the green bar. In the example below a SAM Exclusion Verification document has been uploaded.

**Please do not move forward with your application until all the required documents have been uploaded.**

As previously mentioned, if you are looking for a specific document, please click on the "Resources" button located on the top of each page of the application.

The screenshot displays the 'Documents' section of an application. At the top, there is a form for contract details with fields for Contract Type (NSLP RFP Addendum 1 (Includes CACFP)), Vendor Name (Food Bank Of NJ), Contract Begin Date (12/01/2020), and Contract End Date (12/31/2020). Below this is a 'Documents' section with a 'Document Type' dropdown menu and a 'Browse and upload' button. A table below the dropdown shows one document: 'SAM Exclusion Verification' with file name 'Site Finder Report FY 2021 - 2020-12-01.xlsx', uploaded on '12/15/2020 14:45:08' by user '11000', with a status of 'Saved'. At the bottom of the form, there are 'Save' and 'Back to Application Summary' buttons. The footer includes links for 'Contact Us', 'Privacy Notice', 'Legal Statement', and 'Accessibility Statement', along with 'Chrome 88 on Win10' and 'Ver 2.0.172'.

Prior to leaving any page always click on "Save". This is helpful because any errors made on the page will be highlighted in red. Please ensure you correct all errors before moving forward with the application.

After your information is error free click on "Back to Application Summary". You will then be returned to the application summary page.

**Note:**

You will be required to upload documents in other sections of your application. The steps listed above apply to all sections of the application that require documents to be uploaded.

**CARES - Application** My Account

Application Summary Resources Training Select Institution

**Welcome UAT Submitter**  
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: **Needs To Be Submitted**

Submitted: Approved:

Select Year: 2021

| Sections                               | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| Institution Information                | Saved  |                     |                    |                    |
| Responsible Principals and Users       |        |                     |                    |                    |
| Facility Program Information           |        |                     |                    |                    |
| Management Plan                        |        |                     |                    |                    |
| Budget and Audit Requirements          |        |                     |                    |                    |
| Eligibility and Enrollment Information |        |                     |                    |                    |
| Monitoring Information                 |        |                     |                    |                    |
| Permanent Agreement                    |        |                     |                    |                    |

[Submit](#)

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Chrome 90 on Win10

As you can see above, the section you just completed will now have the word "Saved" in the status column.

Please remember, only fully completed, or amended applications can be submitted. Do not click on the "Submit" button on the bottom of the application summary page (shown above) until all sections are complete, accurate and have been reviewed by your institutions Certifier.


Now that the "Institution Information" section has been completed, let's move on to the "Responsible Principals and Users" section. The first step is to simply click on "Responsible Principals and Users" on the left side of the screen.

After clicking on "Responsible Principals and Users" a new screen will appear.

## RESPONSIBLE PRINCIPALS AND USERS

Responsible Principals and Users - Agreement Year 2021

Tony FP Adult Care - AD-010047-CPM Section Status: **Approved**

**Owner** [Change](#) 

Title Description \*  First Name \*  Last Name \*

Date of Birth \*  Phone Number \*  Extension  Alternate Phone Number  Extension

Email Address \*  Role \*  Portal ID \*

Address Line 1 \*  Address Line 2

City \*  State \*  ZIP Code \*  ZIP Extension \*

Current Employer \*  Does this individual have a second job (outside or within the institution)? \*  Yes  No

Does this outside employment constitute a real or apparent conflict of interest to CACFP duties? \*  Yes  No [Clear](#)

The “Responsible Principals and Users” section will list all your institution’s key personnel. Please remember that you must enter the personal information for each individual listed, not the institutions information. Personal information is required because each individual will be checked against the CACFP National Disqualified List.

The “Owner” title is shown above as a reference. There are several titles available on the application. If there are several Owners, all of them must be added. This is the same for all positions, if there are multiple individuals with the same position, all of them must be added. Also, please ensure you are selecting the correct role for each person added.

There is also an "Add User" button on the bottom of the screen so that additional titles can be entered.

Please remember, any individual, regardless of their title(s), can only be assigned one role. In the example above, the individual is an application submitter.

As previously mentioned, a valid Portal ID (also known as a Login ID at the MyNewJersey site) is not required for No Access personnel.

### Note:

**Valid Portal ID's MUST be entered for the roles of Submitter, Certifier and View Only. If invalid Portal ID's are entered into the application, a system generated email alert will be generated.**

Regardless of the specific program type, all programs are either non-profit or for-profit. The chart below shows the default titles for each type of program:

| <b>Nonprofit Organization</b>                   | <b>For Profit Organization</b>                  |
|---|---|
| Board Chair                                     | Owner   |
| Board Member                                    | Executive Director                              |
| Board Member                                    | Person Responsible for CACFP Records            |
| Executive Director                              | Substitute Person Responsible for CACFP Records |
| Person Responsible for CACFP Records            | Employee 1                                      |
| Substitute Person Responsible for CACFP Records | Employee 2                                      |
| Employee 1                                      |   |
| Employee 2                                      |   |

**Note:** As previously mentioned, if you need to add additional personnel, an "Add User" button is available at the bottom of the page (shown below).

Please remember the "Submitter(s)", "Certifier(s)" and "View Only" personnel are determined by your institution's hierarchy.



As with each section, after you have entered and reviewed your information for accuracy, click "Save". If there are any errors, they will be highlighted in red, allowing you to correct whatever errors may exist before proceeding.

After any and all errors have been revised, click on "Back to Application Summary". You will then be returned to the application summary page.

## FACILITY PROGRAM INFORMATION

Please remember each application is customized based upon information entered and selections. There are dozens of possibilities in the Facility Program Information section. To eliminate confusion not every possible combination of programs will be shown. However, the information provided in this section is comprehensive and will assist in completing your CACFP application regardless of which type program(s) you are managing.

Please note throughout this section you will notice hyperlinks. These links will take you to a specific area of the Reference Section of this handbook or an internet site that contain additional information.

**Note:** If the hyperlinks are not working for you, please hold down the Ctrl button on your keyboard while clicking on the hyperlink.

The screenshot displays the CARES - Application web interface. At the top, there is a navigation bar with links for 'Application Summary', 'Resources', and 'Training'. Below this, a 'Welcome UAT Submitter' message is shown, followed by a green bar indicating the institution 'UAT Institution - CH-010005-MRR' and the application status 'Needs To Be Submitted'. A table lists various sections with their status and dates. The 'Facility Program Information' section is highlighted with a red box. A 'Submit' button is visible at the bottom of the table area.

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <b><a href="#">Facility Program Information</a></b>    |        |                     |                    |                    |
| <a href="#">Management Plan</a>                        |        |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          |        |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> |        |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

Now that the Institution Information and Responsible Principles and Users sections are complete and saved let's move on to the Facility Program Information section. Click on "Facility Program Information" on the left side of the screen. After clicking on "Facility Program Information" a new screen will appear.

Facilities Summary - Federal Year 2021

UAT Institution - CH-010005-MRR Section Status: **Draft**

Search:  [Export Data to Excel](#) [+ Add a Facility](#) Show 10 entries

| Number | Type              | Name                    | Status | Participation Status | Revision | Submitted Date | Reviewed Date | Approved Date |
|--------|-------------------|-------------------------|--------|----------------------|----------|----------------|---------------|---------------|
| 20     | Child Care Center | Test Facility RF 011221 | Draft  | Active               | Initial  |                |               |               |

Showing 1 to 1 of 1 entries Previous 1 Next

[← Back to Application Summary](#)

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The first step is reviewing any facility currently listed. As you can see in the example above Test Facility RF 011221 is listed as a facility.

To ensure the information for a listed facility is correct click on its name. You will be taken to the area of the application to verify and/or correct information related to the specific facility you selected.

The information being reviewed for an existing facility will be the same information you will be entering for a new facility. Since the information being verified is identical, we will cover the process to add a new facility.

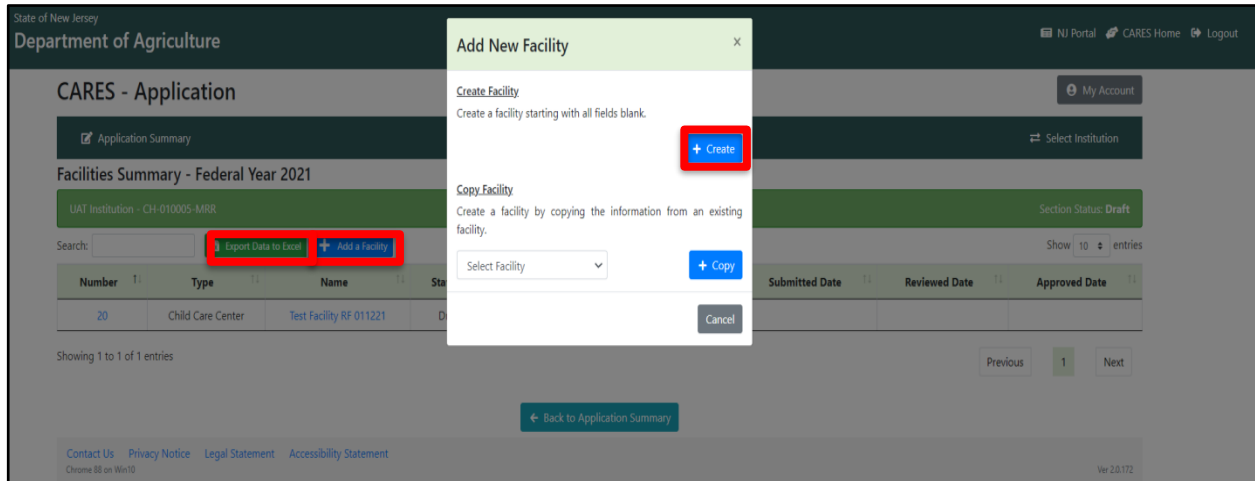
Please remember, the information contained in gray boxes cannot not be changed. If there is an issue with any information in a grayed-out area, please contact your CACFP Specialist.

**Note:** The Facility Number in the new system will not be the same as in the previous version of CARES. Please take note of the new facility numbers.

To add a new facility, click on “Add a Facility”.

At this point a popup box will appear giving you two options they are:

- ❖ Create a Facility
  - Use this option when creating a new facility.
- ❖ Copy a Facility
  - Use this option if you are creating a new facility by copying information from an existing facility.



Please note we will cover the processes involved for one facility; the steps will need to be repeated for all the facilities you will be adding.

As you add sites they will appear below the green line on the center of the page.

Once all your facilities are added, they can be downloaded on an Excel spreadsheet for easier management. To download a list of all your facilities simply click on “Export Data to Excel” then save the spreadsheet.

After clicking on "Create" a new screen will appear. There are several parts to this specific area of the application. For the purpose of clarity, we will cover a few areas at a time.

As you can see above you will be first be asked to provide your facilities name and details, enter the specific information for your facility in the white boxes.

On the bottom of this area please note the facility type is in a grayed-out box. This means it was entered by a State representative and cannot be changed. If the facility type is incorrect, please contact your CACFP Specialist.

There are several pull down options, information that must be entered manually and selections that must be made in the form of check boxes. Please ensure all the information is correct before leaving this section of the application. As previously mentioned, each selection can affect other parts of the application.

Below are the available options for the pull-down menus:

There are three options under Tax Exempt Status, they are:

- ❖ Non-Profit
- ❖ Public
- ❖ For-Profit

For additional information regarding tax exempt status please click here: [Tax Exempt Status](#)

**Note:** Please take note of the page of the handbook you are on before clicking on the Tax-Exempt Status link above. After clicking on the link, you will be brought to another section of the handbook.



There are ten options under License Agency, remember the options are based upon the type of facility you selected, they are:

- ❖ DCF -CCF Dept. of Children and Families - Child Care License
- ❖ DCF-DCPP Dept. of Children and Families - Division of Child Protection and Permanency
- ❖ DDD Department of Developmental Disabilities
- ❖ DHS Dept. of Human Services
- ❖ DMAHS Division of Medical Assistance and Health Services
- ❖ DMHAS Division of Medical Health and Addictive Services
- ❖ DOAS Dept. of Aging Services
- ❖ DOH Dept. of Health
- ❖ MIL Military
- ❖ DCA Dept. of Community Affairs, Division of Codes and Standards

There are two options under Participation Status, they are:

- ❖ Active
- ❖ Inactive

**Note:** If there are facilities you are currently not using, please add them as an inactive site. Later if they are activated all you will need to do is enter this section of your application, select "Active" and resubmit your application. We will cover submitting your initial application along with resubmitting applications later in this handbook.

There are four options under Food Service Operation Type:

- ❖ Self-Prep
- ❖ Vended
- ❖ Self-Prep / Vended
- ❖ Satellite from Central Kitchen

Based upon your previous selections you may have an area entitled Affiliation Status, they are:

- ❖ Affiliated
- ❖ Non-affiliated

**Note:** The affiliation status is essentially asking if the facility that is being entered is affiliated with (or under the auspices of) the Institution/Sponsoring organization that has the agreement with the State.

For example, is the Boys and Girls Club facility being entered under the Board of Education sponsor legally (possess the same Federal ID or EIN) affiliated or unaffiliated with the Board of Education. The next section asks for Federal ID of the facility, not the Institution unless they are affiliated under the same Federal ID.

There are five options under Food Service Contract type.

**Note:** this option will not be available if Self-prep was selected in the Food Service Operation Type area.

- ❖ Bid
- ❖ Small Purchase
- ❖ Micro Purchase
- ❖ RFP (Request for Proposal)
- ❖ School Food Service Contract

As previously mentioned, each application is tailored for institutions and therefore it is critical you ensure all your selections are correct as it will affect other areas of your application. To illustrate this point, on the next few pages are the options you will have with each type of facility.

### Child Care Center

The screenshot shows a web form titled "Facility Name and Details". The form includes several input fields: Facility Name, Address Line 1, Address Line 2, City, County (with a dropdown menu), State (pre-filled with "New Jersey"), ZIP Code, and Extension. There is also a large text area for "Directions/Special Instructions" and fields for "Facility Phone #", "Extension", and "Facility Email Address".

A red box highlights the following sections of the form:

- Facility Type:** A dropdown menu with "Child Care Center" selected.
- Facility Characteristics (Select all that apply):** Radio buttons for "Head Start", "School K-12", "Military", and "Church".
- Tax Exemption Status:** A dropdown menu with "Please Select" selected.
- License Number:** An empty text input field.
- License Expiration Date:** A date picker set to "mm/dd/yyyy".
- License Agency:** A dropdown menu with "Not Available" selected.
- Affiliation Status:** Radio buttons for "Affiliated" and "Unaffiliated".
- Federal ID:** An empty text input field.
- Participation Status:** A dropdown menu with "Please Select" selected.
- Food Service Operation Type:** A dropdown menu with "Please Select" selected.

Below the red box, there is a section titled "Indicate all other activities and USDA programs that this facility participates in during the fiscal year." with several checkboxes:

- None
- School Breakfast Program
- Summer Food Service Program
- Special Milk Program
- National School Lunch Program/SFA
- Head Start
- The Emergency Food Assistance Program (TEFAP)
- The Commodity Supplemental Food Program
- Fresh Fruit and Vegetable Program
- Programs Under Title III of the Older Americans Act (OAA)
- Resources and Referral Services
- Other

## At-Risk Afterschool Care Center

📍 Facility Name and Details

Facility Name \*

Address Line 1 \* Address Line 2

City \* County \* State ZIP Code \* Extension \*

Please Select New Jersey

Directions/Special Instructions

Facility Phone # Extension Facility Email Address \*

Facility Type \* Facility Characteristics (Select all that apply) Tax Exemption Status \* License Number License Expiration Date \*

At-Risk Afterschool Care Center  Military  Church
Please Select

License Agency Affiliation Status \* Federal ID Participation Status \*

Not Available  Affiliated  Unaffiliated

Food Service Operation Type \*

Please Select

Indicate all other activities and USDA programs that this facility participates in during the fiscal year. \*

None  School Breakfast Program  Summer Food Service Program  Special Milk Program  National School Lunch Program/SFA  Head Start  
 The Emergency Food Assistance Program (TEFAP)  The Commodity Supplemental Food Program  Fresh Fruit and Vegetable Program  
 Programs Under Title III of the Older Americans Act (OAA)  Resources and Referral Services  Other

## Emergency Shelter

📍 Facility Name and Details

Facility Name \*

Address Line 1 \* Address Line 2

City \* County \* State ZIP Code \* Extension \*

Please Select New Jersey

Directions/Special Instructions

Facility Phone # Extension Facility Email Address \*

Facility Type \* Facility Characteristics (Select all that apply) Tax Exemption Status \* License Number License Expiration Date \*

Emergency Shelter  Military  Church
Please Select

License Agency Affiliation Status \* Federal ID Participation Status \*

Not Available  Affiliated  Unaffiliated

Food Service Operation Type \*

Please Select

Indicate all other activities and USDA programs that this facility participates in during the fiscal year. \*

None  School Breakfast Program  Summer Food Service Program  Special Milk Program  National School Lunch Program/SFA  Head Start  
 The Emergency Food Assistance Program (TEFAP)  The Commodity Supplemental Food Program  Fresh Fruit and Vegetable Program  
 Programs Under Title III of the Older Americans Act (OAA)  Resources and Referral Services  Other

## Adult Day Care

### Facility Name and Details

Facility Name \*

Address Line 1 \* Address Line 2

City \* County \* State ZIP Code \* Extension \*

Directions/Special Instructions

Facility Phone # Extension Facility Email Address \*

Facility Type Facility Characteristics (Select all that apply) Tax Exemption Status \* License Number License Expiration Date \*

Adult Day Care Home  Military  Church Please Select mm/dd/yyyy

License Agency Affiliation Status \* Federal ID Participation Status \* Food Service Operation Type \*

Not Available  Affiliated  Unaffiliated Please Select Please Select

Indicate all other activities and USDA programs that this facility participates in during the fiscal year. \*

None  School Breakfast Program  Summer Food Service Program  Special Milk Program  National School Lunch Program/SFA  Head Start  
 The Emergency Food Assistance Program (TEFAP)  The Commodity Supplemental Food Program  Fresh Fruit and Vegetable Program  Programs Under Title III of the Older Americans Act (OAA)  
 Resources and Referral Services  Other

## Facility Owner/Director Information

### Facility Owner/Director Information

First Name \* Last Name \*

Title \* Date of Birth \*

Email Address \*

Address Line 1 \* Address Line 2

City \* State \* ZIP Code \* Extension \*

Phone # Extension

The next area entitled Facility Owner or Director Information is common to all types of facilities.

Please ensure the Facility Owners / Directors home and personal information are entered, not the institutions / facility information.

## Eligibility Section

**Note:** There will not be an Eligibility section for Child Care Centers. The information entered in the Facility Name and Details section satisfy the States requirements for eligibility for Child Care Centers.

### At-Risk Afterschool Care Program

**At-Risk Afterschool Care Center Eligibility**

To verify the At-Risk facility attendance zone eligibility, please provide the name and address of the nearest school within the attendance zone which currently has a 50% or above rate of free and reduced eligibility.

School Name \*

Address Line 1 \* Address Line 2

City \* State ZIP Code \* Extension \* F/R Eligibility Percentage \*

State:

School Official verifying the attendance zone boundary where the center is located:

Full Name \* Title \* Phone # \* Extension

Attendance Zone Eligibility:

Determined Date \* Expires Date \* Data Used to Determine Eligibility \*

mm/dd/yyyy mm/dd/yyyy

Please fill out this field.

Is this center licensed? \*  Yes  No

**In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.**

Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.

This program does not meet the program requirements for an afterschool setting with regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

The information required in the red box must be entered.

After the required information is entered, select if your center is licensed or not (purple box above).

The bottom portion of this screen will change depending upon whether your program is licensed or not. We will show what information is required for both licensed and non-licensed centers on the next page.

45

Is this center licensed? \*  Yes  No

Maximum Occupancy/Capacity per C.O. \*

Certificate Date \*

Alternate Capacity Documentation \*

Alternate Capacity \*

**In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.**

Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.

This program does not meet the program requirements for an afterschool setting with regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

If your center is not licensed, you will be asked to complete the information above in the red box and then select Yes or No below the statement in bold (purple boxes).

Is this center licensed? \*  Yes  No

List the age range of eligible participants served at the facility:

From \*  To \*

**In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.**

Yes, we certify that this program is providing care in an after school setting, and the program includes regularly scheduled education or enrichment activities in an organized, structured and supervised environment. Below is a list of our regularly scheduled activities.

This program does not meet the program requirements for an afterschool setting with regularly scheduled education or enrichment activities in an organized, structured and supervised environment.

If your center is licensed, you will be asked to complete the information above in the red box and select Yes or No below the statement in bold (purple boxes).

## Emergency Shelters

For Emergency Shelters enter the age range of eligible participants served at the facility.

Select Yes or No to the question shown below in **bold** lettering. Please note if you select No you will need to provide additional information regarding the primary purpose of the shelter (2nd screen shot below).

Check off the certification box at the bottom of the section.

**Emergency Shelter Eligibility**

List the age range of eligible participants served at the facility:

From \*      To \*

**In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.**

Yes, we certify that the primary purpose of an emergency shelter is to provide temporary residence to homeless children and their families.

No, this is not the primary purpose of this shelter, as described below.

We certify that this shelter will ensure that CACFP reimbursement is claimed only for meals served to eligible children that resides at the center.

Screen when selecting Yes to the question asked in bold.

**Emergency Shelter Eligibility**

List the age range of eligible participants served at the facility:

From \*      To \*

**In order to qualify to participate in the CACFP, institutions must certify that each facility provides care in an afterschool setting that includes regularly scheduled education or enrichment activities with an organized, structured and supervised environment.**

Yes, we certify that the primary purpose of an emergency shelter is to provide temporary residence to homeless children and their families.

No, this is not the primary purpose of this shelter, as described below.

We certify that this shelter will ensure that CACFP reimbursement is claimed only for meals served to eligible children that resides at the center.

## Adult Day Care

| Adult Day Care Eligibility  |  |   |
|---|--|---|
| <p>To qualify for participation in the CACFP, the primary purpose of the Adult Day Care Center must be the nonresidential care of functionally impaired adults. "Functionally impaired adult" means chronically impaired disabled persons, 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently. If the primary purpose of the facility is the care of functionally impaired adults, then non-functionally impaired adults 60 years of age or older, who are also enrolled at the center, may participate in the CACFP.</p>   |  |   |
| Center Enrollment *   | Number of Functionally Impaired Adults * | Number of Non-Functionally Impaired Adults Over the Age of 60 Years * |
| <input type="text"/>  | <input type="text"/>                     | <input type="text"/>  |
| <p><b>In order to qualify to participate in the CACFP, institutions must certify that the primary purpose of the Adult Day Care Center is to provide nonresidential care of functionally impaired adults.</b></p> <p><input type="radio"/> Yes, we certify that the primary purpose of this Adult Day Care Center is to provide nonresidential care of functionally impaired adults.</p> <p><input type="radio"/> No, this is not the primary purpose of this Adult Day Care Center as described below.</p>   |  |   |
| <p><b>To qualify for participation in the CACFP, an Adult Day Care Center must provide a structured, comprehensive program of health, social and related support services. This is intended to mean a program that provides a regular daily schedule of specific activities, both group and individual. They should include health, social and related support services and should provide both physical and mental stimulation. These activities should vary to accommodate the needs of the participants and their individual plans of care.</b></p> <p><input type="radio"/> Yes, we certify that this Adult Day Care Center provides a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and Address of Facility individuals to accommodate the needs of the participants and their individual plans of care.</p> <p><input type="radio"/> No, this Adult Day Care Center does not provide a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.</p>   |  |   |
| <p><b>In order to qualify to participate in the CACFP, Adult Day Care Centers are required to develop and maintain an individual plan of care for every enrolled functionally impaired participant. An individual plan of care (IPC) is a plan designed to maintain the participant at his/her current level or restore the participant to a level of self-care. The plan must be written and should at a minimum, contain the following components:</b></p> <p><b>ASSESSMENT:</b> An assessment of the individual's strengths and needs based on information obtained from the participant and/or his/her family members, caregivers, physician, etc. Such information should include areas such as a health profile, mental and emotional status, daily living skills, support services available to the individual, possible need for services from other service providers and a current medical examination.</p> <p><b>PLAN OF SERVICE:</b> A written plan, based on the assessment discussed above, which specifies:</p> <ol style="list-style-type: none"><li>1. the goals and objectives of the planned care,</li><li>2. the activities to achieve the goals and objectives,</li><li>3. recommendations for therapy,</li><li>4. referrals to and follow-up with other service providers as needed, and</li><li>5. provisions for periodic review and renewal.</li></ol> |  |   |
| <p><input type="radio"/> Yes, we certify that this Adult Day Care Center provides a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and Address of Facility individuals to accommodate the needs of the participants and their individual plans of care.</p> <p><input type="radio"/> No, this Adult Day Care Center does not provide a structured, comprehensive program of health, social and related support services with a daily program schedule of specific and varied activities for both group and individuals to accommodate the needs of the participants and their individual plans of care.</p>  |  |   |

The first step in the Adult Day Care eligibility section is to enter the following information:

- Center Enrollment
- Number of Functionally Impaired Adults
- Number of Non-Functionally Impaired Adults Over the Age of 60

Please read the instructions carefully as they are detailed and will help to avoid any errors with providing the information requested.

There are other questions that require a yes or no response, as with the first question asked, please read the instructions carefully.

The purple highlighted section above requires an Individualized Plan of Care (IPC) for every functionally impaired participant. The IPC for each functionally impaired person must be kept on file at the facility.



**Note:** Functionally impaired adult means chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

## Programs Participation Details Section

The next area in this section are Program Participation Details. In this area specific details regarding your program will be entered.

Please remember the required information is based upon previous selections in the application. Additional information may be required, based upon your particular program(s).

Tip: Start with the month containing information most common to all the others, then press the Copy This Month To... button to copy that information to other months. X

Meal Types: \*

Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack

**Breakfast**

Start Time \* End Time \* Request to utilize Offer versus Serve (OVS)? \* Number of Shifts Shift Feeding Times

06:00 AM 06:45 AM  Yes  No 2 0600 0615 0615-0630

Does this facility serve special meals? \*  Yes  No

[Copy This Month To...](#)

Please note the tip highlighted in blue and the “Copy This Month To” button at the bottom of the screen. The button will allow information to be added to additional months.

**Note:** The Program Participation Details will populate for Child Care Centers and Adult Day Care Centers. For the other two facility types the Program Participation Details are separate areas.

## Child Care Center

**Program Participation Details**

Program(s) in which the facility will participate:

Infant  Preschool  Infant/Preschool  Outside School Hours

Above is what you will see initially if you are managing a Child Care Center. Once you select the program(s) within your facility the section will expand.

**Program Participation Details**

Program(s) in which the facility will participate:

Infant  Preschool  Infant/Preschool  Outside School Hours

Infant Preschool Infant/Preschool Outside School Hours

License Type: INF

From Age of Enrolled Participants: [ ] To Age of Enrolled Participants: [ ] Licensed Capacity: [ ] Operating Begin Date: mm/dd/yyyy Operating End Date: mm/dd/yyyy Operating Days Per Week: [ ]

Operating Weeks Per Year: [ ] Operating Hours Begin: --:-- -- Operating Hours End: --:-- --

Operating Months: [Select All](#) [Deselect All](#)

October  November  December  January  February  March  April  May  June  July  August  September

As you can see above, we selected Infant, Preschool, Infant/Preschool and Outside School Hours for the participating programs.

Please take note of the information in the purple box. Currently the screen is setup to accept Infant participation details. The other programs in blue are different tabs which allow you to add participation details for each specific program. Please remember to complete the required information for each tab.

## Adult Day Care Center

Program Participation Details

Program(s) in which the facility will participate:

Adult Day Care Program AM Shift  Adult Day Care Program PM Shift  Adult Day Care Program Weekend Shift

As with the Child Care Facilities, once you select the program(s) within your facility the section will expand.

Program Participation Details

Program(s) in which the facility will participate:

Adult Day Care Program AM Shift  Adult Day Care Program PM Shift  Adult Day Care Program Weekend Shift

Adult Day Care Program AM Shift    Adult Day Care Program PM Shift    Adult Day Care Program Weekend Shift

License Type: ADC

From Age of Enrolled Participants: [ ] To Age of Enrolled Participants: [ ] Licensed Capacity: [ ]

Operating Begin Date: 05/dd/2021 Operating End Date: 05/dd/2021

Operating Days Per Week: [ ] Operating Weeks Per Year: [ ]

Operating Hours Begin: [ ] Operating Hours End: [ ]

Operating Months: [Select All](#) [Deselect All](#)

October  November  December  January  February  March  April  May  June  July  August  September

As you can see above the process for Child Day Care Centers and Adult Day Care Centers are identical. Please remember to enter the required data for all tabs if you are managing more than one program.

**Program Participation Details**

Program(s) in which the facility will participate:

Emergency Shelter

Emergency Shelter

From Age of Enrolled Participants \*    To Age of Enrolled Participants \*    Operating Begin Date \*    Operating End Date \*

Operating Days Per Week \*    Operating Weeks Per Year \*    Operating Hours Begin \*    Operating Hours End \*

Operating Months in which Child and Adult Care Food Program will operate: [Select All](#) [Deselect All](#)

October    November    December    January    February    March    April    May    June    July    August  
 September

**Note:** Since the process is identical for each month and meal type, we will only show one month and one meal type. Simply repeat the steps for each month and meal type you serve.

As you can in the example above, we are using an Emergency Shelter. However, regardless of which type of program you are managing the procedure to complete the Program Participation Details section shown above are identical.

The first step is to enter your programs specific information (red box above). This is important because the operating months shown in the purple box above will mirror your selection in the operating begin and end dates. If a month you are operating in doesn't appear please double check the operating beginning and end dates.

When entering your operating hours please be aware the hours are four digits followed by AM or PM. Example: 6 O'clock in the morning is 06:00 AM, 6 O'clock in the evening is 06:00 PM. The system will not recognize military time.

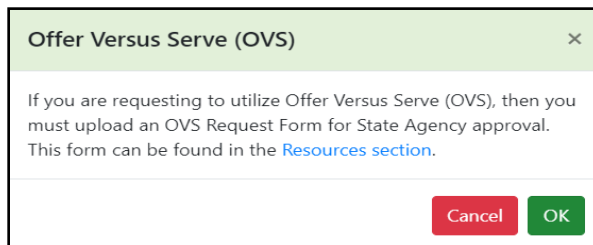
The screenshot shows a web form for configuring meal services for the month of January. Key elements include:

- Meal Types:** A row of checkboxes for Breakfast, AM Snack, Lunch, PM Snack, Supper, and Evening Snack. 'Breakfast' is selected.
- Breakfast Section:**
  - Start Time and End Time: Time pickers.
  - Approved Level of Meal Services: A dropdown menu.
  - Request to utilize Offer versus Serve (OVS)? : Radio buttons for 'Yes' (selected) and 'No'.
  - Number of Shifts: A dropdown menu set to '2'.
- Special Meals:**
  - Does this facility serve special meals? : Radio buttons for 'Yes' (selected) and 'No'.
  - Below this are checkboxes for School breaks/holidays, Unanticipated school closures, Weekend meals, Field Trip, and Other.
  - A section titled 'Special Meals in which the facility will operate:' with checkboxes for Special Breakfast, Special AM Snack, Special Lunch, Special PM Snack, Special Supper, and Special Evening Snack.

The screenshot above shows an Emergency Shelter that:

- Offers breakfast in January. Please remember to look for additional tabs if you operate more than one month.
- Wishes to participate in the Offer Versus Serve (OVS) program.
- Has two shifts.
- Offers special meals.

Once again, some of these options may not be applicable to your program(s). As previously mentioned, the process is identical for each meal so the steps covered will need to be repeated for every meal type served for each month you are operating.



**OVS:** Offer Versus Serve (OVS) is a concept that applies to menu planning and meal service which allows children and adults to decline some of the food offered. This program is an option, not a requirement.

If you wish to apply to participate in the OVS program a box will pop up, you must click on OK. You will also need to upload an OVS request form that is available in the Resources section. Please be aware this program is optional but if used, meal patterns and feeding times must still be followed.

For more information regarding the OVS program please click here: [OVS](#)

**Note:** Please take note of the page of the handbook you are on before clicking on the OVS link above. After clicking the link, you will be brought to another section of the handbook.

### Shift Feeding:

Shift feeding is an option available if you cannot serve all your program participants at one time.

#### Example:

If you have 100 program participants but your feeding area can only hold 50 people safely you would want to use the shift feeding option and feed your participants in shifts.

The link below will provide information regarding shift feeding:

[https://www.nj.gov/agriculture/divisions/fn/pdf/n-CACFP%20Meal%20Duration%20and%20Service%20Times%20\(002\).pdf](https://www.nj.gov/agriculture/divisions/fn/pdf/n-CACFP%20Meal%20Duration%20and%20Service%20Times%20(002).pdf)

**Note:** Currently due to Covid-19 there is a waiver which eliminates the need to follow established mealtimes. If you wish to apply for a specific waiver, you MUST contact your CACFP Specialist for details. However, once the waiver is rescinded you must follow the meal service times. Below is the link which has additional information regarding the waiver applicable to shift feeding:

<https://www.fns.usda.gov/cn/child-nutrition-response-91>

For information on mealtimes please click here: [Meal Service Times](#)

**Note:** Please take note of the page of the handbook you are on before clicking on the Meal Service Times link above. After clicking the link, you will be brought to another section of the handbook.

### For-Profit Facility Eligibility

**Note:** The for-profit section shown below will appear for all for-profit facilities. If you do not see the section below on your application simply move on to the next section in this area of the application.

🔍 For-Profit Facility Eligibility

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month \*

May 2021

Select one:

Title XX Eligibility

Free/Reduced-price Eligibility

Number Receiving Title XX \*      Total Enrollment or License Capacity \*

÷  =  %

whichever is less

The first step is to carefully read the instructions at the top of the section and select the most recent month the facility operated.

**For-Profit Facility Eligibility**

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month \*

May 2021

Select one: ?

Title XX Eligibility

Free/Reduced-price Eligibility

Enter the number of participants eligible for:

Free \*      Reduced-priced \*      Paid \*

Free + Reduced-price      Total Enrollment or License Capacity \*

0      ÷      =      %

auto-calculated      whichever is less

The next step in this section is to select the type of eligibility applicable to your facility. The options are:

- ❖ Title IX/XX Eligibility
- ❖ Free/Reduced-price Eligibility

For-profit childcare centers are eligible if 25% or more of enrolled participants or 25% of the licensed capacity are receiving childcare subsidies or are low-income children.

For-profit adult day care centers are eligible if the center meets the 25% rule with Medicaid beneficiaries.

Please take note of the question mark next to "Select one". As previously mentioned, question marks can be clicked on for additional information. Below is an example of a pop-up box that will appear after clicking on the question mark. The information displayed will depend upon your specific program.

**For-Profit Eligibility**

A For-Profit center serving children (Child Care Center or Outside School Hours Care Center) must meet one of the following conditions during the calendar month preceding initial application or reapplication:

1. 25% of the children in care\* (enrolled or license capacity, whichever is less) receive benefits from title XX of the Social Security Act, and the center receives compensation from amounts granted to the States under title XX; **OR**
2. 25% of children in care\* (enrolled or license capacity, whichever is less) are eligible for free or reduced-price meals.

Each for-profit center must meet the 25% requirement every month in order to be eligible to claim meals.

\* Children who only receive at-risk afterschool snacks and/or at-risk afterschool meals must not be included in this percentage.

Based upon your selection the information required will change. Below are the screenshots of what is required for both the Title XX Eligibility and Free/Reduced Price Eligibility options.

### Title XX Eligibility

**For-Profit Facility Eligibility**

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month \*  
Please Select ▾

Select one: ?

Title XX Eligibility  
 Free/Reduced-price Eligibility

Number Receiving Title XX \*    Total Enrollment or License Capacity \*  
[ ] ÷ [ ] = [ ] %  
whichever is less

### Free/Reduced Price Eligibility

**For-Profit Facility Eligibility**

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants or licensed capacity (whichever is less) are recipients of Title XX benefits or eligible for free/reduced-price meals during the specified month.

Most Recent Month \*  
Please Select ▾

Select one: ?

Title XX Eligibility  
 Free/Reduced-price Eligibility

Enter the number of participants eligible for:

|        |                  |        |
|--------|------------------|--------|
| Free * | Reduced-priced * | Paid * |
| [ ]    | [ ]              | [ ]    |

Free + Reduced-price    Total Enrollment or License Capacity \*  
0 ÷ [ ] = [ ] %  
auto-calculated    whichever is less

**Note:** Please remember you must keep all documentation on file for at least the current and three previous years.



**For-Profit Facility Eligibility**

In order to verify for-profit center eligibility, please complete the fields listed below to certify that at least 25% of enrolled eligibility participants and twenty-five percent of the adults enrolled in care are beneficiaries of title XIX, title XX, or a combination of titles XIX and XX of the Social Security Act during the specified month.

Most Recent Month \*

November 2020 ▾

Title XX/XIX Eligibility ?

Number Receiving Title XX/XIX \*    Total Enrollment \*    =    %

÷  =  %

The example above shows what is required for Title XX / XIX eligibility.

Please take note of the green question mark, the pop-up box below is what appears after clicking on the green question mark.

**For-Profit Eligibility** [X]

A For-Profit Adult Day Care Center is eligible to participate in CACFP if they receive compensation under Title XIX (Medicaid) and/or Title XX of the Social Security Act and **at least 25 percent of enrolled participants** receive Title XIX or Title XX benefits.

Each for-profit center must meet the 25% requirement every month in order to be eligible to claim meals.

### Ethnic/Racial Data

**Ethnic/Racial Data**

Facility's actual enrollment data by ethnic/racial category:

Actual enrollment data by ethnic/racial category for each facility must be collected by the institution each year. The institution may use participant/parent self-identification (preferred collection method). Please note, per USDA CACFP Policy Memo CACFP 11-2021, the use of visual observation and identification by CACFP institution and facility program operators is not an appropriate method for collecting race or ethnicity data in the CACFP programs. The USDA determined that program participants do not want to have their race or ethnicity determined for them. Moreover, a third party's observation of an individual's appearance is not a reliable means to capture how a participant self-identifies their own racial or ethnic identity. Therefore, USDA has determined that visual observation and identification by CACFP institutions and facilities is no longer an allowable practice for CACFP program operators to use during the collection of race or ethnicity data.

The USDA acknowledges the challenges this change may cause in the collection of demographic data. The preferred method remains self-identification and self-reporting. CACFP institutions and facilities should continue explaining the importance of this data to participants as they encourage them to self-identify and self-report. However, there are alternative means by which CACFP institutions and facilities can obtain race or ethnicity data in the CACFP programs, such as utilizing data from other sources in which the respondent has self-identified race or ethnicity such as school databases.

Therefore, as a result of this policy change, Participants and Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements. Program operators must ensure applicants and participants are made aware that failure to provide racial or ethnic identity information will not impact their eligibility.

Please provide the actual participant enrollment data for the following:

**Ethnic Breakdown (actual enrollment)**

Hispanic or Latino \*    Not Hispanic or Latino \*

**Racial Breakdown (actual enrollment)**

American Indian or Alaskan Native \*    Asian \*    Black or African American \*    Native Hawaiian or Other Pacific Islander \*    White \*

Estimated number of potentially eligible beneficiaries by ethnic/racial category for the geographic area(s) served:

(DO NOT USE ACTUAL ENROLLMENT DATA)

Institutions and facilities are required to report data by race and ethnic category on potentially eligible populations in their program service area. Specifically, the estimated population of potentially eligible persons to participate in the CACFP program by racial and ethnic data category for each service delivery area, project area or county must be reported annually. The information may be derived from standard statistical sources such as reports issued by the U.S. Census Bureau or Bureau of Vital Statistics or information collected by other Federal and State agencies (e.g., New Jersey Department of Education Public School Enrollment Data).

Potentially eligible beneficiaries are those persons eligible to receive meals under the CACFP. This is not the actual enrollment data for the participants enrolled in your center listed above, but data for those potentially eligible persons living in the area from which you draw your attendance (age 12 and under for child care facilities and day care homes, (except At-Risk Afterschool programs, age 18 and under for At-Risk Afterschool) and for Adult CACFP Programs this includes functionally impaired adult disabled persons 18 years of age or older and individuals 60 years of age or older.

Please provide the potentially eligible beneficiaries data for the following:

**Ethnic Breakdown (estimated potentially eligible)**

Hispanic or Latino \*    Not Hispanic or Latino \*

**Racial Breakdown (estimated potentially eligible)**

American Indian or Alaskan Native \*    Asian \*    Black or African American \*    Native Hawaiian or Other Pacific Islander \*    White \*

The information required for the ethnic /racial data is straight forward. Simply read the statements and fill in the information required.

## Uploading documents

**Documents**

Select the document type from the list and upload the file.

Document Type \*

Search:

| Document Type              | File Name | Uploaded Date & Time | Uploaded By | Status | Delete |
|----------------------------|-----------|----------------------|-------------|--------|--------|
| No data available in table |           |                      |             |        |        |

The final area in this section of the application is "Documents". This is where you will upload required documents which are determined by your specific type of Institution.

To upload a document, click on the arrow to the right of "Select document type". Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution.

As with each section after you have entered your information and uploaded all documents click on "Save". If there are errors, they will be highlighted in red, correct whatever errors may exist at this time.

After your information is error free click on "Back to Facility Program Information". You will then be returned to the opening screen of this section so that you can review your listed facilities.

CARES - Application My Account

Application Summary Select Institution

Facilities Summary - Federal Year 2021

UAT Institution - CH-010005- MRR Section Status: Draft

Search:    Show 10 entries

| Number | Type              | Name                    | Status | Participation Status | Revision | Submitted Date | Reviewed Date | Approved Date |
|--------|-------------------|-------------------------|--------|----------------------|----------|----------------|---------------|---------------|
| 20     | Child Care Center | Test Facility RF 011221 | Draft  | Active               | Initial  |                |               |               |

Showing 1 to 1 of 1 entries Previous 1 Next

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Please ensure all your facilities are listed.

If you wish to a review a facility, simply click on its name and refer to the procedures previously mentioned in this section of the handbook. If you are satisfied with the facilities listed, click on "Back to Application Summary".

# MANAGEMENT PLAN

**CARES - Application** My Account

Application Summary Resources Training Select Institution

**Welcome UAT Submitter**  
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: **Needs To Be Submitted**

Submitted: Approved: Select Year: 2021

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <a href="#">Facility Program Information</a>           | Saved  |                     |                    |                    |
| <a href="#">Management Plan</a>                        |        |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          |        |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> |        |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

[Submit](#)

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The next section of the application is the "Management Plan". To access this section, click on "Management Plan" on the left side of the screen.

As with the other areas of the application we will break this section down into specific areas to ensure the process is thoroughly explained.

CARES - Application My Account

Application Summary Select Institution

### Management Plan - Federal Year 2021

UAT Institution - CP-010002-MINN

**Multi-State Sponsoring Organization**

Is this a multi-state agency (Operates the CACFP in one or more states besides New Jersey)? \*

Yes  No

**Multi-Purpose Organization**

Indicate all other activities and USDA programs that this organization participates in during the fiscal year. \*

None  
  School Breakfast Program  
  Summer Food Service Program  
  Special Milk Program  
  National School Lunch Program/SFA  
  Head Start  
  The Emergency Food Assistance Program (TEFAP)  
  The Commodity Supplemental Food Program  
 Fresh Fruit and Vegetable Program  
 Programs Under Title III of the Older Americans Act (OAA)  
 Resources and Referral Services  
 Other

The first step in the Management Plan is to select whether or not your organization is a Multi-State Sponsoring Organization and the different USDA program(s) your organization participates in.

**Note:** If you select "Yes" in the Multi-State Sponsoring Organization area a box will appear that will ask for the following information:

"List the affiliated and/or unaffiliated facilities under this multi-state sponsoring organization and the state(s) in which they operate".

There are several options available under the "Multi-Purpose Organization" area. As previously stated, each selection affects other parts of the application. Please ensure all applicable programs are identified in this area to avoid potential delays in processing your application.

## Staff Training

**Staff Training**

Each institution must provide annual training for all their food services and administrative personnel involved with the Child and Adult Care Food Program (CACFP). Written documentation of these sessions must be maintained on file for review during the administrative review in addition to this section. The training document can be found by clicking [here](#). Complete all sections in the chart.

| Required Topics  | Name/Title of the Trainer | Date of Training                        | Place of Training    |
|--|---------------------------|---|----------------------|
| Meal Pattern Requirements <a href="#">(Apply to all)</a> | <input type="text"/>      | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> |
| Menus  | <input type="text"/>      | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> |
| Meal Count Procedures                                    | <input type="text"/>      | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> |
| Enrollment Statements                                    | <input type="text"/>      | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> |

The 18 required topics are located on the left side of the screen. The topics are:

- |                               |   |
|-------------------------------|---|
| Meal Pattern Requirements     | Monitoring Requirements                       |
| Menus                         | Claim Completion Procedures                   |
| Meal Count Procedures         | Daily Attendance Records                      |
| Enrollment Statements         | Household Contacts                            |
| Income Eligibility Procedures | Civil Rights                                  |
| Record Keeping Requirements   | Meal Service                                  |
| Itemized Receipts             | Sanitation                                    |
| Time and Attendance Logs      | USDA Meal Requirements                        |
| Training Requirements         | Claims Submission and Claim Review Procedures |

Please take note of the two purple arrows above.

The top arrow will direct you to the word "here" highlighted in blue. Please download the training document and complete with valid signatures. The document can also be obtained by clicking on the "Resources" button on the top of the page. Training is required to be completed annually for all staff members taking part in CACFP operations.

The bottom arrow is a time saver so that you do not have to enter identical information numerous times. If all, or most, of the information being entered is identical to the first line click on "Apply to All" after completing the first line. The information you entered will now populate all areas of the Staff Training area. If changes are needed, the information can be edited.

On the right side of the screen, please enter the following information for each topic:

- ❖ Name **and** Title of Trainer
- ❖ Date of Training
- ❖ Place of Training

**Note:** The training must take place before the start of your operations. If someone is hired after the start of your operations, they must be fully trained before they can participate in your program(s).

## Eligibility Records

**Eligibility Records**

Each sponsor must annually collect eligibility information for each enrolled participant in the free or reduced category, which reports household size and income and social security data. The sponsor must also monitor eligibility information and report the monthly figures on the CACFP reimbursement claims.

If all participants are claimed in the paid category, enrollment statements must be collected annually. Therefore, only complete the line for the title of the person responsible for collecting and evaluating the enrollment statement for complete information.

| Procedures for Collecting Eligibility Information   | Title of the Person Responsible                       |
|---|---|
| Collects and evaluates each eligibility application for complete information                              | <input type="text" value="President Timmy Thompson"/> |
| Makes determinations for free, reduced or paid using household size and income scale                      | <input type="text" value="President Timmy Thompson"/> |
| Summarizes eligibility information for all enrolled participants by completing an eligibility record      | <input type="text" value="President Timmy Thompson"/> |
| Monitors new enrollments and withdrawals and reports summary to CACFP on the monthly reimbursement claims | <input type="text" value="President Timmy Thompson"/> |

Please review the instructions highlighted in purple box above. Then, proceed to the section entitled “Procedures for Collecting Eligibility Information”.

For the “Procedures for Collecting Eligibility Information” section, please enter the title of the person responsible for each task (do not enter their name).

In the “Responsibility for Program Records” section, please list the Name and Title of the Person(s) responsible for each topic listed on the left side of the screen.

**Responsibility for Program Records**

List the people responsible for the program records listed below.

| Required Records                           | Must be Updated                             | Name/Title of the Person Responsible |
|--|---|--------------------------------------|
| Dated Menus <a href="#">(Apply to all)</a> | Monthly (at a minimum)                      | <input type="text"/>                 |
| Meal Counts                                | Taken at the Point of Service for Each Meal | <input type="text"/>                 |
| Attendance                                 | Daily                                       | <input type="text"/>                 |

**Note:** It is not required to assign three separate people to train on each topic. One individual may be responsible for staff training. The "apply to all" option is available, if needed.

### Organization Responsibility

A sponsoring organization is an agency that is responsible for the administration of the programs under the auspices of the organization. Check all that apply. \*

- Our agency has two or more facilities, day care centers, or outside-school-hours centers at different addresses.
- Our agency has a facility, day care center, or outside-school-hours center that is a legally distinct entity from our organization.
- Our agency has one or more facility, day care centers or outside-school-hours center located at an address away from our administrative location.
- None of the above.

For the “Organizational Responsibility” section, please click on the statement(s) that applies to your Institution (multiple selections may apply).

### Preaward Civil Rights Compliance Review Requirement

Per CACFP Regulations and FNS Instruction 113-1, a Preaward Compliance Review is required for approval of the program application to determine if the applicants are in compliance with all applicable civil rights laws. These reviews are based on information provided by applicants in their official application for program funds. No Federal funds will be made available to a CACFP Institution until a preapproval compliance review has been conducted and the applicant is determined to be in compliance. Therefore, the review and approval of the submitted Preaward Civil Rights Questionnaire must take place before the application is approved for program operation.

A copy of the completed Preaward Civil Rights Questionnaire must be uploaded and submitted with this application. A copy of this document must also be maintained on file at your institution.

Please check each of the following boxes for the following assurance agreement statements to acknowledge your understanding of the civil rights requirements:

- The Program applicant hereby agrees that it will comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Department’s regulations concerning nondiscrimination (parts 15, 15a and 15b of this title), the Americans with Disabilities Act (ADA) Amendments Act of 2008, and FNS directives or regulations issued pursuant to that Act and the regulations, including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person may, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it must immediately take any measures necessary to effectuate this agreement.
- By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws.

For the “Pre-Award Civil Rights Compliance Review Requirement” section, please review the information carefully. Once confirmed, the Institution should check the boxes on the lower left side.

For the “NJ CACFP Public Media Release” and the “Outside Employment Policy” sections, please review the instructions and select the applicable box in each section.

## NJ CACFP Public Media Release and Outside Employment Policy

### NJ CACFP Public Media Release

USDA CACFP Regulations require each participating Child and Adult Care Food Program Institution issue an annual public media release announcing CACFP participation, and this media release must be sent to a media resource. The Public Media Release Statement form must be completed for issuing the annual media release. A copy of the Public Media Release Statement can be found within the “Resources” Section of the CACFP CARES Online Application System. The media resource that the release is submitted to MUST service the area from which the institution draws its participant attendance. The State Agency does not require that the Institution pay for the public media release announcement; however, the public media release must be submitted to the media resource.

**Returning NJ CACFP Institutions** are eligible to participate in the annual State Agency statewide public media release, issued annually on behalf of all participating CACFP institutions.

**New NJ CACFP Institutions**, applying for CACFP participation for the first time, are required to issue their own public media release, during their initial application. A copy of the public media release submitted to the media resource must include the date submitted to the media resource and the name of the media resource(s). **After a copy of the media release has been completed and submitted to a media resource, a copy of the media release MUST be uploaded to the “Documents” section below and submitted with this application.**

By selecting the option below, the Institution opts to participate in the annual state-wide public release and is not required to issue a separate annual public media release.

Institution wishes to participate in statewide public release.

By selecting the option below, the Institution opts to issue their own annual public media release. A copy of the public media release submitted to the media resource MUST be uploaded to the “Documents” section below and submitted with this application.

Institution opts to issue their own annual public release.

### Outside Employment Policy

Per Federal regulation, sponsoring organizations must submit an outside employment policy. The policy must restrict other employment by employees that interferes with an employee’s performance of program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

Annually, sponsoring organizations must provide a copy of their outside employment policy, or they must certify the outside employment policy most recently submitted to state agency remains current and in effect.

Sponsors are required to submit a copy of their current Outside Employment Policy. By checking below, you certify that the most recent outside employment policy submitted is current and in effect. A copy of the outside employment policy must be uploaded to this application as proof of submission.

I certify that the outside employment policy most recently provided to the New Jersey Department of Agriculture is current and in effect.



## Program Integrity Questionnaire

**Program Integrity Questionnaire**

1. Has your institution or any of its principals or responsible persons been convicted of any activity that indicates a lack of business integrity within the past seven (7) years? A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity. \*

Yes  No

List Names \*

Phillip Felon

2. Has your institution or any of its principals or responsible persons participated in any USDA Food and Nutrition Programs within the last seven (7) years? \*

Yes  No

3. Has your institution or any of its principals or responsible persons been terminated from any federal, state or locally funded programs (other than a USDA Food and Nutrition Food Program) in the past 7 years? \*

Yes  No

Provide explanation, termination date and name of program for each termination \*

Test

4. Does your institution owe money to any Federal and/or State Agency? \*

Yes  No

5. This certifies that the publicly funded programs (federal, state, or locally funded) listed below are all the programs in which the institution or any of its principals has participated.

| Program                            | Currently Participating?                                      | Why Not? | Delete |
|------------------------------------|---|----------|--------|
| Title XX (Child Care Centers)      | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |        |
| Title XIX (Adult Day Care Centers) | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |        |
| Commodities                        | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |        |

[Add](#)

For the "**Program Integrity Questionnaire**" section, please review each question thoroughly and select the appropriate option for your Institution.

**Note:** selecting certain options may prompt entries for additional information. Ensure all required information is added before moving onto the next area.

Please utilized the "**Add**" button at the bottom of this section, if needed.

## Documents

The “Documents” section is the final step in the “Management Plan”.

**Please note:** A current and approvable document must be uploaded for each document type applicable to your Institution that appears in the drop-down menu.

**Documents**

Select the document type from the list and upload the file.

Document Type \*

[Browse and upload](#)

Search:

| Document Type              | File Name | Uploaded Date & Time | Uploaded By | Status | Delete |
|----------------------------|-----------|----------------------|-------------|--------|--------|
| No data available in table |           |                      |             |        |        |

[Complete Later](#) [Save](#) [Back to Application Summary](#)

To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution. Upload the documents applicable to your Institution using the steps previously discussed.

**Note:** Please utilize the "Complete Later" button to revise/complete the section at a later time, if needed.

After all information has been entered for the "**Management Plan**" section, please click "**Save.**" At this time, any potential errors will be highlighted in red. The Institution should correct any existing errors and click "**Save.**" Then, click "**Back to Application Summary,**" which will direct you to the Application Summary Page.

## BUDGET AND AUDIT REQUIREMENTS

The screenshot shows the CARES - Application interface. At the top, there is a header with "CARES - Application" and a "My Account" link. Below the header, there are navigation links for "Application Summary", "Resources", and "Training", along with a "Select Institution" button. A welcome message for the UAT Submitter is displayed, followed by the institution name "UAT Institution - CH-010005-MRR" and the application status "Needs To Be Submitted". A table lists various sections with their status, last submitted date, last reviewed date, and last approved date. The "Budget and Audit Requirements" section is highlighted with a red box. A "Submit" button is located at the bottom of the table. The footer contains links for "Contact Us", "Privacy Notice", "Legal Statement", and "Accessibility Statement", along with the version number "Ver 2.0.288".

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <a href="#">Facility Program Information</a>           | Saved  |                     |                    |                    |
| <a href="#">Management Plan</a>                        | Saved  |                     |                    |                    |
| <b><a href="#">Budget and Audit Requirements</a></b>   |        |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> |        |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

To complete the "Budget and Audit Requirements" section click on the "Budget and Audit Requirements" link on the left side of the Application Summary page.

The first area in this section is labeled "Projected Reimbursement - (Institution Preference: Cash- in-lieu of Commodities)".

**Note:**

**"Cash-in-lieu of Commodities"** is cash provided to food program operators (e.g., elderly nutrition programs, childcare food programs, and some school food programs) instead of mandated commodity assistance. These funds are provided as additional assistance for each lunch or supper meal served to participants under the program. Please remember to keep all receipts on file for the current year and three previous years.

**Projected Reimbursement - (Institution Preference: Cash-in-lieu of Commodities)**

| Meal Type           | Total Number Of Days | 2021 Rate | Average Number of Meals Per Day | Estimated Reimbursement |
|---------------------|----------------------|-----------|---------------------------------|-------------------------|
| Breakfast - Free    | <input type="text"/> | \$1.8900  | <input type="text"/>            | <input type="text"/>    |
| Breakfast - Reduced | <input type="text"/> | \$1.5900  | <input type="text"/>            | <input type="text"/>    |
| Breakfast - Paid    | <input type="text"/> | \$0.3200  | <input type="text"/>            | <input type="text"/>    |

In the “Projected Reimbursement” section, please enter the total number of days for each meal type you will be serving and the average number of meals per day. The estimated reimbursement will automatically tabulate based upon your entries.

The procedure for each meal type mentioned above is the same, the meal types are:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

After all required information has been added the Total Estimated Reimbursement will automatically tally at the bottom of the form.

|  |                   |
|--|-------------------|
| <b>Total Estimated Reimbursement For Agreement Year:</b> | <b>\$1,378.40</b> |
|--|-------------------|

The next section is "Estimated Food Costs".

| Estimated Food Cost   |                       |                                 |                         |        |
|---|-----------------------|---------------------------------|-------------------------|--------|
| Meal Type   | Average Cost Per Meal | Average Number of Meals Per Day | Number of Days Per Year | Total  |
| Breakfast   | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| AM Snack  | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| Lunch   | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| PM Snack  | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| Supper  | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| Evening Snack   | <input type="text"/>  | <input type="text"/>            | <input type="text"/>    |        |
| <b>Total Estimated Food Cost for Agreement Year:</b>                  |                       |                                 |                         | \$0.00 |
| <b>Difference of Projected Reimbursement and Estimated Food Cost:</b> |                       |                                 |                         | \$0.00 |

Enter the following information:

- ❖ Average Cost Per Meal
- ❖ Average Number of Meals Per Day
- ❖ Number of Days Per Year

The "Total" on the right side of the screen as well as "Total Estimated Food Costs for Agreement Year" and " Difference of Projected Reimbursement and Estimated Food Cost" areas will automatically tabulate based off the information entered.

The next areas are the "Estimated Food Service Labor Cost" and "Estimated Administrative Labor Cost". Both areas require information regarding labor and administrative costs for job roles and will automatically tally in the far-right column.

Please utilize the "Add" button to add employees for both Food Service Labor and Administration Labor costs.

Please take note of the comment at the bottom of the "Estimated Administrative Labor Cost" area.

| Estimated Food Service Labor Cost                           |                  |               |             |                         |        |        |
|---|------------------|---------------|-------------|-------------------------|--------|--------|
| Title/Position  | Number of People | Hours Per Day | Hourly Wage | Number of Days Per Year | Total  | Delete |
| Total Estimated Food Service Labor Cost for Agreement Year: |                  |               |             |                         | \$0.00 |        |
| <a href="#">Add</a>   |                  |               |             |                         |        |        |

| Estimated Administrative Labor Cost                           |                  |               |             |                         |        |        |
|---|------------------|---------------|-------------|-------------------------|--------|--------|
| Title/Position  | Number of People | Hours Per Day | Hourly Wage | Number of Days Per Year | Total  | Delete |
| Total Estimated Administrative Labor Cost for Agreement Year: |                  |               |             |                         | \$0.00 |        |
| <a href="#">Add</a>   |                  |               |             |                         |        |        |

Note: Total CACFP Administrative Cost cannot exceed 15% of reimbursement without written justification and prior approval from the state agency.

The next area in this section is the "Percentage of Administrative Cost".

Please read each statement carefully and select the option that applies to your Institution (if applicable).

**Percentage of Administrative Cost:**

**The projected food costs are insufficient** due to an excessive amount of money used for administrative costs. CACFP will not reimburse your agency beyond the maximum administrative costs allowed in accordance with P.L. 106-224 without prior approval. You must increase your food service cost to ensure that participants are receiving the maximum benefits from the CACFP by providing high-quality, nutritious meals that meet the USDA's meal patterns in your food service operation. To receive exemption to the 15% regulatory limit to pay administrative costs, agencies must submit written justification for prior approval from CACFP office and ensure adequate funds are available to provide meals/snacks that meet the requirements of §226.20. Failure to do so will result in a Serious Deficient determination.

**The estimated administrative costs exceed the maximum administrative cost** allowed according to P.L. 106-224. To receive exemption to the 15% regulatory limit allocate administrative costs, agencies must submit written justification for prior approval from CACFP office and ensure adequate funds are available to provide meals/snacks that meet the requirements of §226.20. It is important to closely monitor your food service costs for program compliance by comparing them to earned reimbursement on a monthly basis. Failure to do so could result in a Serious Deficient determination.

**Check this box if your institution is requesting approval to allocate CACFP administrative expenses exceeding 15%.**

| Total Estimated Food & Food Service Cost            |                      | Total Estimated Administrative Cost        |                      |
|---|----------------------|--|----------------------|
| Item  | Amount               | Item                                       | Amount               |
| Estimated Food Cost                                 | \$0.00               | Estimated Administrative Labor Cost        | \$0.00               |
| Estimated Food Service Labor Cost                   | \$0.00               | Estimated Administrative Other Cost *      | <input type="text"/> |
| Estimated Food Service Other Cost *                 | <input type="text"/> | <b>Total Estimated Administrative Cost</b> | \$0.00               |
| <b>Total Estimated Food &amp; Food Service Cost</b> | \$0.00               |  |                      |

| Total Estimated Cost                     |        | Difference of Estimated Reimbursement and Total Estimated Cost |        |
|--|--------|--|--------|
| Item                                     | Amount | Item   | Amount |
| Total Estimated Food & Food Service Cost | \$0.00 | Estimated Reimbursement  |        |
| Total Estimated Administrative Cost      | \$0.00 | Total Estimated Cost   | \$0.00 |
| <b>Total Estimated Cost</b>              | \$0.00 | <b>Difference</b>  | \$0.00 |

The next area is a summary of your Institutions estimates for the year. There are two areas where information may be entered for "other food service" / "administrative costs" not covered earlier in this section of the application. Other categories (such as "Estimated Food Cost", "Estimated Food Service Labor Cost" etc.) will be populated with the information entered earlier in this section of the application.

**Note:** If you notice an error, please scroll up to the area that contains the error and correct it before moving forward with the application.

The next sections address Non-CACFP funding sources and excess reimbursement. Please read the information at both the top and bottom of these sections before entering any data. The costs will automatically tally at the bottom of each section.

| Non-CACFP Funding Sources - If your Total Estimated CACFP Operating Cost are more than your Anticipated CACFP Reimbursement then your institution must allocate additional, Non-CACFP funds to help fund your operating costs.             |                             |
|--|-----------------------------|
| Funding Source   | Amount to Cover CACFP Costs |
| <input type="text"/>   | <input type="text"/>        |
| <input type="text"/>   | <input type="text"/>        |
| <input type="text"/>   | <input type="text"/>        |
| <input type="text"/>   | <input type="text"/>        |
| <input type="text"/>   | <input type="text"/>        |
| <input type="text"/>   | <input type="text"/>        |
| <b>Total CACFP Operations:</b>   | \$0.00                      |
| Note: Total fiscal reporting for CACFP operations should equal \$0.00. If total operations results in costs that are less than \$0.00, additional non-CACFP funding allocation must be recorded.   |                             |
| Excess Reimbursement - If your Total Estimated CACFP Operating Cost are more than your Anticipated CACFP Reimbursement then your institution must document how it will allocate the additional funds in your food service operation.       |                             |
| Additional CACFP Funding Allocation  | Amount Allocated            |
| Please select how your institution will utilize the excess CACFP reimbursement funds by specifying amounts where applicable.   |                             |
| To improve the meal service or other aspects of the CACFP  | <input type="text"/>        |
| Maintain excess funds for next year's CACFP operation  | <input type="text"/>        |
| Pay for allowable costs of other Child Nutrition Programs  | <input type="text"/>        |
| Specify other Child Nutrition Programs   | <input type="text"/>        |
| Other  | <input type="text"/>        |
| Explain  | <input type="text"/>        |
| <b>Total CACFP Operations:</b>   | \$0.00                      |
| Note: Total fiscal reporting for CACFP operations should equal \$0.00. If total operations results in costs that are greater than \$0.00, allocation of additional CACFP funds must be reported.   |                             |
| <i>You are being notified of this assessment so that you reevaluate your agency's food service operation and administrative cost records. Should you need assistance, please call your Nutrition Program Specialist at (609) 984-1250.</i> |                             |



The next area is your institutions acknowledgement that CACFP personnel have the right to conduct unannounced visits and evaluate any corrective actions that were taken.

At the bottom of this area please select the statement that applies.

**THE CACFP RESERVES THE RIGHT TO CONDUCT UNANNOUNCED VISITS TO EVALUATE CORRECTIVE ACTIONS TAKEN.**

By clicking below, I certify that this institution meets the indicated threshold for expending federal funds annually, which includes CACFP funds and any other federal funding resources listed on the CACFP Application Questionnaire for Program Integrity, item number #3, which requires institutions to list and certify all publicly funded programs (federal, state, or locally funded) in which the institution or any of its principals has participated. I further certify that an audit is required when my institution expends \$750,000 or more in federal funds and the audit will be submitted to the Federal Audit Clearinghouse (FAC) at the following web address: <https://harvester.census.gov/facweb/>.

As a reminder to all Institutions, also known as subrecipients, the following audit requirements will apply to both nonprofit and for-profit institutions:

- If the sub-recipient expended \$750,000 or more in federal funds during its fiscal year and all of the funds came from CACFP, then a program specific audit or a single audit will be required to be submitted to the FAC and NJDA. - *(Select Certification 1 Below)*
- If the sub-recipient expended \$750,000 or more in federal funds, which included CACFP and other federal funds, or if the sub-recipient expended \$750,000 in state funds (in addition to CACFP funds), then a single audit would be required to be submitted to the FAC and the cognizant agency. - *(Select Certification 2 Below)*
- If the sub-recipient expended less than \$750,000 in federal funding and less than \$750,000 in state funding during its fiscal year, but the combined total federal and state funding expended was greater than \$100,000, then a Yellow Book Financial Statement audit would be required to be submitted directly to the cognizant agency. - *(Select Certification 3 Below)*
- If the sub-recipient expended less than \$750,000 during its fiscal year and all of the funds came from CACFP, then no audit is required. - *(Select Certification 4 Below)*

NOTE: State funds expended during the sub-recipient's fiscal year derived from a vendor relationship are not subject to the above audit requirements. Determination of a vendor relationship status of funds expended can only be made by the cognizant agency, in conjunction with the other funding agency or agencies, if necessary.

The completed audit is due to the cognizant agency (the agency that provided the sub-recipient with the most funding for the sub-recipient's fiscal year) within 9 months of your fiscal year end and the audit shall be submitted to the FAC. The Audit must be performed by an independent New Jersey licensed peer-reviewed CPA. Audit costs are not reimbursable from the CACFP program. Failure to comply with audit requirements could result in fiscal action to your Institution and/or a seriously deficient determination. For additional questions or guidance regarding audit compliance, please contact Beatris Garcia via email at: [Beatris.garcia@ag.nj.gov](mailto:Beatris.garcia@ag.nj.gov).

Select one (1) of the following certifications:

- I certify that this institution expends \$750,000 or more in federal funds during its fiscal year and all of the funds come from CACFP, and I have read and understand the conditions above.
- I certify that this institution expends \$750,000 or more in federal funds during its fiscal year and all of the funds come from CACFP, and I have read and understand the conditions above.
- I certify that this institution expends less than \$750,000 in federal funding and less than \$750,000 in state funding during its fiscal year, but the combined total federal and state funding expended is greater than \$100,000, and I have read and understand the conditions above.
- I certify that this institution expends less than \$750,000 during its fiscal year and all of the funds come from CACFP, and I have read and understand the conditions above.

For the “Documents” section, please upload each document that appears in the “Document Type” drop-down menu.

**Documents**  
Select the document type from the list and upload the file.

Document Type \*  [Browse and upload](#)

Search:  Show 10 entries

| Agreement Year | Document Type | File Name        | Uploaded Date & Time | Uploaded By    | Status   | Delete |
|----------------|---------------|------------------|----------------------|----------------|----------|--------|
| 2021           | Other         | TEST UPLOAD.docx | 05/04/2021 11:33:34  | Tony Submitter | Approved |        |

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

Per FNS Instruction 796-2 Rev. 4, All participating institutions must operate a nonprofit food service principally for the benefit of enrolled participants and maintain records documenting the operation of that food service. Nonprofit food service includes all food service operations conducted by the institution principally for the benefit of enrolled participants, from which all of the Program reimbursement funds are used solely for the operation or improvement of that food service. Food service account activity must be monitored to determine nonprofit food service status for institutions. Independent centers, sponsors of day care homes and sponsors of centers must meet this requirement. While day care homes are exempt from maintaining a nonprofit food service, sponsors of centers need to ensure their centers maintain a non-profit food service. State agencies are required to conduct reviews of participating institutions to ensure these requirements are met.

State Comments

Search:  [Export Data to Excel](#) Show 10 entries

| Date & Time         | Comment  | Added By    |
|---------------------|----------|-------------|
| 05/04/2021 13:22:38 | Reviewed | CARES Staff |

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

[Complete Later](#) [Save](#) [Back to Application Summary](#)

As previously stated, the process to upload documents is the same for all sections. To upload a document, click on the arrow to the right of “Select document type”. Once you do a list of documents will appear, please ensure you upload all documents applicable to your Institution. Upload the documents applicable to your Institution using the steps previously discussed.

If you cannot finish this section of the application, ensure you click on "Complete Later" to save the information you have already added to your application.

As with each section after you have entered your information and uploaded all documents click on **"Save"**. If there are errors, they will be highlighted in **red**, correct whatever errors may exist at this time.

After your information is error free click on "Back to Application Summary". You will then be returned to the application summary page.

## ELIGIBILITY AND ENROLLMENT INFORMATION

### CARES - Application

My Account  
Application Summary Resources Training Select Institution  

#### Welcome UAT Submitter

Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: **Needs To Be Submitted**

Submitted: Approved:

Select Year

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <a href="#">Facility Program Information</a>           | Saved  |                     |                    |                    |
| <a href="#">Management Plan</a>                        | Saved  |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          | Saved  |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> |        |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

[Submit](#)

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To access the "Eligibility and Enrollment Information" section, click on "Eligibility and Enrollment Information" in the left column, on the Application Summary page.

The Eligibility and Enrollment Information section is based upon the information provided in the Facility Program Information section.

**CARES - Application** My Account

Application Summary Resources Training Select Institution

**Eligibility and Enrollment Information - Agreement Year 2021**

UAT Institution - CH-010005-MRR Section Status: Draft

**Nonprofit Child Care Facilities**

| Facility                       | Program                         | Affiliation  | Operating Status | Eligibility Status | Facility Status | State Eligibility Determination |
|--------------------------------|---------------------------------|--------------|------------------|--------------------|-----------------|---------------------------------|
| 621 - At-Risk Afterschool Test | At-Risk Afterschool Care Center | Unaffiliated | Active           | Eligible           | Saved           | <input type="text"/>            |
| 20 - Test Facility RF 011221   | Infant/Preschool                | Unaffiliated | Active           | Eligible           | Draft           | <input type="text"/>            |
| 20 - Test Facility RF 011221   | Outside School Hours            | Unaffiliated | Active           | Eligible           | Draft           | <input type="text"/>            |
| 20 - Test Facility RF 011221   | Preschool                       | Unaffiliated | Active           | Eligible           | Draft           | <input type="text"/>            |

I HEREBY CERTIFY that, to the best of my knowledge, these homes are not participating in the Family Day Care Food Program under any other sponsoring organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization's office.

[Save](#) [Back to Application Summary](#)

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In the “Eligibility and Enrollment Information” section, please verify that all the information displayed is correct.

If you notice something that is incorrect:

- ❖ Click on "Back to Application Summary"
- ❖ Click on "Facility Program Information"
- ❖ Click on the name of the facility with the error. From that point you will be able to correct any error(s).
- ❖ When the corrections have been made click on **"Save"**, "Back to Facility Program Information" then ""Back to Application Summary”.

Once you are back on the Application Summary page return to the screen above by clicking on "Eligibility and Enrollment Information". If you notice more errors repeat the steps mentioned above until all errors are corrected.

If everything is correct read both statements at the bottom of the page and click the boxes to the left of each statement. From that point simply click on **"Save"** then "Back to Application Summary". You will then be returned to the application summary page.

**CARES - Application** My Account

Application Summary Resources Training Select Institution

**Eligibility and Enrollment Information - Agreement Year 2021**

Tony FP Adult Care - AD-010047-CPM Section Status: **Approved**

Nonprofit Adult Care Facilities

| Facility                         | Program                         | Affiliation | Operating Status | Eligibility Status | Facility Status | State Eligibility Determination |
|----------------------------------|---------------------------------|-------------|------------------|--------------------|-----------------|---------------------------------|
| 1314 - Joes house of Shenanigans | Adult Day Care Program AM Shift | Affiliated  | Active           | Eligible           | Approved        | Eligible                        |

I HEREBY CERTIFY that, to the best of my knowledge, these homes are not participating in the Family Day Care Food Program under any other sponsoring organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization's office.

State Comments

search:  [Export Data to Excel](#)

| Date & Time         | Comment  | Added By    |
|---------------------|----------|-------------|
| 05/04/2021 13:23:01 | approved | CARES Staff |

Showing 1 to 1 of 1 entries Previous 1 Next

[Save](#) [Back to Application Summary](#)

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Please take note, once your application is reviewed by our office the page previously discussed will have additional information including:

- ❖ A determination in the State Eligibility Determination column.
- ❖ An area that may contain comments which can be exported to an Excel file.
- ❖ Information regarding any comment made by the State.

**Note:** Institutions will be unable to make changes until the application has been submitted, reviewed, and approved or not approved by our office.

## MONITORING INFORMATION

The next section to complete is Monitoring Information. To access the section, click on "Monitoring Information" in the left column. You will then be brought to a new screen.

The screenshot shows the 'CARES - Application' dashboard. At the top right is a 'My Account' link. Below it is a navigation bar with 'Application Summary', 'Resources', and 'Training', and a 'Select Institution' button. The main header says 'Welcome UAT Submitter' and 'Thank you for using CARES Application.' Below this, it shows 'UAT Institution - CH-010005-MRR' and 'Application Status: Needs To Be Submitted'. There are fields for 'Submitted:' and 'Approved:' with a 'Select Year' dropdown set to '2021'. A table lists various sections with their status: Institution Information (Saved), Responsible Principals and Users (Saved), Facility Program Information (Saved), Management Plan (Saved), Budget and Audit Requirements (Saved), Eligibility and Enrollment Information (Saved), Monitoring Information (highlighted with a red box), and Permanent Agreement (Saved). A 'Submit' button is at the bottom. The footer includes 'Contact Us', 'Privacy Notice', 'Legal Statement', 'Accessibility Statement', 'Chrome 90 on Win10', and 'Ver 2.0.288'.

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <a href="#">Facility Program Information</a>           | Saved  |                     |                    |                    |
| <a href="#">Management Plan</a>                        | Saved  |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          | Saved  |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> | Saved  |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 |        |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    |        |                     |                    |                    |

The screenshot shows the 'CARES - Application' dashboard for 'Monitoring Information - Agreement Year 2021'. At the top right is a 'My Account' link. Below it is a navigation bar with 'Application Summary', 'Resources', and 'Training', and a 'Select Institution' button. The main header says 'Monitoring Information - Agreement Year 2021' and 'Tony NP Child Care - CH-010048-MNM' and 'Section Status: Approved'. Two radio button options are highlighted with a red box:  I certify that we are an independent institution and as such we are not required to conduct monitoring. and  As a sponsoring organization, I acknowledge the requirements and certify to complete all necessary monitoring documentation. Below the options are three buttons: 'Complete Later', 'Save', and 'Back to Application Summary'. The footer includes 'Contact Us', 'Privacy Notice', 'Legal Statement', 'Accessibility Statement', 'Chrome 90 on Win10', and 'Ver 2.0.321'.

Your selection to the two statements in the Monitoring Information section will determine the information required.

If you select the first option, which notes: " I certify that we are an independent institution and as such we are not required to conduct monitoring", the screen above will appear. From that point, click on "Save" then "Back to Application Summary". You will be returned to the application summary page.

Application Summary Resources Training Select Institution

### Monitoring Information - Agreement Year 2021


Tony FP Adult Care - AD-010047-CPM Section Status: Draft

I certify that we are an independent institution and as such we are not required to conduct monitoring.  
 As a sponsoring organization, I acknowledge the monitoring requirements and certify to complete all necessary monitoring documentation.

The following table is required to be completed by all Sponsoring Organizations. As part of its monitoring plan, a sponsoring organization must document that it will employ the equivalent of one full-time staff person for each 25 to 150 facilities it sponsors. Therefore, Sponsoring Organizations of 25 or more facilities must meet the required number of Full Time Equivalents (FTEs) calculated below to ensure CACFP Monitoring requirements are met.

Please list below all staff members in your organization who conduct CACFP monitoring.

| CACFP Position       | Full Name            | Total Hours Worked Per Year | Total Non-CACFP Hours Worked Per Year | Total CACFP Monitoring Hours Worked Per Year | Delete                                |
|----------------------|----------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>        | <input type="text"/>                  | <input type="text"/>                         | <input type="button" value="Delete"/> |

[Add](#) 

Total Monitoring Hours Per Year:   
 FTEs Reported For Monitoring Per Year:   
 Number of Anticipated Facilities Operating This Agreement Year:   
 Required Number of FTEs per CACFP Monitoring Requirements:

Reported FTEs (Net Hours Related To Monitoring / 2080 Hours):   
 Does the Sponsor Comply with Monitoring/Facility Ratio?

State Comments

Search:  [Export Data to Excel](#) Show 10 entries

| Date & Time         | Comment  | Added By    |
|---------------------|----------|-------------|
| 05/04/2021 13:23:12 | Approved | CARES Staff |

Showing 1 to 1 of 1 entries [Previous](#) 1 [Next](#)

[Complete Later](#) [Save](#) [Back to Application Summary](#)

If you select the second option which notes: " As a sponsoring organization, I acknowledge the requirements and certify to complete all necessary monitoring documentation", you will need to complete all the information requested.

Please note the purple arrow above. By clicking on "Add" you can add additional monitors.

The CACFP Monitoring Form for the current fiscal year must be completed for each monitoring review. A copy of the Monitoring Form can be found in the "Resources" section. Please remember, as will all other documentation, all monitoring forms must be maintained on file for the current year and three previous years.

In addition, a Monitoring Schedule must be developed to project and record the required monitoring visits for each facility throughout the fiscal year. A sample Monitoring Schedule can be found in the "Resources" section.

**Note:** All completed monitoring review forms and monitor schedules must be kept on file. A copy of a completed Monitoring Form and the Monitoring Schedule must be uploaded to the document upload section in the "Management Plan".

Once all the required information has been entered click on "Save" then "Back to Application Summary". You will be returned to the application summary page.

## PERMANENT AGREEMENT

The final section to complete is Permanent Agreement. To access the section, click on "Permanent Agreement" in the left column. You will then be brought to a new screen.

The screenshot shows the 'CARES - Application' interface. At the top, there is a navigation bar with 'Application Summary', 'Resources', and 'Training'. Below this, a 'Welcome UAT Submitter' message is displayed. The application status is 'Needs To Be Submitted'. A table lists various sections, with 'Permanent Agreement' highlighted in red. A 'Submit' button is visible at the bottom of the table.

| Sections                               | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| Institution Information                | Saved  |                     |                    |                    |
| Responsible Principals and Users       | Saved  |                     |                    |                    |
| Facility Program Information           | Saved  |                     |                    |                    |
| Management Plan                        | Saved  |                     |                    |                    |
| Budget and Audit Requirements          | Saved  |                     |                    |                    |
| Eligibility and Enrollment Information | Saved  |                     |                    |                    |
| Monitoring Information                 | Saved  |                     |                    |                    |
| <b>Permanent Agreement</b>             |        |                     |                    |                    |

For the Permanent Agreement it is critical that certification box be signed by electronic signature by the Institution Board Chair, President, Owner, Mayor or Superintendent.

**Clicking on the certification box represents your electronic signature and the Institutions acceptance of the CACFP requirements listed in the Permanent Agreement and Policy Standard**

The screenshot shows a certification box with the following text:

The Permanent Agreement and Policy Statement must be certified and signed by electronic signature by the Institution Board Chair, President, Owner, Mayor, or Superintendent.

Check Certification box below to represent your electronic signature and Institution acceptance of CACFP requirements listed in the Permanent Agreement and Policy Statement.

**CERTIFICATION CHECK BOX**

By certifying this Permanent Agreement and Policy Statement and signing this agreement and policy statement, the Institution agrees to comply with all CACFP regulations, requirements, compile data, maintain records, and submit claims and reports as required, to permit effective enforcement of nondiscrimination laws, and permit authorized State Agency and USDA personnel during hours of program operations to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this agreement, the USDA, FNS, and State Agency shall have the right to seek judicial enforcement of this assurance. This certification is binding on the Institution, and all representatives as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signature appear below certifies that this certification is true and correct and the person is authorized to sign this agreement on the behalf of the Institution. I further CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for causes, verify information and that deliberate misinformation may subject me to prosecution or civil action under applicable state and criminal statute. The program must be available to all eligible participants regardless of age, sex, disability, retaliation, race, color, or national origin.

For questions or additional information, please contact our office:

New Jersey Department of Agriculture  
Division of Food and Nutrition  
Child and Adult Care Food Program  
PO Box 334  
Trenton, NJ 08625-0334  
Office: (609) 984-1250 Fax: (609) 984-0878

Buttons: Save, Back to Application Summary

After the box is checked click on "Save" then "Back to Application Summary". You will then be returned to the application summary page.



## SUBMITTING AN APPLICATION TO THE STATE

CARES - Application My Account

[Application Summary](#) [Resources](#) [Training](#) [Select Institution](#)

Welcome UAT Submitter  
Thank you for using CARES Application.

UAT Institution - CH-010005-MRR Application Status: Needs To Be Submitted

Submitted: Approved:

Select Year

| Sections   | Status | Last Submitted Date | Last Reviewed Date | Last Approved Date |
|--|--------|---------------------|--------------------|--------------------|
| <a href="#">Institution Information</a>                | Saved  |                     |                    |                    |
| <a href="#">Responsible Principals and Users</a>       | Saved  |                     |                    |                    |
| <a href="#">Facility Program Information</a>           | Saved  |                     |                    |                    |
| <a href="#">Management Plan</a>                        | Saved  |                     |                    |                    |
| <a href="#">Budget and Audit Requirements</a>          | Saved  |                     |                    |                    |
| <a href="#">Eligibility and Enrollment Information</a> | Saved  |                     |                    |                    |
| <a href="#">Monitoring Information</a>                 | Saved  |                     |                    |                    |
| <a href="#">Permanent Agreement</a>                    | Saved  |                     |                    |                    |

[Submit](#)

[Contact Us](#) [Privacy Notice](#) [Legal Statement](#) [Accessibility Statement](#)

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As you can see above, all sections of the application are now saved.

At this point, **do not** yet submit your application. Your institutions certifier must review the entire application before is it submitted.

Once the certifier determines the application is complete and accurate, it can be submitted to the State. To do this, simply click on the "Submit" button.

**Note:** Once an application is submitted it cannot be changed until it has been reviewed by a State representative. Please ensure your application is complete and accurate prior to submission. If an error is discovered after submission, reach out to your CACFP Specialist so the application can be unlocked, and corrections made.

| Sections                               | Status    | Last Submitted Date               | Last Reviewed Date | Last Approved Date |
|--|-----------|-----------------------------------|--------------------|--------------------|
| Institution Information                | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Responsible Principals and Users       | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Facility Program Information           | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Management Plan                        | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Budget and Audit Requirements          | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Eligibility and Enrollment Information | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Monitoring Information                 | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |
| Permanent Agreement                    | Submitted | 03/16/2021<br>(By: UAT Submitter) |                    |                    |

[Submit](#)

Once all sections are completed and your application is submitted, the status will change from "Saved" to "Submitted" in the "Status" column. Also, the submitter and date of submission will appear in the "Last Submitted Date" column. As previously mentioned, at this point your application is locked and cannot be changed.

As your application is reviewed by the State, the last two columns will populate.

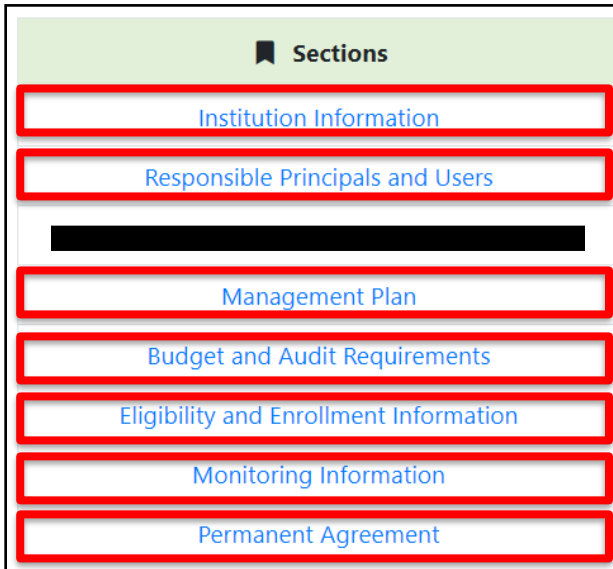
**Note:**

For the most up to date status of an application, please access the application summary page.

If errors are discovered, your CACFP Specialist will contact you and provide a list of corrective actions required. They will unlock the affected portion(s) of your application so that corrections can be made. Also, the status in the first column will change to "Not approved", letting you know there is an issue with a section(s) of your application.

## REVISING A SUBMITTED APPLICATION

As you know, there are eight separate sections that comprise your application. The process to correct a section is identical for all sections except the "Facility Program Information" section. We will cover how to correct the "Facility Program Information" section at the end of this portion of the handbook.



To correct a section except, "Facility Program Information", simply click on its name on the application summary page.

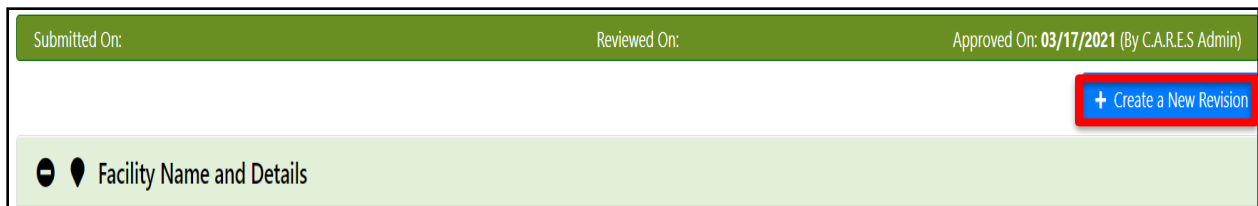
You will follow the same process as you did when completing the application initially. The only difference is you will merely make the needed changes. After that, click on "Save" then "Back to Application Summary". You will then be returned to the application summary page.

As with the initial application, the certifier must review any changes before resubmitting the updated application to the State. Once the certifier approves the changes the application can be resubmitted by clicking on the "Submit" button at the bottom of the application summary page. Once resubmitted, the first column will change from "Not Approved" or "Saved" to "Submitted". Also, the updated submitter and date of submission will appear in the "Last Submitted Date" column. As your updated application is reviewed by the State the last two columns will update.

## Updating the "Facility Program Information" section



As previously mentioned, updating the "Facility Program Information" is slightly different than the other sections of the application.



The first step is to click on "Facility Program Information" on the application summary page. You will follow the same process when completing the application initially. The only difference is you must click on "Create a New Revision" on the upper right side of the screen **before** making the necessary updates. After that, click on "**Save**" then "Back to Application Summary" as you did on the initial application. You will then be returned to the Application Summary page.

As with all the initial application, the certifier must review any changes before resubmitting the updated application to the State. Once the certifier approves the changes, the application can be resubmitted by clicking on the "Submit" button at the bottom of the application summary page. Once resubmitted, the first column will change from "Not Approved" or "Saved" to "Submitted". Also, the updated submitter and date of submission will appear in the "Last Submitted Date" column. As your updated application is reviewed and then approved by the State the last two columns will update.

| Initially Submitted: <b>05/04/2021</b><br>(By Tony Submitter) |          | Initially Approved: <b>05/04/2021</b><br>(By CARES Staff) |                                 | Last Submitted: <b>05/05/2021</b><br>(By Tony Submitter) |  | Last Approved: <b>05/05/2021</b><br>(By CARES Staff) |  |
|---|----------|---|---------------------------------|--|--|--|--|
| Select Year <input type="text" value="2021"/>                 |          | Approved Agreement Dates: 10/01/2020 - 09/30/2021         |                                 |  |  |  |  |
| Sections  | Status   | Last Submitted Date                                       | Last Reviewed Date              | Last Approved Date                                       |  |  |  |
| Institution Information                                       | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/05/2021<br>(By: C.A.R.E.S Admin)                      |  |  |  |
| Responsible Principals and Users                              | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/05/2021<br>(By: CARES Staff)                          |  |  |  |
| Facility Program Information                                  | Approved | 05/05/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/05/2021<br>(By: CARES Staff)                          |  |  |  |
| Management Plan   | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/05/2021<br>(By: C.A.R.E.S Admin)                      |  |  |  |
| Budget and Audit Requirements                                 | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/04/2021<br>(By: C.A.R.E.S Admin)                      |  |  |  |
| Eligibility and Enrollment Information                        | Approved | 05/05/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/06/2021<br>(By: CARES Staff)                          |  |  |  |
| Monitoring Information  | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/04/2021<br>(By: C.A.R.E.S Admin)                      |  |  |  |
| Permanent Agreement   | Approved | 05/04/2021<br>(By: Tony Submitter)                        | 05/04/2021<br>(By: CARES Staff) | 05/04/2021<br>(By: C.A.R.E.S Admin)                      |  |  |  |
| <input type="button" value="Submit"/>                         |          |   |                                 |  |  |  |  |

Above is an example of an approved application. Please take note of the information provided on the top of the page as well as the information in the last two columns.

**Note:**

It is highly recommended to research any questions you have regarding the Application process by searching the "Resources" section at the top of each page of the Application, as well as utilizing internet resources.

For questions you cannot find an answer to, please feel free to reach out to your CACFP Specialist. However, please be advised there may be a delay in receiving a response. To avoid delays with your Application, we highly encourage institutions to research the answer to all questions using the resources provided.

**Thank you for all you do in assisting those in need.**

COMMON ACRONYMS

|          |   |
|----------|---|
| ADA      | Average Daily Attendance                                    |
| CACFP    | Child and Adult Care Food Program                           |
| DCA      | Dept. of Community Affairs, Division of Codes and Standards |
| DCF      | Dept. of Children and Families                              |
| DDD      | Department of Developmental Disabilities                    |
| DHS      | Dept. of Human Services                                     |
| DMAHS    | Division of Medical Assistance and Health Services          |
| DMHAS    | Division of Mental Health and Addictive Services            |
| DOAS     | Dept. of Aging Services                                     |
| DOH      | Dept. of Health   |
| DUNS     | Data Universal Numbering System                             |
| FPO      | For Profit Organization                                     |
| FSMC     | Food Service Management Company                             |
| IFB      | Invitation for Bid  |
| MIL      | Military  |
| NFPO     | Not for Profit Organization                                 |
| NJSTART  | New Jersey State of the ART Requisition Technology          |
| NPO      | Non-Profit Organization                                     |
| NSLP     | National School Lunch Program                               |
| OVS      | Offer Versus Served   |
| RFP      | Request for Proposal  |
| SAM      | System for Award Management                                 |
| SFA      | School Food Authority                                       |
| SFSP     | Summer Food Service Program                                 |
| SSO      | Seamless Summer Option                                      |
| UEI      | Unique Entity Identifier                                    |
| USDA     | United States Department of Agriculture                     |
| USDA FNS | US Department of Agriculture Food and Nutrition Services    |

## REFERENCE SOURCES

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### TYPE OF CENTERS

For additional information regarding program operations please go to:

<https://www.fns.usda.gov/cacfp/program-operator>

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### TAX EXEMPT STATUS

A [for-profit organization](#) is one that operates with the goal of making money. Most businesses are for-profits that serve their customers by selling a product or service. The business owner earns an income from the for-profit and may also pay shareholders and investors from the profits.

A [nonprofit organization](#) is one that qualifies for tax-exempt status by the IRS because its mission and purpose are to further a social cause and provide a public benefit. Nonprofit organizations include hospitals, universities, national charities, and foundations.

Similar to a nonprofit, a [not-for-profit organization](#) (NFPO) is one that does not earn profit for its owners. All money earned through pursuing business activities or through donations goes right back into running the organization.

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### CACFP HANDBOOKS

Additional resources and guidance are available from the USDA. Please use the like below to access handbooks on various CACCFP programs and topics.

<https://www.fns.usda.gov/cacfp/cacfp-handbooks>

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## CACFP FEDERAL REGULATIONS

Please use the link below to access the electronic code of federal regulations that pertain to the CACFP program.

<https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-226>

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## NUTRITION STANDARDS FOR CACFP MEALS AND SNACKS

<https://www.fns.usda.gov/cacfp/meals-and-snacks>

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## OFFER VERSES SERVE (OVS)

Offer Versus Serve (OVS) is a concept that applies to menu planning and meal service which allows children and adults to decline some of the food offered for breakfast, lunch, or supper. This program is an option, not a requirement.

By allowing the program participants to decline some of the food offered it will make it more likely they will eat the food they take, increasing customer satisfaction and greatly reducing plate waste by not serving food that will not be eaten.

If utilizing the OVS program you must describe your procedures to administer the program on an OVS request form and upload in the Facility Program Information section of your application. Please remember, all meal pattern requirements must still be followed.

The requirements of the OVS program as well as additional information can be found at:

<https://fns-prod.azureedge.net/sites/default/files/sfsp/SMT-OfferVersusServe.pdf>



### Terms to Know

- A food component is one of the food groups that comprise reimbursable breakfasts, snacks, lunches, and supper meals according to the CACFP Meal Pattern. These categories include fluid milk, meats / meat alternatives, vegetables, fruits, and the grain components.
- A food item is a specific food offered within the food components comprising the reimbursable meal. For example, separate ½ cup servings of peaches and pears are two food items that comprise one component (fruit and component).
- A combination food contains more than one food item from different food components that cannot be separated. An example is cheese pizza which contains three food items from different food components: a serving of grain (crust), a serving of vegetable (tomato sauce), and a serving of meat alternate (cheese). Other examples of combination foods are soups, prepared sandwiches, and burritos.

**Reference: 7 CFR 226.20(k) Time of meal service.** State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration. In addition, 7 CFR 226.25 provides that State agencies may establish additional requirements, provided that any such additional requirements are not inconsistent with the CACFP regulations.

When scheduling mealtimes, the following guidelines will be used for approval:

**Breakfast** The duration of the breakfast meal service may take no more than one hour from start to finish per session per group.

Breakfast service must end by 10:00 AM.

**Snack** A snack may be approved for midmorning, afternoon, and evening.

An \*Evening Snack may only be approved for institutions licensed for evening care, night care and/or regularly operating over 15 hours per day. Evening snacks may not be approved for service before 8:00 PM. The duration of the snack service may take no more than one hour from start to finish per session per group.

**Lunch** Four hours shall elapse between the service of a lunch and supper when no supplement is served between lunch and supper. The duration of the lunch meal service may take no more than 2 hours from start to finish per session per group. The service of a lunch may not be scheduled to start before 11:00 AM and shall begin no later than 1:30 PM.

**Supper** A supper may not be approved for facilities where the licensed approved operating hours end at or before 6:30 PM, or where licensed for evening care, but not actually operating for evening/night care hours. The duration of the supper meal service may take no more than 2 hours from start to finish. The service of a supper may not be scheduled to start before 5:00 PM and shall begin no later than 7 p.m. and end no later than 8 p.m.

Meals served outside of these guidelines are not eligible for CACFP reimbursement and the agency must absorb the costs associated with the meal. (\

**The following meal service time policy applies to At-Risk Meals and Snacks only:**

**At-Risk Breakfast Meals** may only be claimed during school holidays, unanticipated school closures or weekends during the school year. Breakfast meal service may be no more than one hour in duration.

**At-Risk Afterschool Lunch Meals** may only be claimed during school holidays, unanticipated school closures or weekends during the school year, except that lunch meals may be claimed for those participants who only attend school half-day, such as pre-school. Lunch meal service may be no more than two hours in duration.

**At-Risk Afterschool Supper Meals** may be claimed while school is in session, during school holidays and weekends during the school year and must begin no earlier than the end of the normal school day. Supper meal service may be no more than two hours in duration.

**At-Risk Afterschool Snack** service may be no more than one hour in duration and two hours must elapse between the beginning of a meal service and the beginning of a snack service.

- ❖ Meals served outside of these guidelines are not eligible for CACFP reimbursement and the agency must absorb the costs associated with the meal.
- ❖ The duration of the meal service shall be limited to 2 hours for lunches and supper and 1 hour for breakfast and snack meals per session/group.
- ❖ Three hours shall elapse between the beginning of one meal service and the beginning of another, except that 4 hours shall elapse between the service of a lunch and supper when no supplement is served between lunch and supper.
- ❖ Meal Type Limitation - Reimbursement may not be claimed for more than two meals and one snack, or one meal and two snacks per participant per day. Meal Service Times must meet compliance for each group/session/participant.

## **Example:**

| <b>MEAL TYPE</b>     | <b>MEAL SERVICE TIME</b> | <b>MAXIMUM DURATION</b> | <b>3HRS. LAPSE FROM BEGINNING OF PREVIOUS MEAL OR SNACK</b> |
|----------------------|--------------------------|-------------------------|---|
| <b>Breakfast</b>     | 6:00                     | 1 HOUR                  | 9:00  |
| <b>AM Snack</b>      | 9:00                     | 1 HOUR                  | 12:00   |
| <b>Lunch</b>         | 12:00                    | 2 HOURS                 | 3:00  |
| <b>PM Snack</b>      | 3:00                     | 1 HOUR                  | 6:00  |
| <b>Dinner</b>        | 5:00                     | 2 HOURS                 | 8:00  |
| <b>Evening Snack</b> |                          |                         |   |
|                      | 8:00                     | 1 HOUR                  | -   |

***Reimbursement may not be claimed for more than two meals and one snack or one meal and two snacks, per child per day. All meals and snacks must be claimed in accordance with the requirements for the applicable component of the Program."***

In situations of half or part-time day-care sessions: meals served to the same participant(s) may only be claimed when there is at least 2 hours after the completion of the previous meal or snack.