

Instructions: Refer to the attached instructions for description of start-up or expansion payments before completing this application. Attach additional sheets when necessary.

Mail completed application to: CACFP, Homes Unit, 150 Broadway, FL 6 West, Albany, NY 12204-2719.

1. CACFP Agreement # _____

2. Name of Sponsoring Organization

Mailing Address

City _____

State _____ Zip _____

Contact Person

Name _____

Title _____

Telephone Number

_____ Ext _____

_____ Ext _____

Fax Number

_____ Ext _____

E-mail Address

3. Check which application this is for

Start-up Grant - Have start-up payments ever been received by your organization?

Yes. If yes, date of grant _____

No

Expansion Grant - Have expansion payments ever been received by your organization?

Yes. If yes, date of grant _____

No

4. Indicate the number of day care home providers, if any, that are currently operating under your sponsorship.

_____ None (If *none*, go to question 5)

_____ Total number of homes connected to Sponsor

_____ Number of homes claiming last month

_____ Number of homes inactive last month

_____ Number of exempt caregivers claiming

5. How many years has your organization sponsored day care home providers?

_____ Number of years

6. Estimate the number of new day care home providers that will participate in CACFP under your sponsorship if start-up or expansion payments are granted and expansion plans are successful.

_____ # Additional licensed/registered homes _____ # Additional exempt informal caregivers

7a. Provide the geographical boundaries of the area that is currently served by your Sponsoring Organization.

7b. Provide the geographical boundaries of the area(s) that will be served if start-up or expansion payments are approved, if different than above (7a).

Only organizations applying for Expansion payments need to answer questions 7c & 8. Attach additional pages if necessary. Please refer to the instructions for assistance in answering this question.

7c. Provide the required documentation to show that expansion will serve non-participating day care home providers in rural, low-income and/or unserved areas.

8. If this is a second application for expansion payments, please provide a review of the accomplishments from the previous grant. Include a justification for continuing expansion activities into other rural, low-income or unserved areas.

- 9. Provide information on the total number of licensed, registered or legally-exempt informal caregivers in your service area. Include the number of licensed, registered or exempt day care home providers in your service area that are not currently participating in CACFP.**
- 10. What is the source of the estimated number of unserved or non-participating providers for which you will claim Start-up or Expansion payments? What information or resources were used to determine the unmet need? Attach copies of reference materials used to determine the need for the expansion.**
- 11. Explain in detail your plan to locate and contact non-participating day care home providers. Describe the activities that will be taken to initiate or expand program operations in unserved day care homes. Attach copies of outreach flyers or brochures, if applicable. Please note that active recruitment of providers who are already participating in CACFP is strictly prohibited.**

12. Describe the training plan that your organization will establish for new day care home providers. Attach any educational handouts that will be used in this training.

13. Describe procedures for conducting pre-approval visits to each proposed new CACFP day care home. Include in this description the time frame from initial contact with the provider to the date of pre-approval visit. Identify which staff member(s) will conduct the visits. Attach copies of forms to be used.

14a. How many day care home providers, that are not currently under your sponsorship, have you contacted at this time?

14b. How many of these do you estimate could be recruited to participate in CACFP under your sponsorship?

14c. How many of the day care home providers, that you plan to target in your Start-up or Expansion activities, are currently participating in CACFP with another Sponsor?

Number of CACFP providers _____

Name of other Sponsor(s) _____

15. Provide the time frame for the Start-up or Expansion activities. The time frame should be less than one year and should not cross federal fiscal years (October 1 to September 30).

_____ to _____

16. Enter the budget from the Sponsoring Organization's approved CACFP application for the current fiscal year. Provide the year-to-date expenditures for each budget category. In the Start-up or Expansion Payments column, enter the requested budget amounts. Attach a detailed justification for each budget category for which Start-up or Expansion funds are being requested.

NOTE: Payments for Start-up or Expansion activities will be issued in an amount equal to the administrative reimbursement that the Sponsoring Organization would earn for administering CACFP for not more than 50 homes, for not less than 1 month and not more than 2 months. *See the attached instructions.*

Budget Categories	Current Approved Budget	Expenditures (year to date)	Additional Start-up or Expansion Payments
Personnel <i>(from Question 18)</i>			
Operating Costs			
Allocated Costs			
Travel			
Training			
Professional Service			
Capital Outlay			
Other			
Indirect			
Total (not to exceed \$10,000)			

17. List the sources and amounts of funds, other than CACFP Start-up or Expansion payments that will be spent on your organization's Start-up or Expansion efforts, if any.

Source	Amount (\$)
_____	_____
_____	_____

18. If applicable, list the Sponsoring Organization personnel who will be involved in expanding CACFP in day care homes and indicate which personnel costs will be paid with Start-up or Expansion funds. Attach additional sheets if necessary. Please attach job descriptions.

Employees				Hours Worked per Day			Current Salary		Expansion Salary	
1 Employee Name	2 Title of Position	3 Currently Funded by CACFP? (Y/N)	4 Hourly Wage	5 Hours Currently Worked for CACFP	6 Hours to be Worked for Grant	7 Total Hours Worked for CACFP	8 Current Annual CACFP Salary	9 Total Current Salary and Fringe Benefits	10 Additional Start-up or Expansion Grant Salary	11 Total Grant Salary and Fringe Benefits
Grand Totals										

Please complete all information for employees who will be conducting CACFP Start-up or Expansion Grant activities, whether paid with CACFP funds or not. Attach job descriptions, which include CACFP duties, for each employee or title. Round total figures to the nearest dollar.

Column:

1. **Employee Name:** Enter employee’s name that works on the food program.
2. **Title of Position:** Enter the position title of employee listed in column 1 (i.e., claims processor, monitor, director, accountant, etc.).
3. **Indicate (Y/N) if the position is funded with CACFP funds.**
4. **Hourly Wage:** Enter employee’s hourly rate of pay.
5. **Hours Currently Worked for CACFP:** Enter the number of hours employee currently works per day on CACFP activities.
6. **Hours to be Worked for Grant:** Enter the number of hours the employee will work per day on Start-up or Expansion Grant activities.
7. **Total Hours Worked for CACFP:** Enter total number of hours the employee will be working for CACFP and the grant activities.
8. **Current Annual CACFP Salary:** Enter the employee’s current annual salary (may be obtained from the approved CACFP budget).
9. **Total Current Salary and Fringe Benefits:** Enter the total current salary plus fringe benefits.
10. **Additional Start-up or Expansion Grant Salary:** Enter the employee’s additional salary for the Start-Up or Expansion Grant activities.
11. **Total Grant Salary and Fringe Benefits:** Enter the total Start-up or Expansion Grant salary plus fringe benefits.

19. Does your Sponsoring Organization now participate, or has it participated, in any State or Federally-funded programs, other than CACFP, funded through USDA?

NO YES If yes, please list the programs.

20. Has your Sponsoring Organization or any of its principals ever been terminated from a USDA or other publicly-funded program?

NO YES If yes, please give the name of the program and an explanation.

21. Has an independent audit been conducted of your Sponsoring Organization in the past 2 years?

NO YES Attach a copy of the audit to this application *if* it has not been previously submitted to the NYS Department of Health.

22. Print the name and title of the Sponsoring Organization's Board of Directors president, as indicated on the Certificate of Authority (DOH-3671), who will sign the Supplemental Agreement for Start-up or Expansion funds.

Name _____

Title _____

Instructions: Two copies of this supplemental agreement are required, each with an original signature.

I CERTIFY that the information on this application is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program at day care homes that are under my administration or will be under my administration, and that start-up payments or expansion payments (whichever granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the Child and Adult Care Food Program at day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at day care homes, start-up or expansion payments which I have received will be refunded upon demand to the New York State Department of Health, Child and Adult Care Food Program. I further understand that this information is being given in connection with the receipt of Federal Funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The Program must be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

Date	Name of Sponsoring Organization (Please type or print)	Signature of Sponsoring Organization's Board President

Supplemental Agreement in Effect

From _____
Date

To _____
Date

CACFP State Director

Date

Instructions: Two copies of this supplemental agreement are required, each with an original signature.

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Date	Name of Sponsoring Organization (Please type or print)	Signature of Sponsoring Organization's Board President

Supplemental Agreement in Effect

From _____
 Date

To _____
 Date

 CACFP State Director

 Date

I. PURPOSE AND SCOPE

The New York State Child and Adult Care Food Program (CACFP) announces the continued availability of additional administrative payments to increase participation in CACFP among licensed and registered providers and exempt, informal caregivers. Two types of additional payments are available to CACFP Sponsoring Organizations: Start-up or Expansion. Start-up payments are available on a one-time basis to new or existing organizations that sponsor fewer than 50-day care homes in CACFP. These payments can assist Sponsors to initiate successful CACFP operations among licensed, registered, or exempt caregivers. Expansion payments are available to Sponsors of any size to increase CACFP participation among licensed, registered or exempt caregivers in low income, rural and/or unserved areas only. A period of 12 months must elapse after the expiration of the time allotted to the Sponsoring Organization under its original Start-up or previous Expansion agreement with CACFP before the Sponsor can apply for further Expansion payments.

These instructions describe who is eligible, how payment amounts are determined and other requirements for both Start-up and Expansion payments. The attached application is used to apply for either Start-up or Expansion funds. Sponsors may apply for only one type of additional payment at a time.

Sponsoring Organizations applying for either type of additional payment will be notified of approval or disapproval by CACFP, in writing, within 30 calendar days of filing a complete and correct application. If a Sponsoring Organization submits an incomplete application, CACFP will notify the Sponsor. CACFP will provide the necessary technical assistance and direction to the applicant so that the application can be completed correctly.

II. START-UP PAYMENTS

As described in the federal regulations governing CACFP (7 CFR 226.12), Sponsoring Organizations of fewer than 50 day care homes may receive Start-up payments to develop or expand CACFP to licensed, registered or exempt day care home providers.

A. Basic Eligibility

1. Must be an approved CACFP Sponsoring Organization of Day Care Homes with fewer than 50 day care homes, or an approved new Sponsoring Organization with no homes under their jurisdiction.
2. New organizations will need to complete an application and management plan to become an approved CACFP Sponsoring Organization of Day Care Homes in conjunction with completing the application for Start-up payments. Contact CACFP to receive an application and management plan.
3. A Sponsoring Organization is eligible to receive Start-up payments only once. If an organization has received CACFP Start-up payments previously, they may apply only for Expansion payments.
4. A Sponsoring Organization must have a history of successfully managing funds and ongoing activities for public or private programs to be eligible to receive Start-up payments. An organization may satisfy this requirement by its current participation in CACFP.
5. Day care home providers who have changed sponsorship from another organization currently participating in CACFP cannot be included in the Start-up recruitment efforts.

B. Payment Terms

1. The maximum Start-up payment is determined as follows:
 - a. For new Sponsoring Organizations the calculation is based on 50 homes, while for existing Sponsors the calculation is based on 50 homes minus the number of homes already administered by the Sponsor.
 - b. The Sponsor may receive an amount equal to one month's administrative payment, but not more than two months' payment, earned from the number of homes calculated from above (a.)
 - c. Start-up payments will be based on the administrative rate in effect at the time the application is submitted.

2. Start-up payments are issued in two parts:
 - a. The first Start-up payment will be handled as follows: At the time of the Start-up Grant Application approval, an advance equal to one-half of the total award will be sent. Typically, these funds will be received 3-4 weeks from the date of the approval letter.
 - b. The second payment will be issued following the submission of a progress report. A progress report must be submitted to CACFP documenting how the first payment was utilized in conducting Start-up activities. Original receipts must be included. This report must be submitted no later than one month before the end of the time frame for Start-up activities. The time frame encompasses the dates of the supplemental agreement.

Example

Two CACFP Sponsoring Organizations apply for Start-up payments in July 2009 when the administrative payment is \$102 for the first 50 homes.

1. The first Sponsor does not yet administer any day care homes. It may receive Start-up payments for as many as 50 homes. The organization may request no less than \$5,100 (50 x \$102 x 1 month) and not more than \$10,200 (50 x \$102 x 2 months). If the organization requests \$10,200, the first payment will be \$5,100. The Start-up activities result in the recruitment of 10 family day care home providers who submit a claim for reimbursement for the second month of the grant period. The second grant payment will also be \$5,100. The number of recruited providers will have no effect on the total grant award when the Sponsor has no providers under their jurisdiction at the time of application for Start-up funds.
2. The second Sponsor currently administers CACFP for 30 day care homes. It may receive Start-up payments for 20 homes in order to reach the 50 home limit for Start-up payments. The organization must request at least \$2,040 (20 x \$102 x 1 month) and not more than \$4,080 (20 x \$102 x 2 months). In this instance, the first payment will be \$2,040. As a result of the Start-up activities funded by the first payment, 10 family day care providers were recruited by the Sponsoring Organization. The second payment will also be \$2,040. The number of newly recruited providers will have no effect on the total grant award.

C. Agreement

As part of the application, Sponsoring Organizations must enter into a supplemental agreement with New York State Department of Health, Child and Adult Care Food Program. The supplemental agreement includes the time frame for completing the Start-up efforts. If Sponsoring Organizations anticipate that Start-up activities cannot be completed within the time frame originally outlined in the Start-up application, a request for an extension must be submitted to CACFP.

D. Final Report

Sponsors must submit a written report upon the completion of the grant activities. The written report must include the number of providers recruited, the number of providers actually participating, documentation of activities performed, and expenses incurred (actual receipts are required) when the activities are accomplished. Verification of the documentation and expenses submitted to CACFP will be conducted. In general, expenses should only reflect the incremental expenditures necessary to support the start-up or expansion project. Expenses recorded and submitted must be in compliance with CACFP regulations (7 CFR 226), relevant FNS instructions, CACFP guidance materials, policy memoranda issue by the Department of Health, and all applicable State and local laws. To the extent that allowable expenses meet or exceed the grant allowance, no repayment of all or part of the Grant will be requested. However, no Sponsoring Organization may retain any Start-up or Expansion payments in excess of its actual costs for the expenditures specified in the agreement.

Day care home providers who have changed sponsorship from another organization currently participating in CACFP cannot be included in the Start-up recruitment reporting, unless the previous organization has closed or terminated its agreement to sponsor day care homes.

EXPANSION PAYMENTS

Expansion payments provide additional administrative funds for existing Sponsoring Organizations to expand CACFP among licensed, registered, and exempt informal caregivers in rural, low-income areas and/or unserved areas. The additional payments are intended to be applied to the higher-than-normal costs experienced by organizations when expanding into these areas. The payments may assist an organization to add as many as 50 additional homes under their sponsorship.

A. Basic Eligibility

1. Participating Sponsoring Organizations of day care homes that administer CACFP for more than 50 day care homes, or Sponsors of fewer than 50 homes previously awarded Start-up payments.
2. A Sponsoring Organization must have a history of successfully managing funds and ongoing activities for public or private programs to be eligible to receive Expansion payments. CACFP may be included as relevant experience.
3. A period of 12 months must elapse after the Sponsoring Organization has satisfied all obligations under its original Start-up or previous Expansion agreement before the Sponsor can apply for additional Expansion payments.
4. If one Sponsoring Organization has been approved for expansion in a targeted area, a second organization will not be granted approval to recruit in the same area.
5. Day care home providers who are changing sponsorships from another organization currently participating in CACFP cannot be included in the expansion recruitment efforts, unless the previous organization has closed or terminated its agreement to sponsor day care homes.

B. Payment Terms

Sponsoring Organizations will receive one Expansion payment. The calculation for payment is based on the number of day care homes, up to 50 homes, targeted by the Sponsor for Expansion efforts. This 50 home limit does not include homes already operated by the Sponsoring Organization requesting the funds. The administrative payment distributed under the Expansion Grant utilizes the rate in effect at the time the application is submitted. The amount paid to a Sponsoring Organization is the administrative payment for at least one month, and not more than 2 months, multiplied by the number of homes targeted for expansion.

Example

A Sponsoring Organization applies for Expansion payments to add 50 day care homes. The administrative payment rate at that time is \$102 for the first 50 family day care homes. The organization may request no less than \$5,100 (50 x \$102 x 1 month) and not more than \$10,200 (50 x \$102 x 2 months). One payment will be issued for the entire amount approved.

C. Agreement

As part of the application, Sponsoring Organizations applying for an Expansion payment must enter into a supplemental agreement with the New York State Department of Health, Child and Adult Care Food Program. The supplemental agreement includes a time frame for completing the expansion efforts. If Sponsoring Organizations anticipate that the expansion activities cannot be completed within the time frame outlined in the application, a written request for an extension must be submitted to CACFP.

D. Final Report

Sponsors must submit a written report upon the completion of the grant activities. The written report must include the number of providers recruited, the number of providers actually participating, documentation of activities performed, and expenses incurred (actual receipts are required) when the activities are accomplished. Verification of the documentation

and expenses submitted to CACFP will be conducted. In general, expenses should only reflect the incremental expenditures necessary to support the expansion project. Expenses recorded and submitted must be in compliance with CACFP regulations (7 CFR 226), relevant FNS instructions, CACFP guidance materials, policy memoranda issued by the Department of Health, and all applicable State and local laws. To the extent that allowable expenses meet or exceed the grant allowance, no repayment of all or part of the Grant will be requested. However, no Sponsoring Organization may retain any Expansion payments in excess of its actual costs for the expenditures specified in the agreement.

Day care home providers who have changed sponsorship from another organization currently participating in CACFP cannot be included in the Expansion recruitment reporting, unless the previous organization has closed or terminated its agreement to sponsor day care homes.

E. Definitions

Expansion payments are to be used to reach licensed, registered or exempt day care providers in areas that are low-income, rural or unserved by CACFP. Below are the definitions for *low-income*, *rural* and *unserved*, and guidance for the applicant in completing related questions.

1. **Low-income:** USDA requires that school data be used to determine if an area is one in which poor economic conditions exist. School data demonstrates that an area is low-income when 50% or more of the children enrolled in schools, in the area where the CACFP Expansion is to take place, are eligible for free or reduced price meals under the National School Lunch or School Breakfast programs. Sponsors will annually receive from CACFP a list of all elementary schools in the state in which at least 50 percent of the enrolled children are eligible for free or reduced price meals. Sponsors must include school information to describe the low-income area. To strengthen the argument that the area is indeed low-income, in addition to the school information, Sponsors may also document the need of an area by using census tract data to show that the median income for the area where Expansion is planned is lower than the reduced price guideline. Information on low-income census block groups can be obtained from local government offices.
2. **Rural:** USDA has defined rural to mean any area in a county which is not part of a Metropolitan Statistical Area, or any pocket within a Metropolitan Statistical Area that may be determined to be geographically isolated from an urban area. If the applicant is expanding into an area not clearly rural, justification should be provided in order to assist CACFP to determine if the area could be defined as rural. Applicants may contact their public library, county planning office or CACFP for assistance, in determining *rural* status.
3. **Unserved:** In general, an unserved area is one in which day care home providers desire to participate in CACFP but cannot because of a lack of a Sponsoring Organization. Sponsors need to demonstrate that there are licensed, registered or exempt informal caregivers within the targeted geographical area who are not already participating in CACFP. You may contact CACFP for information on areas with non-participating providers.

F. Limitations

1. The final rule governing the amendment which provided Expansion funds for low-income or rural areas specifically prohibits sponsors from using Expansion funds to target individual day care homes that are not located in low-income areas. The funds can only be used to target providers in low-income or rural areas, not individual low-income providers located outside of such areas.
2. A Sponsoring Organization who has successfully expanded in the area(s) for which Expansion funds were originally approved, may apply for a second round of Expansion payments for expansion into other low-income and rural areas. The second application must justify the need for further Expansion.
3. A Sponsoring Organization is not eligible to apply for a second round of Expansion funds until at least 12 months have elapsed after the Sponsor has satisfied all obligations under its initial or prior agreement.

If applicant Sponsoring Organizations have questions about either Start-up or Expansion payments or need assistance in completing the application for Start-up or Expansion payments, please call a Homes Nutritionist at 1-800-942-3858, ext. 27104.