CACFP FORMS INSTRUCTION FOR NEW INSTITUTIONS
Child and Adult Care Food Program (CACFP)
Nutrition and Wellness Programs Division
Illinois State Board of Education (ISBE)
100 North First Street, W-270
Springfield, IL 62777-0001
Phone: 217.782.2491 or 800.545.7892

For all Child and Adult Care Food Program application documents, mail the original documents to the Illinois State Board of Education for review and make a copy for your files.

VIABILITY, CAPABILITY, AND ACCOUNTABILITY (VCA) PROFILE (ISBE 69-51P)

Complete the Following Areas:

Name and Physical Address of Sponsoring Organization — The name must be the legal name of the organization and the same as listed on the FEIN form (W-9).

Mailing Address — Leave blank if the mailing address is the same as the physical address listed in number 1. This address is used to mail information directly to the institution.

Performance Standards1 through 3 – Complete all questions on the Viability, Capability, and Accountability (VCA) Profile document as instructed. Incomplete documents cannot be approved. If additional documentation is required, attach to the VCA document.

SPONSOR APPLICATION (ISBE FORM 69-23)

For ISBE Use Only — These areas will be completed by this office when the application is received. Leave Blank.

Complete the Following Areas:

1. **Name and Physical Address of Sponsoring Organization** — The name must be the legal name of the organization and the same as presented on the FEIN form (W-9).

2. **County** — Indicate the county where the institution/sponsoring organization resides.

3. **FEIN** — Record the Federal Employer Identification Number (FEIN) exactly as presented on the Request for Taxpayer Identification Number and Certification (W-9).

4. **Mailing Address** — Leave blank if mailing address is the same as physical address listed in number 1. This address is used to mail information to the institution.

5. **Name and Title of Authorized Representative** — Provide name, title, birth date, telephone number, fax number, and e-mail address for the person administratively and financially responsible for the CACFP.

- Public Entities and Not-For-Profit organizations: the authorized representative must be the executive director, board president, or other authorized personnel. A consultant cannot sign or submit documents for your organization.
- For-Profit organizations: the authorized representative must be an owner or shareholder**. If there is more than one owner or shareholder not listed as the Authorized Representative in #5 on the Sponsor Application, please provide a separate, signed statement on organization letterhead listing all other owners or shareholders, including their name and date of birth.**

6. **Name and Title of Contact Person** — Provide the name, title, birth date, telephone number, fax number, and e-mail address of an alternate person with CACFP responsibilities we can call if additional information is needed.

7. **Eligibility** — Indicate the eligibility classification of the institution/sponsoring organization.

- Public Entity is any federal, state, city, or township-owned facility (example: state, state college, public school district, municipal park) receiving tax dollars.
- Not-for-Profit, Federal Tax-Exempt is any institution with a letter from the United States Department of Treasury Internal Revenue Service (IRS) recognizing their exemption under Section 501(c)(3) of the Internal Revenue Code. This institution must continue to comply with IRS requirements for Federal tax-exemption. Institutions selecting not-for-profit status must supply a copy of their organization's 501(c) (3) not-for-profit designation as received from the Federal Internal Revenue Service, U.S. Department of Treasury. Do NOT send the ILLINOIS Department of Revenue tax letter.

- Private for-Profit is an institution operating on a for-profit basis. For-profit institutions are permitted to sponsor only for-profit sites. Private for-profit institutions must select whether they operate their business as a corporation or sole proprietorship - check one.

8. **Executive Director** — All organizations must list the executive director's name, birth date, and mailing address.

9. **Chairperson of the Board** — Public entities, federal tax-exempt organizations, and private for-profit corporations must list the chairperson of the board's name, birth date, and mailing address.

10. **Organization Type** — Select the organization type that best describes your organization.

11. and 12. **Training** – Enter the date (month/year) the new sponsor training has been completed or will be conducted. This is the date key staff are trained on CACFP responsibilities. Staff training must be completed prior to the Pre- Operational Visit. Please refer to the required **Training Certification** (ISBE 65-08A) for instructions regarding training.

13. **Commodity-Sponsor Elects** — Mark one box to request either cash-in-lieu of government-donated commodities or government-donated commodities. Each year this office must survey institutions to determine if the majority of institutions elect to receive commodities or cash-in-lieu of commodities. The majority vote elects the option for all institutions.

14. **Multi-State organizations** — Mark yes or no if your organization operates the CACFP in other states.

15. **Audit Information** — During this calendar year, what is the end date of your organization's fiscal year?

16. **DUNS Number** — All institutions must include their DUNS number.

17. **Federal Funding and Audit information** — Answer yes or no to questions that apply to your organization.

18. **Publicly Funded Programs** – Indicate or list publicly funded programs your institution has participated in during the past seven years. This includes organizations that key individuals involved with your institution have participated in.

Signature Certification — By signing the application, the person listed as the authorized representative is certifying the information on the document is true and accurate. The authorized representative must sign, date, and list their title on the application.

SITE APPLICATION (ISBE FORM 69-45)

A Site Application (ISBE Form 69-45) must be completed for each location participating in the CACFP. Follow instructions carefully.

For ISBE Use Only — These areas will be completed by this office when the application is received. Leave Blank

Complete the Following Areas:

1. **Official Name of Site** — Enter the official name of the site as registered on tax documents.

2. **Name of Sponsor** — Repeat name of institution as entered on the Application for Sponsor or Sponsoring Organization document. If you are an existing sponsor adding a new site, include your agreement number.

3. **Contact Person** — Person located at the site on a daily basis and serves as a reference if information or clarification is needed for the site.

4. **Business Telephone** — Number of the phone located at the site.

5. **Business Fax** — Number of the fax located at the site.

6. **E-Mail** — Provide e-mail of contact person at the site.

7. **County** — County where the site is located.

8. **Address of Site** — Physical address of site.

9. **Mailing Address** — Leave blank if mailing address is the physical address listed in number 8. The mailing address is used to mail information directly to sites.

10. **Legal Entity Question** — Complete question A or B. If question B is marked, move to questions 1 and 2 and supply the requested information.

11. **Eligibility** — Check the eligibility status of the site.

- Public Entity is any federal, state, city, or township-owned facility (example: state college, public school district, municipal park) receiving tax dollars.
- Not-for-Profit, Federal Tax-Exempt is any institution with a letter from the U.S. Department of Treasury Internal Revenue Service (IRS) recognizing their exemption under Section 501(c) (3) of the Internal Revenue Code.
  - This institution must continue to comply with IRS requirements for Federal tax- exemption.
  - Institutions selecting not-for-profit status must supply a copy of their organization's 501(c) (3) not-for-profit designation as received from the U.S. Department of Treasury Internal Revenue Service.
- Private for-Profit is an institution operating on a for-profit basis. For-profit institutions are permitted to sponsor only for-profit sites.
  - Sites must have at least 25 percent of their enrollment or 25 percent of their license capacity receiving subsidized child care benefits, or have 25 percent of their enrollment eligible for free or reduced-priced meal benefits.
  - Complete the form titled Documentation of For-Profit Eligibility Form (ISBE Form 67-91). Complete and return with application. **Be sure to attach all required documentation (copies of most current month subsidized billing sheets with number of days children attended or completed free and/or reduced Household Eligibility Applications to verify eligibility for each site)**. If calculating 25 percent eligibility using enrollment figures, submit the enrollment roster.

12. **Number of Children Enrolled** — Provide information on the following:

- Number of children 12 years and younger — Provide the number enrolled at the site.
- Number of children 13 years to 18 years — Provide the number enrolled at the site.

13. **Age Range of Children at Facility** – Fill in age range of children cared for at the facility. (Refer to the Program Fact Sheets online at https://www.isbe.net/Pages/Child-Adult-Care-Food-Program-Documents.aspx for more information about eligible age ranges.)

14. **DCFS License Information** – Provide the requested information when a DCFS (Department of Children and Family Services) license is required. Skip if this site is not licensed. If the site is exempt, send a copy of the DCFS license-exempt letter.

- **License Expiration Date** — Provide the DCFS license expiration date as specified on DCFS license.
- **License Number** — Provide the current DCFS license number.
- **License Capacity** — Provide the capacity as specified on the DCFS license.

15. **Unlicensed Programs** – License-exempt sites, other than programs located in a public school building, must provide copies of their most recent fire and public health inspections. Inspections should be current within 12 months and with no violations.

16. **Days of Week Site Operates** — Check box for each day the program offers meals to children in attendance.

17. **Hours of Operation** — List the hours the center is open for care of children.

18. **Meal Preparation** — Indicate the way meals are prepared for the children.

- **On-Site** — Facility prepares its own meals and is inspected by the Illinois Department of Public Health.
- **Central Kitchen** — Meals are prepared in a central kitchen operated by the institution and transported to the facility for service to children

  Vended Meals: Submit a copy of only one legal contract that is applicable for your organization. Do not submit a contract if you prepare meals on-site. Institutions purchasing prepared meals must complete one of the following:
  - **School Agreement** — Centers, which receive meals from a public or private school, must sign a School Agreement to Furnish Food Service (ISBE Form 68-62). The quoted meal rate(s) should be on a full-cost-recovery basis, including the value of government-donated commodities, if used in preparation. Meals included in this agreement must be claimed by the organization under CACFP. These meals cannot be claimed by the school under the National School Lunch Program.
  - **Formal Bid Contract** — This agreement is used by institutions whose annual meal purchases are MORE THAN $250,000 and must competitively bid the contract. The Formal Bid Contract is an agreement used by institutions whose annual meal purchases are MORE THAN $250,000. Institutions must have their menus approved by this office and follow Federal competitive bidding procurement procedures for obtaining vended meals during a fiscal year as stated in the Invitation for Bid and Contract packet. Once the contract is established, it shall be in effect for one year and may be renewed by mutual agreement for four consecutive one-year periods.
  - **Small Purchase Agreement for Procurement of Vended Meals** — This agreement is used by institutions whose annual meal purchases are LESS THAN $250,000.
    - Please follow the instructions on page 2 of the small purchase agreement. The signed Small Purchase Agreement for Procurement of Vended Meals form must be submitted to ISBE along with a copy of the following:
      - Vendor's most recent public health inspection report
      - Vendor signed Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transaction (ISBE Form 85-34).

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19. **Outside School Hours and At-Risk Afterschool Meals Programs Requirements Only** — Mark appropriate boxes to designate if the facility offers activities to children. List enrichment activities in the space provided.

20. **For At-Risk Afterschool Programs ONLY** — Provide the full name and address of the school that serves the area where this site is located. List if the school operates year-round. ***Also complete the At-risk Verification Document (ISBE 63-82) for each At-risk Afterschool site. (EXCEPTION: After-school programs operating in a school are exempt from this requirement when that same school is used to meet the area eligibility.)

21. **Services**—Read this section completely. Incorrectly completing this section will cause problems processing the organization's Claim for Reimbursement.

    A. **Program(s)** — Select the program-type your facility wishes to participate as to receive CACFP claims for reimbursement. NOTE: If you provide Head Start programming for children at your center, you must claim those children under Head Start. Read the CACFP Program Fact Sheets online at https://www.isbe.net/Pages/Child-Adult-Care-Food-Program-Documents.aspx to review the differences between programs.

    B. **Days of Operation** – List the Begin Date and End Date for the facility, based on the CACFP fiscal year October 1, 20XX, through September 30, 20XX.

    C. **Break in Service –** If your program will have a break in service for more than one month during the CACFP fiscal year, enter the beginning and end dates for when the program will restart. An example of a break in service would be if a program does not operate during a school summer break.

    D. **Meal Service –** For each Program selection made in Section A, write in the program-type and check the box for each Meal Service you want to claim for CACFP reimbursement. Then, enter begin and end times for each meal service.

    E. **Two Sessions** – Check this box only when the same meal service is offered to two different groups of children, causing the meal count for that meal service to go over the DCFS license capacity. Then, enter the meal service times for the second session.

        a. An example of an institution needing to complete this section is a split-session Head Start. The children in the morning session eat lunch before leaving for the day. The afternoon children are served lunch upon arrival. The number of children attending their respective programs never exceeds the license capacity at any given time; however, the number of meals claimed for lunch does exceed the license capacity.

        b. Another example is when a child care center cares for school-age children after school. Both the young children and school-age children would receive an afternoon snack. The young children might receive the afternoon snack around 2:30 p.m. before they begin leaving for the day. This opens slots in the license capacity for the school-age children. The school-age children arrive and receive their afternoon snack at 3:30 p.m. At no time does the number of children in the center exceed the license capacity; however, the afternoon snacks claimed for the day could exceed the capacity.

ANNUAL BUDGET SUMMARY AND SUPPORTING WORKSHEETS (In MICROSOFT® EXCEL)

Basic Information

The CACFP Annual Budget Summary and Worksheets is used to estimate the expenses related to CACFP for a 12-month period, and demonstrate the ability to operate CACFP as a non-profit food service program. It is comprised of four worksheets:

- CACFP Annual Revenue Worksheet
- CACFP Annual Labor Worksheet (for administrative and operational labor)
- CACFP Annual Overhead Cost Worksheet
- CACFP Annual Budget Summary

The worksheets are completed in Microsoft ®Excel, and automatically calculate totals to assist in completion of food program budget. Thus, they should be completed on the computer. Please do not print out the forms first to then complete by hand.

This is not a budget for the entire business, only CACFP expenses. An organization operating multiple CACFP sites must submit one budget as a total for all sites; separate budgets should not be submitted for each site.

Instructions for Completing Annual Budget Summary and Worksheets:

Please read and follow the instructions below to complete the annual budget documents. The descriptions for each line item will assist in gathering the data needed on the budget. There may be some line items that do not apply to your organization, leave those blank. Complete these documents using Microsoft® Excel.

Annual Revenue Worksheet — This sheet is designed to assist you in estimating the amount of reimbursement to expect from CACFP. Insert your organization's name in the yellow highlighted field at the top right-hand section of the worksheet. Enter the appropriate whole numbers for each yellow field applicable for your organization. The amount of reimbursement calculated on the Annual Revenue Worksheet is just an estimate – the amount of reimbursement your organization will receive is based on the number of actual reimbursable meals served in each category (free, reduced, and paid).

Annual Labor Worksheet — This sheet will provide documentation that the organization has staff responsible for the administration and operation of CACFP. For both sections – Administrative and Operational – enter data appropriate for the organization:

- The number of personnel working in applicable positions
- The average number of hours per week they spend on CACFP duties
- The average wage (including benefits) for these personnel
- The number of weeks CACFP operates each year
- Specific program duties for the position listed

Leave blank any line item that is not relevant. The total annual administrative labor cost is calculated by multiplying the amounts on each line across the columns.

Annual Overhead Cost Worksheet — This sheet allows you to recognize that CACFP can be charged a reasonable portion of shared costs such as rent, utilities, trash removal, etc.

For Box #1, determine CACFP's allowable Overhead percentage:

1. Measure the space used for CACFP activities such as the kitchen and food storage areas (classroom or multi-purpose spaces cannot be included in this calculation). Enter this number in the first box for CACFP square footage.
2. Then, enter the square footage for the entire space available in the center(s) in the second box.
3. The spreadsheet will calculate a percentage to use for CACFP's share based on the allocation of space. The percent needs to be at least one percent so the amount for expenses will calculate.

For Box #2, enter the estimated cost per month for each applicable overhead expense and the number of months your food service program will operate.

On rare occasion, an organization may receive space for free for its program. In this instance, complete Box #3 at the bottom of this form.

Annual Budget Summary — Data from the previously completed worksheets will be entered for Anticipated CACFP Reimbursement (recorded below Line 13) and in lines 1, 6, and 10. If you need to change any of the amounts on the worksheets, you may go back to them at any time. Remember, the amount of funding your organization receives is not based on the budget or on the estimated Anticipated CACFP Reimbursement, but is paid on the actual number of meals served. All costs for operation of CACFP should be considered, including costs for wages and supplies to administer the program, and operational costs for the actual preparation, service, and clean-up of meals.

Administrative Costs:

Line 1 — (auto-filled) Administrative Labor Cost calculated on the Annual Administrative Labor Cost Worksheet is already entered. If you need to change this amount, go back to the worksheet to make adjustments.

Line 2 — Expenses for Training and Monitoring Including Travel should be completed by organizations with more than one site in CACFP.

Line 3 — Administrative Supplies would include office supplies used strictly for CACFP such as paper used to copy Household Eligibility Applications.

Line 4 — Other Administrative Expenses would only be used for unique items of minimal costs. Please provide explanation for amount included on this line

Line 5 — (auto-filled) Subtotal for Administrative Costs will calculate automatically. Special Note — CACFP regulations allow institutions to spend up to 15 percent of their annual meal reimbursement on administrative costs. Please ensure that other funds will be used to pay for all administrative expenses above the 15 percent limit.

Operational Budget Costs

Line 6 — (auto-filled) Food Service Labor Costs calculated on the Annual Food Service Labor Cost Worksheet are already entered. If you need to change this amount, go back to the worksheet to make adjustments.

Line 7 — Purchased Meals contracted from a vendor, school, or caterer should be entered. Skip this line item if you do not purchase prepared meals.

Line 8 — Food Costs used to prepare meals and snacks for children should be entered. Make sure you include milk purchases. If you purchase all meals from a vendor, skip this line item.

Line 9 — Nonfood Costs are costs other than food associated with the food service. Enter the estimated cost of a) food service paper goods and cleaning supplies; b) food service purchased services, such as a contract for linen or janitorial services; c) food service equipment purchases less than $5,000 (please provide a detailed listing of items); and d) food service equipment depreciation used

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only for CACFP (please provide details for items being depreciated including date of purchase, original cost, depreciation method used, and years of useful life of item). The spreadsheet will calculate a subtotal for all the items included in this line item. Skip any that do not apply to your organization.

Line 10 — (auto-filled) Overhead Costs calculated on the Annual Overhead Cost Worksheet are already entered. If you need to change this amount, go back to the worksheet to make adjustments.

Line 11 — Other Food Service Related Expenses will include any expenses that do not fit into the previous line items. Please provide a detailed listing of any amounts on this line.

Line 12 — (auto-filled) Subtotal for Operational Food Service Costs will be automatically calculated.

Line 13 – The Grand Total CACFP Budgeted Expenses is automatically added in the Microsoft® Excel spreadsheet and should meet or exceed the line reported for Estimated CACFP Reimbursement.

Other Sources of Revenue

The final two sections, #14 and #15, are sources of non-CACFP funds that your institution receives. Mark an X next to the type of non-CACFP funds your organization receives.

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS W-9)

Submit the completed form along with other application documents. When applying under the not-for-profit eligibility classification, the name appearing on your 501(c) (3) form should match the name placed on the W-9 form. Follow instructions carefully.

DOCUMENTATION OF FOR-PROFIT ELIGIBILITY (ISBE Form 67-91)

A for-profit organization is permitted to participate in CACFP only if each site has at least 25 percent of their enrollment or 25 percent of their license capacity receiving subsidized child care benefits, or have 25 percent of their enrollment eligible for free or reduced-priced meal benefits.

Attach all required documentation (copies of subsidized billing sheets with days children attended for the most current month) to verify eligibility for each site and return with paper application packet to ISBE for review OR submit copies of the Household Eligibility Applications used to calculate the percent eligible.

DOCUMENTATION OF NOT-FOR-PROFIT, FEDERAL TAX-EXEMPT ELIGIBILITY

To be eligible to participate in CACFP as a not-for-profit, Federal tax-exempt institution, you must submit a copy of your letter from the U.S. Department of Treasury Internal Revenue Service (IRS) recognizing your organization's exemption under Section 501(c) (3) of the Internal Revenue Code. Your institution must continue to comply with IRS requirements for Federal tax-exemption. The organization's name on the 501(c) (3) must match the name on the CACFP Sponsor Application and on the Request for Taxpayer Identification Number and Certification (IRS W-9 form). Although the IRS does not require certain organizations (for example, church organizations) to seek formal determination of tax-exemption, the IRS will issue one upon application. If an organization acquired tax-exemption status under a group ruling, submit proof of your affiliation with the parent organization that was given tax-exempt status.

If the organization has not completed the Federal tax-exempt process with the IRS, the organization will need to either 1) wait to apply until official documentation has been received, or 2) apply following the for-profit eligibility requirements.