

How to Complete & Submit the Intent to Apply Packet

STEP-BY-STEP INSTRUCTION

June 2021





Arizona Department of Education (ADE)

This resource was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS).

Intended Audience

This resource is intended for institutions applying to participate in the **Child and Adult Care Food Program (CACFP)**.

Objective

The objective of this resource is to assist new institutions with applying to participate in the CACFP.

In this guide, we will discuss the following topics:

- What is the Intent to Apply Packet;
- How to successfully complete each of the 7 required documents;
- How to submit your Intent to Apply Packet and what happens after your packet is submitted.

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What is the Intent to Apply Packet?

The Intent to Apply Packet is a series of documents that an institution must provide to ADE to show interest in applying to participate in the CACFP.

Documents

- 1** Permanent Agreement (2 Originals)
- 2** Sponsor and Site Add/Change/Delete Form
- 3** Request for ADEConnect Entity Administrator Account Form
- 4** State of Arizona Substitute W-9 Form
- 5** Arizona Department of Health Services License to Operate
- 6** Three (3) Consecutive Months of Recent Bank Statements
- 7** Introduction to CACFP-Training Certificate

If you are applying for the **At-Risk Afterschool Meals** component of the CACFP, the following documents must be included in your packet as well as the documents listed above:

- ONLY
AT-RISK**
- 8** Documentation of Site Eligibility
 - 9** Brochure or Schedule of Afterschool Enrichment
 - 10** Non-Associated Site Form (only for sites not owned by your Institution)

These documents are needed so ADE can assess your program eligibility, add your institution to our application systems, and assign you to a program specialist to assist you throughout the application process. All the documents are on the application page of the CACFP website: www.azed.gov/hns/cacfp/startcacfp/

Definitions

Authorized Representatives: the additional persons who are authorized to make CACFP-related decision on behalf of the institution.

Designated Official: the primary individual authorized to make CACFP-related decisions and sign official documents on behalf of the institution.

Institution: a sponsoring organization, child care center, at-risk afterschool care center, outside-school-hours care center, emergency shelter or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for program operations.

Independent Center: a child care center, at-risk afterschool care center, emergency shelter, outside-school-hours care center or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for program operations.

Site: refers to the actual facility, center, or building where the food program will be operated. It is important to note that for some entities, the sponsor and the site information may be the same.

Sponsor: the overseeing entity that is entirely responsible for the administration of the food program in one or more day care homes, child care centers, emergency shelters, at-risk afterschool care centers, adult day care centers or any combination of centers.


Sponsoring Organization: a public or nonprofit private organization that is entirely responsible for the administration of the food program in: one or more day care homes; a child care center, emergency shelter, at-risk afterschool care center, outside-school-hours care center, or adult day care center which is a legally distinct entity from the sponsoring organization; two or more child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care center, or adult day care centers; or any combination of child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care centers, adult day care centers, and day care homes.

1 Permanent Agreement

What's the Purpose?

The **Permanent Agreement** (also referred to as the **PA**) is a binding contract between the applying institution and ADE. Program-related expectations, requirements, and what will occur in the event of non-compliance are outlined in detail in this agreement.

It is important that all parties read and thoroughly understand the agreement conditions outlined in the agreement prior to applying and signing.

 **ARIZONA DEPARTMENT OF EDUCATION**
Child Nutrition Programs
1535 West Jefferson Street
Phoenix, Arizona 85007

**CHILD AND ADULT CARE FOOD PROGRAM
PERMANENT AGREEMENT**
Revised May 2011

CFDA# 10.558 A.G. Contract No. KR02-1170-ALS

(the "SPONSOR")

(Legal Name of Sponsor)

Doing Business As (if applicable)

In order to effectuate the purpose of the following statutes: The National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.), The Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1758 et seq.), the Arizona State Board of Education (the "BOARD") acting through the Arizona Department of Education ("ADE") and the SPONSOR, whose name appears above, enter into this Agreement pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B), 15-1152, and 11-951, et seq. (if the SPONSOR is a public agency).

If the SPONSOR is a public agency other than a public school district governing board, authorization to enter into this Agreement is also by virtue of _____
(To be completed by Sponsor)

The SPONSOR enters into this Agreement with ADE for participation in the Child and Adult Care Food Program (the "PROGRAM") operating one or more of the following (check those that apply):

☐ Child Care Center
☐ Outside School Hours Care Center
☐ Family Child Care Home
☐ Adult Day Care Center
☐ Emergency Shelter
☐ At-Risk After School Snack Program

A. PROGRAM REIMBURSEMENT

The BOARD agrees, to the extent of funds available subject to Section F(9) of this Agreement, to reimburse the SPONSOR for the PROGRAM as indicated above in accordance with whichever of the regulations are applicable to such programs: Child and Adult Care Food Program Regulations (7 CFR part 226), the Cash in Lieu of Donated Foods Regulation (7 CFR part 240.4), and any amendments thereto. Reimbursement payments to be made by the BOARD shall be subject to the provisions of A.R.S. Title 35 relating to time and manner of submission of claims if not in conflict with federal law.

B. PROVISIONS FOR ACCEPTING FUNDS

1. The SPONSOR agrees to accept federal funds in accordance with applicable regulations as set forth in the 7 CFR parts 226, 240 and 250 and any amendments thereto; and Office of

ADE FORM 718 (799) 1

In addition to acting as a binding contract with ADE, the permanent agreement is the document in which you will establish individuals who are authorized to make decisions and sign official documents on behalf of your organization. For the purposes of CACFP, these individuals are called the **Designated Official** or **Authorized Representatives**.

1 Permanent Agreement

Steps for Completing the Permanent Agreement

- **Read and understand the Permanent Agreement**

Remember, the Permanent Agreement is the binding contract between the applying institution and ADE. It is vital that all parties read and thoroughly understand the agreement before signing it.

- **Print two (2), single sided, blank Permanent Agreements**

All 23 pages must be printed twice. Two agreements are necessary because once your institution is approved to operate the program, ADE will sign both contracts. One agreement will be returned to you for your records and ADE will maintain the other for state records. If only one Permanent Agreement is received, your application is subject to delayed processing time or an inability to advance in the application process.

- **Using blue ink, complete pages 1, 22, and 23 on both Permanent Agreements by identifying the institution, designated officials, and authorized signers**

It is important to note that the information must be written legibly and in blue ink. The next few pages of this guide will help you complete each of these pages.

- **Review both Permanent Agreements for completeness and ensure there are no errors.**

Verify that both copies of the Permanent Agreement have been completed per the steps and directions outlined on pages 8, 9, and 10 of this guide. Some common errors to avoid regarding the Permanent Agreement are listed on page 11.

Completing Page 1 of the Permanent Agreement

Section 1 - Name of Institution

Enter the legal name of the institution as registered with the Arizona Corporation Commission and shown on the ADHS License (if applicable). If you are unsure of your institution's full legal name, you can find it by searching for your institution on the [Arizona Corporation Website](#).

Section 2 - Trade Name of Institution (if applicable)

Enter the trade name. If none, then leave blank.


Section 3 - Authorization for Non-School Public Agencies

Non-School Public Agencies, such as tribal entities or state/local government entities (e.g., Parks and Recreation divisions) enter the governing board member who authorizes participation in the program on behalf of the public entity.

Most CACFP applicants are considered private agencies for the purposes of this section and should leave this blank or write "N/A" for not applicable.

Section 4 - Type of Entity Participating in the Program

Choose the type of facility you are planning to operate in the CACFP by checking one of the boxes. If you operate more than one type, select all that apply.



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CHILD AND ADULT CARE FOOD PROGRAM
PERMANENT AGREEMENT
Revised May 2011

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Section 1
(Legal Name of Sponsor) _____ (the "SPONSOR")
Section 2
Doing Business As (if applicable) _____

In order to effectuate the purpose of the following statutes: The National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.), The Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1758 et seq.), the Arizona State Board of Education (the "BOARD") acting through the Arizona Department of Education ("ADE") and the SPONSOR, whose name appears above, enter into this Agreement pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B), 15-1152, and 11-951, et seq. (if the SPONSOR is a public agency).

If the SPONSOR is a public agency other than a public _____ **Section 3** _____ authorization to enter into this Agreement is also by virtue of _____ (To be completed by Sponsor)

The SPONSOR enters into this Agreement with ADE for participation in the Child and Adult Care Food Program (the "PROGRAM") operating one or more of the following (check those that apply):

☒ Child Care Center
☐ Outside School Hours Care Center
☐ Family Child Care Home
☐ Adult Day Care Center
☐ Emergency Shelter
☐ At-Risk After School Snack Program

Section 4

A. PROGRAM REIMBURSEMENT

The BOARD agrees, to the extent of funds available subject to Section F(9) of this Agreement, to reimburse the SPONSOR for the PROGRAM as indicated above in accordance with whichever of the regulations are applicable to such programs: Child and Adult Care Food Program Regulations (7 CFR part 226), the Cash in Lieu of Donated Foods Regulation (7 CFR part 240.4), and any amendments thereto. Reimbursement payments to be made by the BOARD shall be subject to the provisions of A.R.S. Title 35 relating to time and manner of submission of claims if not in conflict with federal law.

B. PROVISIONS FOR ACCEPTING FUNDS

1. The SPONSOR agrees to accept federal funds in accordance with applicable regulations as set forth in the 7 CFR parts 226, 240 and 250 and any amendments thereto; and Office of

ADE FORM 718 (799)1

Completing Page 22 of the Permanent Agreement



Page 22 is intended for Non-School Public Agencies ONLY (tribal entities or state/local government entities (e.g., Parks and recreation divisions). Private institutions should leave page 22 blank and move on to page 23.

Section 1 - Enter the county where the board is located.

Section 2 - Name of the governing board member authorizing the institution's application and participation in CACFP.


Section 3 - City where meeting regarding the permanent agreement was held.

Section 4 - Date of aforementioned governing board meeting.

Section 5 - Current legal title of the Sponsor's governing board.

Section 6 - Name of the individual who will serve as your institutions Designated Official, or the primary decision maker in relation to operating the CACFP (this is the same person as listed on page 23, line 1). Please note, a governing board member can **not** designate themselves as the Designated Official.

Section 7 - Signature of the governing board member, as listed on line 2 of this section.

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Child Nutrition Programs
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Phoenix, Arizona 85007

**CHILD AND ADULT CARE FOOD PROGRAM
PERMANENT AGREEMENT**
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CERTIFICATION PAGE
(Applicable to SPONSORS with governing boards only; must be completed and signed before signature page.)

DIRECTIONS:

- (1) County in which the governing board is located.
- (2) Name of governing board member authorized to sign this certification page.
- (3) City in which governing board meeting regarding the Permanent Agreement was held.
- (4) Date of governing board meeting.
- (5) Legal title of the SPONSOR'S governing board; current year.
- (6) Name of designated official who will be signing the Permanent Agreement (same designated official as on line 1, page 23, of the Food Service Agreement).
- (7) Signature of governing board member (same name as on line (2) of this certification page). Please note that a governing board member *cannot* designate himself or herself as the *Designated Official*.

CERTIFICATION

State of Arizona)
County of (1) **Section 1**)
I, (2) **Section 2**, the duly appointed or elected and qualified
Name of Governing Board Member
member of, and acting on behalf of the governing board, so hereby certify that during a regular meeting held in (3) **Section 3** Arizona, on (4) **Section 4**, this governing board, by motion made, seconded and carried, approved and authorized execution of an agreement between the (5) **Section 5** and the Arizona Department of Education, a State Agency, for the purpose of participating in Child Nutrition and/or Food Distribution Programs.

(6) **Section 6** has been designated by the governing board to sign this
Name of Designated Official
Agreement.

I further certify that this meeting was duly noticed, called and convened and was attended by a majority of the members of the governing board and that approval has not since been altered or rescinded.

(7) **Section 7**
Signature of Governing Board Member
(Same as (2) above)

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Completing Page 23 of the Permanent Agreement

Section 1 - Name and title of institution's Designated Official. As a reminder, the Designated Official is the person who is authorized to make CACFP-related decisions on behalf of the institution. (If you are a Non-school public agency this name must match the person that is listed on page 22, line 6 of the permanent agreement).

Section 2 - Signature of the Designated Official wet signed and in blue ink (digital signatures are **not** accepted).

Section 3 - Legal name of Institution (this must match page 1, line 1 of the permanent agreement as well as the [Arizona Corporation Commission website](#)).

Section 4 - Date the permanent agreement is signed.

Section 5 - Institution's business address.

Section 6 - The Other Authorized Signers section is for additional persons of the institution that are authorized to sign official documents. The additional authorized signer's name must be clearly printed and accompanied by a wet-signed signature in **blue ink**. ADE does not require additional authorized signers, however, it is **strongly** encouraged in the event that the Designated Official becomes unavailable.

The form is titled "ARIZONA DEPARTMENT OF EDUCATION" and "CHILD AND ADULT CARE FOOD PROGRAM PERMANENT AGREEMENT". It includes the state seal and contact information for the department. The form is divided into several sections for completion:







- Section 1:** Name and title of the Designated Official.
- Section 2:** Signature of the Designated Official.
- Section 3:** Legal name of the Institution.
- Section 4:** Date the permanent agreement is signed.
- Section 5:** Institution's business address.
- Section 6:** Other Authorized Signers section, which is highlighted with a yellow border. It contains four rows for additional signers, each with a line for the name and a line for the signature.

At the bottom, there is a section for "FOR OFFICIAL USE ONLY" and "STATE BOARD OF EDUCATION", followed by lines for the Superintendent of Public Instruction or Designee and the date. The form number "ADE FORM 718 (799)" and the page number "23" are also present.

1 Permanent Agreement



Common Errors to Avoid

-  Only one agreement submitted
-  White-out used
-  Missing original signatures
-  Private Institutions completing Line 3, Page 1 as well as Page 22
-  Page 1, Line 1: Legal name of the sponsor does not match the Arizona Corporation Commission
-  Incomplete/ Completed incorrectly

It is important to remember that the Permanent Agreement is a binding contract between the applying institution and ADE. As such, for the Permanent Agreement to be considered valid, two originally completed, matching, and error free documents must be received. Photo copies and/or documents with white out used cannot be accepted. If the Permanent Agreements are not completed properly or fully, they will not be accepted and will be returned, which will extend the application process. Ensuring that all the documents are completed correctly is vital to getting approved in a timely matter.

After reviewing both Permanent Agreements for completeness and errors, as well as ensuring that both agreements match one another, the agreements will be ready to be included in your Intent to Apply Packet. If you are still unsure and would like additional guidance, please contact the specialist of the day at (602) 542-8700, and press option "1".

2 Sponsor & Site Add/Change/Delete Form

Site Form
(To be included when requesting action for one or more sites)

Add/Change/Delete
Health and Nutrition Services Entity Data Form v4.3

Select Applicable Program: ☐ NSLP ☐ SFSP ☐ CACFP ☐ CACFP/At Risk ☐ Other

Sponsor Entity Information

☐ I am requesting the creation of a brand-new Sponsor ☐ I am requesting a change to the Site(s)
☐ I am requesting a change to the Sponsor name

****Sponsor Name:** _____
****Sponsor CTDS:** _____

Physical Address: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address ☐ Same as Physical Address _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____ **Website:** _____

Authorized Signer Information
(Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract)
Name: _____ **Phone:** _____ **E-mail:** _____
Authorized Signature: _____ **Date:** _____

ADE Staff Use Only

Program Year (if changing mid-year, date must be the first of the month): _____
Program approval signature: _____ Date: _____

For New Sponsor/Site Entities:

☐ Child Care Center ☐ Adult Care Center ☐ Non-Public Organization
☐ Private School ☐ Faith Based
☐ Tribal Group ☐ Residential Treatment Center

Additional Entity Details:

Public vs Private (select one): ☐ Public ☐ Private
Profit Status (select one): ☐ For Profit ☐ Not for Profit

Notes: _____

Note to Program Staff: Please ensure proper documentation is submitted to Entity Manager or the entity cannot be created.

What's the Purpose?

The **Sponsor & Site Add/Change/Delete Form** is used to enter the institution and all applicable sites into ADE's application and claiming systems.

There are two pages to this form- the **Sponsor Page** and the **Site Page**. Page 1 is the Sponsor Page and is where the identifying information for the sponsoring institution is listed. Page 2 is the Site Page and is where the identifying information is collected for the site(s) in which the CACFP will be operated.

A **sponsor** is the overseeing entity that is entirely responsible for the administration of the food program in one or more day care homes, a child care centers, emergency shelters, at-risk afterschool care centers, adult day care centers or any combination of centers. A **site** refers to the actual facility, center, or building where the food program will be operated in. It is important to note that for some entities the sponsor and the site information may be the same.

The next few pages of this guide will go through how to properly complete each of these pages. **Please note, the bottom half of each of these pages is for ADE use only, please leave the bottom half of the form blank.**

2

Sponsor & Site Add/Change/Delete Form

Add/Change/Delete
Health and Nutrition Services Entity Data Form v4.3

Select Applicable Program: ☐ NSLP ☐ SFSP ☒ CACFP ☐ CACFP/At Risk ☐ Other

Sponsor Entity Information

☒ I am requesting the creation of a brand-new Sponsor ☐ I am requesting a change to the Site(
☐ I am requesting a change to the Sponsor name

**Sponsor Name: _____

**Sponsor CTDS: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address ☐ Same as Physical Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

Authorized Signer Information
(Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract)

Name: _____ Phone: _____ E-mail: _____

Authorized Signature: _____ Date: _____

Section 1
Section 2
Section 3
Section 4
Section 5

Section 1 - Select Applicable Program If you are applying to operate the CACFP in a center or a shelter, select "CACFP". If you are applying as an At-Risk Afterschool Meals Sponsor, select "CACFP/At Risk".

Section 2 - Select Action Select "I am requesting the creation of a brand-new Sponsor". This option should be selected even if your institution has historically operated the CACFP.

Section 3 - Sponsor Name & Sponsor CTDS For the Sponsor Name, type in the legal name of your institution. This must match the name as registered with the Arizona Corporation Commission website and your ADHS License (if applicable). For the Sponsor CTDS, leave this line blank. Once your packet has been processed, ADE will assign your institution a CTDS number.

Section 4 - Sponsor Information Type in the full physical and full mailing address [City, State, Zip] of the institution, the telephone number, and the institution's website url.

Section 5 - Authorized Signer Information Type in the name, phone number, and email address of a Designated Official/Authorized Representative that is listed on your permanent agreement. The authorized signer must sign and date on the line titled "Authorized Signature & Date".

2 Sponsor & Site Add/Change/Delete Form

Site Form
(To be included when requesting action for one or more sites)

Sponsor Name: _____
Sponsor CTDS: _____

Section 1

Site Entity Information
If entity is a public school (District or Charter) only fill out the fields marked with **

☐ I am requesting a change to the site name ☒ I am requesting the creation of a brand-new site
Old Name: _____ ☐ Non-Associate Site ☒ Associated Site

☐ This site is no longer participating in the program
(This selection may remove site from CNPWeb)

****Site Name:** _____
****Site CTDS:** _____

Physical Address: _____
City: _____ **State:** _____ **Zip:** _____

Mailing Address: ☐ Same as Physical Address _____
City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Website:** _____

Section 4

Childcare facilities only, please select one:
☐ Alternate approval ☐ Department of Defense License ☐ Department of Economic Security License ☒ Department of Health Services License ☐ Tribal License

Section 5

Section 6

*Click here for additional Site Form. Site Form(s) must be submitted with at least one Sponsor Form

Section 1 - Sponsor Name & Sponsor CTDS For the Sponsor Name type the legal name of your Institution, as listed on the Arizona Corporation Commission website and on the sponsor page of the form. Leave the Sponsor CTDS blank. Once your packet has been processed, ADE will assign your institution a CTDS number

Section 2 - Select Action Select "I am requesting the creation of a brand-new site". This option is to be selected even if the site has historically operated the CACFP. Then, directly under this option you will identify whether the site is associated or non-associated to the sponsoring institution. Sites are typically associated. Only select non-associated if the site you are adding is not a part of your institution

Section 3 - Site Name & Site CTDS For the Site Name type in the full legal name of your site. This must match the name on the license to operate issued by the Arizona Department of Health Services. For the Site CTDS number, leave this line blank. Once your packet has been processed, ADE will assign your institution and site a CTDS number

Section 4 - Site Information Type in the full physical and full mailing address [City, State, Zip] of the site, the site's telephone number, and the site's (or institution's) website url

Section 5 - Childcare License Select the appropriate license option that best describes how your facility is licensed to operate. Most centers are licensed through the Department of Health Services





Section 6 - Additional Sites If you are adding more than one site, click the blue link that reads "Click here for additional Site Form" under the Childcare license section. Another form will load.

2 Sponsor & Site Add/Change/Delete Form

Prior to adding your Sponsor & Site Add/Change/Delete Form to your Intent to Apply Packet, verify the form is complete and free of errors. Here are some common errors to avoid:



Common Errors to Avoid

-  **Form is incomplete/missing information**
-  **Incorrect page filled in for the Sponsor and/or Site, sponsor information on site form and vice versa**
-  **Legal names of the institution and/or sites are not used (institution name should match with Arizona Corporation Commission and the site name must match the issued ADHS License to Operate)**
-  **Signed by someone that is not an authorized signer on the Permanent Agreement**

After you have verified that your Sponsor & Site Add/Change/Delete Form is free of errors, it is ready to be included in your Intent to Apply Packet.

3 Request for ADEConnect Entity Administrator Account Form

Arizona Department of Education
Health & Nutrition Services
Request for ADEConnect Entity Administrator Account

Sponsor/SFA Name: _____ CTD #: _____

Complete and return this form to the Arizona Department of Education, Health & Nutrition Services. Upon receipt of this form an ADEConnect, Entity Administrator account will be created for the organization named above. The Entity Administrator will have authority to setup user accounts that will have access to the CNPWeb and other Health & Nutrition Services online systems. If the Designated Official chooses to delegate the responsibility of creating ADEConnect user accounts for their organization, that individual must be identified in the second box below. All organizations must have at least one Entity Administrator. All designees must be an Authorized Representative on the Food Program Permanent Service Agreement. All email addresses must be to an individual email account, not an organization wide account.

PLEASE SELECT ONLY 1 OPTION:

☐ I am requesting to have an Entity Administrator Account Setup in my name:
Designated Official Name: _____
Designated Official Email Address: _____

☐ I am requesting to delegate Entity Administrator Authority to the individual named below:
Authorized Representative: _____
Authorized Representative Email Address: _____

By signing below, I am authorizing the Arizona Department of Education, Health & Nutrition Services to create an ADEConnect Entity Administrator account for the organization named above. If I have delegated the Entity Administrator authority to another individual by checking the second box above, I understand that this person will be given full rights to establish user accounts for other users and these accounts may have access to submit claims for reimbursement or other sensitive information. I further acknowledge that the information above is true and correct.

Printed Name of Designated Official	Signature of Designated Official	Date
Printed Name of Authorized Representative	Signature of Authorized Representative	Date

Complete, sign and email this form to: healthandnutrition@azed.gov

This institution is an equal opportunity provider.

What's the Purpose?

The **Request for ADEConnect Entity Administrator Account Form** is used to establish permissions for one of the individuals listed on the Permanent Agreement in ADE's online portal, ADEConnect. This individual will be responsible for adding and removing staff access to applications and claiming systems for CACFP.

What is ADEConnect? ADEConnect is the portal used to gain access to CACFP Applications and Claiming systems necessary to operate the CACFP.

What does an Entity Administrator do? An Entity Administrator is responsible for granting access to CACFP administration documents and portals. This includes adding and removing users to complete applications and claims for the institution. It is highly recommended that the Entity Administrator is easily reached and willing to follow the steps necessary to set-up internal staff accounts for those needing access to the claiming and applications portal.

Please note, the entity administrator must grant themselves permissions to the online applications as well.

3 Request for Entity Administrator Form

Section 1 - Sponsor Name and CTD Number

For the Sponsor name, type the legal name of your institution as listed with the Arizona Corporation Commission. Leave the CTD Number blank, this number will later be assigned by ADE.

Section 2 - Select One Option

Select who your institution would like the Entity Administrator to be - either the Designated Official or an Authorized Representative listed on your Permanent Agreement. Complete the Name and Email section for the person selected. Note, only **one** person may be delegated this access so only select **one** option. Selecting both options is incorrect, and will cause a delay in the application process or an inability to proceed.

Arizona Department of Education
Health & Nutrition Services
Request for ADEConnect Entity Administrator Account

Sponsor/SFA Name: **Section 1** CTD #: **Section 1**

Complete and return this form to the Arizona Department of Education, Health & Nutrition Services. Upon receipt of this form an ADEConnect, Entity Administrator account will be created for the organization named above. The Entity Administrator will have authority to setup user accounts that will have access to the CNPWeb and other Health & Nutrition Services online systems. If the Designated Official chooses to delegate the responsibility of creating ADEConnect user accounts for their organization, that individual must be identified in the second box below. All organizations must have at least one Entity Administrator. All designees must be an Authorized Representative on the Food Program Permanent Service Agreement. All email addresses must be to an individual email account, not an organization wide account.

PLEASE SELECT ONLY 1 OPTION:

☒ I am requesting to have an Entity Administrator Account Setup in my name:
Designated Official Name: **Section 2**
Designated Official Email Address: **Section 2**

OR

☐ I am requesting to delegate Entity Administrator Authority to the individual named below:
Authorized Representative: **Section 2**
Authorized Representative Email Address: **Section 2**

By signing below, I am authorizing the Arizona Department of Education, Health & Nutrition Services to create an ADEConnect Entity Administrator account for the organization named above. If I have delegated the Entity Administrator authority to another individual by checking the second box above, I understand that this person will be given full rights to establish user accounts for other users and these accounts may have access to submit claims for reimbursement or other sensitive information. I further acknowledge that the information above is true and correct.

Section 3
Printed Name of Designated Official Signature of Designated Official Date

Section 4
Printed Name of Authorized Representative Signature of Authorized Representative Date

Complete, sign and email this form to: healthandnutrition@azed.gov

This institution is an equal opportunity provider.

Section 3 - Designated Official Name & Signature

The Designated Official should print their name and then sign and date the form.

Section 4 - Authorized Signer Name & Signature (only if applicable)

If your institution has chosen to delegate entity administrator authority to an authorized signer, they must print their name, sign, and date the form in this section. If the Designated Official is to be the Entity Administrator, leave this section blank.




3

Request for Entity Administrator Form

Prior to adding your Request for ADEConnect Entity Administrator Account Form to your Intent to Apply Packet, verify the form is complete and free of errors. Here are some common errors to avoid:



Common Errors to Avoid

-  **Not listing the legal name of the institution as registered with the Arizona Corporation Commission**
-  **Selecting more than one option/person to be the entity administrator**
-  **Form is not signed by an Authorized Signer or Designated Official that is listed on the Permanent Agreement**

After you have verified that your Request for ADEConnect Entity Administrator Account Form is free of errors, it is ready to be included in your Intent to Apply Packet.



State of Arizona Substitute W-9 Form

The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain this information.

ARIZONA
DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification
Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

Part 1 - Type of Request (Must select at least ONE)

☒ New Request ☐ Change - Select the type of change from the following: ☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator

Part 2 - Taxpayer Identification Number (TIN) (Provide ONE Only)

TIN - - OR SSN - -

Part 3 - Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)

Legal Name
DBA Name

Part 4 - Entity Type (Must select ONE of the following)

☐ Individual/Sole Proprietor or Single-Member LLC ☐ The US or any of its political subdivisions or instrumentalities
☐ Corporation ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities
☐ Partnership ☐ Other Tax Reportable Entity ☐ Other: Tax Exempt Entity Description
☐ Limited Liability Company (LLC) including Corporations & Partnerships

Part 5 - Minority Business Indicator (Must select ONE of the following)

<input type="checkbox"/> Small Business	<input type="checkbox"/> Small, Woman Owned Business - Hispanic	<input type="checkbox"/> Minority Owned Business - African American
<input type="checkbox"/> Small Business - African American	<input type="checkbox"/> Small, Woman Owned Business - Native American	<input type="checkbox"/> Minority Owned Business - Asian
<input type="checkbox"/> Small Business - Asian	<input type="checkbox"/> Small, Woman Owned Business - Other Minority	<input type="checkbox"/> Minority Owned Business - Hispanic
<input type="checkbox"/> Small Business - Hispanic	<input type="checkbox"/> Woman Owned Business	<input type="checkbox"/> Minority Owned Business - Native American
<input type="checkbox"/> Small Business - Native American	<input type="checkbox"/> Woman Owned Business - African American	<input type="checkbox"/> Minority Owned Business - Other Minority
<input type="checkbox"/> Small Business - Other Minority	<input type="checkbox"/> Woman Owned Business - Asian	<input type="checkbox"/> Non-Small, Non-Minority or Non-Woman Owned Business
<input type="checkbox"/> Small, Woman Owned Business	<input type="checkbox"/> Woman Owned Business - Hispanic	<input type="checkbox"/> Individual, Non-Business
<input type="checkbox"/> Small, Woman Owned Business - African American	<input type="checkbox"/> Woman Owned Business - Native American	
<input type="checkbox"/> Small, Woman Owned Business - Asian	<input type="checkbox"/> Woman Owned Business - Other Minority	

Part 6 - Veteran Owned Business ☐ YES ☐ NO

Part 7 - Entity Address

Main Address (Where tax information and general correspondence is to be mailed):
Address Line 1
Address Line 2
City State Zip code

Remittance Address (Where payment is to be mailed): ☐ Same as Main
Address Line 1
Address Line 2
City State Zip code

Part 8 - Vendor Contact Information

Name Title
Phone Ext. Fax Email

Part 9 - Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details.
Exemption Code for Backup Withholding Exemption Code for FATCA Reporting

Part 10 - Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct Taxpayer Identification Number; and
2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding; or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to Backup Withholding; and
3. I am a US citizen or other US person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature Print Name Date

GAO W-9 & ACH (10/2018)

What's the Purpose?

The **State of Arizona Substitute W-9 Form** is used to establish a vendor account with the State of Arizona. In other words, it is used to set up the applying institution's account with the Arizona Department of Education's Accounting Division.

Why is the W-9 Form needed? Any person or entity receiving payment from the State of Arizona must submit a W-9 for tax reporting purposes. You will not be able to receive payments without one.

The W-9 Form is a two page document; the first page needs to be completed with your institution's information. The second page lists basic instructions to assist in the form's completion. In total, there are 10 sections to complete.

*Please note, it is highly recommended that this form be completed electronically, as forms with illegible handwriting cannot be accepted.

4

State of Arizona Substitute W-9 Form



Complete sections 1-9 electronically. Once all sections are complete, print the form to complete section 10.

Sections



ARIZONA

DEPARTMENT OF ADMINISTRATION

CENTRAL ACCOUNTING

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

Type of Request (Must select at least ONE)

☒ New Request
 ☐ New Location (Additional Address ID)
 ☐ Change - Select the type(s) of change from the following:
 ☐ Tax ID
 ☐ Legal Name
 ☐ Entity Type
 ☐ Minority Business Indicator
 ☐ Main Address
 ☐ Remittance Address
 ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

TIN - - OR SSN - -

Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)

Legal Name
 DBA Name

Entity Type (Must select ONE of the following)

☐ Individual/Sole Proprietor or Single-Member LLC
 ☐ The US or any of its political subdivisions or instrumentalities
 ☐ Corporation
 ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities
 ☐ Partnership
 ☐ Other: Tax Reportable Entity
 ☐ Limited Liability Company (LLC) including Corporations & Partnerships
 ☐ Other: Tax Exempt Entity
 Description

Minority Business Indicator (Must select ONE of the following)

☐ Small Business
 ☐ Small, Woman Owned Business- Hispanic
 ☐ Minority Owned Business- African American
 ☐ Small Business- African American
 ☐ Small, Woman Owned Business- Native American
 ☐ Minority Owned Business- Asian
 ☐ Small Business- Asian
 ☐ Small, Woman Owned Business- Other Minority
 ☐ Minority Owned Business- Hispanic
 ☐ Small Business- Hispanic
 ☐ Woman Owned Business
 ☐ Minority Owned Business- Native American
 ☐ Small Business- Native American
 ☐ Woman Owned Business- African American
 ☐ Minority Owned Business- Other Minority
 ☐ Small Business- Other Minority
 ☐ Woman Owned Business- Asian
 ☐ Non-Profit (IRC §501(c))
 ☐ Small, Woman Owned Business
 ☐ Woman Owned Business- Hispanic
 ☐ Non-Small, Non-Minority or Non-Woman Owned Business
 ☐ Small, Woman Owned Business- African American
 ☐ Woman Owned Business- Native American
 ☐ Individual, Non-Business
 ☐ Small, Woman Owned Business- Asian
 ☐ Woman Owned Business- Other Minority

Veteran Owned Business ☐ YES ☐ NO

Entity Address

Main Address (Where tax information and general correspondence is to be mailed)
 Remittance Address (Where payment is to be mailed) ☐ Same as Main

Address Line 1 Address Line 1
 Address Line 2 Address Line 2
 City State Zip code City State Zip code

Vendor Contact Information

Name Title
 Phone Ext. Fax Email

Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details

Exemption Code for Backup Withholding Exemption Code for FATCA Reporting

Certification

Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct Taxpayer Identification Number, and
 2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and
 3. I am a US citizen or other US person, and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
 The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
 Certification instructions: You must sign out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature Print Name Date

Section 1 - Type of Request

Select the "New Request" Option.

Section 2 - Taxpayer Identification Number (TIN)

Type the institution's taxpayer identification number.

Section 3 - Entity Name

Type the legal name of the sponsoring institution, as listed with the Arizona Corporation Commission Registry. If your institution does business under a trade name, list the name in the "dba" space, otherwise leave blank.

Section 4 - Entity Type

Select the appropriate selection for your institution's entity type.

Section 5 - Minority Business Indicator

Select the appropriate minority business indicator for your institution (If none apply, select "Non-Small, Non-Minority, or Non-woman Owned Business.")

4

State of Arizona Substitute W-9 Form



Complete sections 1-9 electronically. Once all sections are complete, print the form to complete section 10.

Sections



ARIZONA

DEPARTMENT OF ADMINISTRATION

CENTRAL ACCOUNTING

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

Type of Request (Must select at least ONE)

☒ New Request
 ☐ New Location (Additional Address ID)
 ☐ Change - Select the type(s) of change from the following:
 ☐ Tax ID
 ☐ Legal Name
 ☐ Entity Type
 ☐ Minority Business Indicator
 ☐ Main Address
 ☐ Remittance Address
 ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

TIN - - OR SSN - -

Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)

Legal Name

DBA Name

Entity Type (Must select ONE of the following)

☐ Individual/Sole Proprietor or Single-Member LLC
 ☐ The US or any of its political subdivisions or instrumentalities
 ☐ Corporation
 ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities
 ☐ Partnership
 ☐ Other: Tax Reportable Entity
 ☐ Limited Liability Company (LLC) including Corporations & Partnerships
 ☐ Other: Tax Exempt Entity
 Description

Minority Business Indicator (Must select ONE of the following)

☐ Small Business
 ☐ Small, Woman Owned Business- Hispanic
 ☐ Minority Owned Business- African American
 ☐ Small Business- African American
 ☐ Small, Woman Owned Business- Native American
 ☐ Minority Owned Business- Asian
 ☐ Small Business- Asian
 ☐ Small, Woman Owned Business- Other Minority
 ☐ Minority Owned Business- Hispanic
 ☐ Small Business- Hispanic
 ☐ Woman Owned Business
 ☐ Minority Owned Business- Native American
 ☐ Small Business- Native American
 ☐ Woman Owned Business- African American
 ☐ Minority Owned Business- Other Minority
 ☐ Small Business- Other Minority
 ☐ Woman Owned Business- Asian
 ☐ Non-Profit, IRC §501(c)
 ☐ Small, Woman Owned Business
 ☐ Woman Owned Business- Hispanic
 ☐ Non-Small, Non-Minority or Non-Woman Owned Business
 ☐ Small, Woman Owned Business- African American
 ☐ Woman Owned Business- Native American
 ☐ Individual, Non-Business
 ☐ Small, Woman Owned Business- Asian
 ☐ Woman Owned Business- Other Minority

Veteran Owned Business

☐ YES
 ☐ NO

Entity Address

Main Address (Where tax information and general correspondence is to be mailed)

Remittance Address (Where payment is to be mailed) ☐ Same as Main

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City

City

State

State

Zip code

Zip code

Vendor Contact Information

Name

Title

Phone

Ext.

Fax

Email

Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details

Exemption Code for Backup Withholding

Exemption Code for FATCA Reporting

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, and
- I am not subject to Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and
- I am a US citizen or other US person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

 The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Certification instructions: You must sign out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature

Print Name

Date

Section 6 - Veteran Owned Business

Select "Yes" or "No" based on your institution.

Section 7 - Entity Address

Type the main address that tax information and general correspondence is to be mailed. Then, for the remittance address, input the address where payments will be mailed. If the remittance is the same as the main address, select "Same as main."

Section 8 - Vendor Contact Information

Type the name and information of the business manager or owner.

Section 9 - Exemptions

If applicable, type exemption codes for Backup Withholding and FATCA Reporting.

-----PRINT FORM-----

4

State of Arizona Substitute W-9 Form

Section 10 - Certification/Signature

For the last section, you will read through the form to ensure that all the sections are properly completed and free of errors (please reference the most common errors list below). After verifying all the information is entered and correct, print the form. Have the individual listed in Section 8 read the certification statement, print their name, sign, and date the form.



Common Errors to Avoid



Form is incomplete



Sections 1-9 of the form are not typed and the handwriting is not clearly legible



Entity Name section is completed incorrectly, the legal name refers to the institution's legal name as listed with the Arizona Corporation Commission. Only list a dba name if your institution truly does business under a different trade name, otherwise leave blank



Remittance Address is left blank (If it is the same as the main address select the "Same as Main" box)



Vendor Contact is left blank (Should be the owner or center manager)



Wet Signature on bottom of form is missing

After you have verified that your State of Arizona Substitute W-9 form is free of errors and ensured that the form has been wet signed by the appropriate person, it is ready to be included in your Intent to Apply Packet.

5 ADHS License to Operate

Property of The
ARIZONA DEPARTMENT OF HEALTH SERVICES

XXXXX Learning Center
777 Address Way
Phoenix, AZ 85302

☒ Full-Day Care ☒ School-Aged Child Care ☒ One Year-Old Child Care
☐ Part-Day Care ☐ Evening & Nighttime Care ☒ Two-Year-Old Child Care
☒ Infant Care ☐ Weekend Care ☒ Three-, Four- & Five-Year-Old Child Care

Total Capacity-XX XX may be infants XX may be 1 Year Olds

Effective: XX-XX-XX

Anniversary Date: XX-XX-XXXX

License: XXX-XXX

What's the Purpose?

The purpose of collecting the **Arizona Department of Health Services (ADHS) License to Operate** is to show that the institution entering the agreement with ADE is credible, as well as regulated and monitored by a state licensing agency. Licensing is required and although ADE typically sees ADHS licenses, we do have a process for tribal nations, emergency shelters, and at-risk after school programs.

The ADHS License to Operate shows that your institution meets all the expected standards as set by the state licensing agency, meaning all necessary health and safety measures have been taken to help protect participants from injury and illness. All centers applying for CACFP must submit a copy of their ADHS License to Operate.



The ADHS license is commonly missing in Intent to Apply Packets, leaving the packet incomplete. To prevent this common error, ensure your ADHS license is included in your Intent to Apply Packet prior to sending to ADE.

Operators on tribal nations, emergency shelters, and at-risk sites that are not licensed by ADHS should contact the Community Nutrition Programs Specialist of the Day (602) 542-8700 (press "1", and ask for the Specialist of the Day) to identify acceptable licensing documentation.

6 Three (3) Consecutive Months of Recent Bank Statements

The image shows three overlapping sample bank statements from 'ADE Sample Bank'. The top statement is for May, the middle for June, and the bottom for April. Each statement includes an 'Account Summary' section with fields for Beginning balance, Deposits/Credits, Withdrawals/Debits, and Ending Balance, all marked with 'XX'. Below this is a 'Transaction history' table with columns for Date, Check Number, Description, Deposits/Credits, Withdrawals/Debits, and Ending daily balance. The transactions listed are checks and purchases authorized at 'Store 1234 Tucson AZ'.

Date	Check Number	Description	Deposits/Credits	Withdrawals/Debits	Ending daily balance
6/1	1234	Check		\$120	XXXX
6/3	4321	Check		\$145	XXXX
6/7	9876	Purchase authorized at Store 1234 Tucson AZ		\$145	XXXX
6/7	6789	Purchase authorized at Store 1234 Tucson AZ		\$120	XXXX
6/9	4567	Purchase authorized at Store 1234 Tucson AZ		\$145	XXXX
6/11	7654	Check		\$145	XXXX

What's the Purpose?

Bank statements are required to support your institution's financial viability. To obtain the proper statements, you will need to contact your financial institution or utilize your online banking tool, if applicable, to print out the three most recent, consecutive months of bank statements for your institution.

Note, the bank statements must be for the entire month and must be the **three, consecutive, most recent** statements as of the date the Intent to Apply Packet is submitted. For example, if you are submitting your Intent to Apply Packet on October 28, bank statements for the full months of July, August, and September should be submitted. October's bank statement should **not** be submitted since it is not the full month.



The most common errors to avoid are not including the bank statements in the Intent to Apply Packet as well as not submitting the **complete, consecutive, three* most recent** months of bank statements

*If you are a new business, you must wait until you have at least three full months of bank statements to include in your Intent to Apply Packet for your application to be considered by ADE. If your Intent to Apply Packet is missing the three most recent and complete bank statements, it will prevent or delay your ability to advance in the application process.

7

Introduction to CACFP Training Certificate

Arizona Department of Education
Health & Nutrition Services
Community Nutrition Programs

certifies that

First and Last Name

has completed a course in

Training Title

Completion Date (mm/dd/yyyy)

Community Nutrition Programs Co-Director

What's the Purpose?

The **Introduction to CACFP Training** provides a brief overview of the responsibilities and requirements for institutions participating in the Child and Adult Care Food Program.

Certificate: After you complete the training, you will complete a brief survey and obtain your certificate of completion.

The Introduction to CACFP Training is a self guided online training that takes approximately 30 minutes to complete. It is a required prerequisite to the application process as it briefly introduces the administrative and operational requirements operating the CACFP program will entail. It also allows you to assess your eligibility for the program prior to completing applications and further trainings. At the end of the online CACFP training, you will be prompted to take a survey and obtain your training certificate.



Two common errors regarding this document are either not including the training certificate with the Intent to Apply Packet or submitting a training certificate with the incorrect title. Verify the training title reads **Introduction to CACFP- CACFP Administration Essentials Series (0.5 Hour)** prior to adding to your Intent to Apply Packet.

7

How to Print the Training Certificate

If you encounter any issues accessing, customizing, or printing your training certificate, reference the **CACFP Training Certificate FAQ** document. This document can be found on the CACFP Getting Started page.

Child and Adult Care Food Program

Training Certificate FAQ

ADE is providing this document to support institutions in accessing their training certificates.

1 I completed the training but a link did not appear on the top right corner of the slide. How do I complete the survey and get my training certificate?

Links may not appear during the training if you have chosen to watch the training on the Vimeo website or if you have chosen to fast forward or rewind the video. If this happens, you can access the survey and certificate by selecting "Click here to obtain your certificate" listed under every Vimeo training on the [CACFP Renewal Resources webpage](#).

- ✓ Complete the survey questions then click "SUBMIT SURVEY AND OBTAIN TRAINING CERTIFICATE".
- ✓ Page 2 will appear with a link for the training certificate.

2 I completed the survey and the certificate appeared in a web browser. It appears the certificate is for the wrong training. What should I do?

The training certificate must be customized by the user.

- ✓ Save the training certificate to your computer.
- ✓ Customize the training certificate.

Name: Type your first and last name

Training Title: Select the training you completed from the drop down menu of options

Completion Date: Select a completion date from the calendar

- ✓ Save and keep on file. Certificates will be uploaded into the CNP Management Plan.

3 I customized by certificate but when it's printed, the printed certificate does not match my customization. What should I do?

Certificates do not need to be printed because they will be uploaded electronically to the CNP Management Plan. If you choose to print the certificate for your records, please follow the instructions in #2 above, saving the certificate to your computer before customizing and printing.

Child and Adult Care Food Program | September 2020 | Arizona Department of Education | This institution is an equal opportunity provider.

At-Risk Afterschool Meals Documentation

If you are applying for the At-Risk Afterschool Meals component you must also include the following three documents with your Intent to Apply Packet:

8 Documentation of Site Eligibility

9 Brochure or Schedule of Afterschool Enrichment

10 Non-Associated Site Form (only for sites not owned by your Institution)

8 Documentation of Site Eligibility

To qualify to operate as an At-Risk site in CACFP, the site must be area eligible based on free and reduced-price school data. Area eligible means the site is located in the attendance area of a public school (elementary, middle, or high school) where at least 50% of the students are eligible for free or reduced-price meals under the National School Lunch Program.

To determine eligibility for NON-SCHOOL sites using school data or for schools using another school's data, follow Steps 1-3. For SCHOOL sites using their own school data, skip to Step 2.

- 1) To find the proper school's data to use, look up school boundaries using [The Home Town Locator Website](#):
 - a. Scroll down to where it says, "Input a Home Address- Find the School Zones (and Other Data)"
 - b. Enter the address in the search box and click "search"

The screenshot shows a web interface for finding school zones. At the top, a yellow banner reads "Input a Home Address - Find the School Zones (& Other Data)". Below this is a blue box titled "Boundary Maps, Demographic Data, School Zones". Inside the blue box, text states: "Review boundary maps and recent demographic data for the **neighborhood**, city, county, ZIP Code, and school zone. July 1, 2020, data includes **home values**, **household income**, **percentage of homes owned, rented or vacant**, etc." Below the text is a white search input field. A red arrow points to this field with the text "Put address here". To the right of the input field is a red "Search" button. Another red arrow points to this button with the text "Click Search".

At-Risk Afterschool Meals Documentation

8 Documentation of Site Eligibility Continued

- 1) c. This will give you a listing of the public schools you can use to determine area eligibility for that site address

Administrative/Census/Geographic Units

The address is located within:

- [Neighborhood \(Census Block Group\)](#)
- [City of Phoenix, AZ](#)
- [Phoenix Division](#)
- [Maricopa County](#)
- [ZIP Code 85041](#)
- [Arizona Congressional District 7](#)

School District & School Zones

The address is located within the [Phoenix Union High School District \(4286\) School District](#) and the specific school zones are:

- [Bernard Black Elementary School](#)
- [Phoenix Coding Academy](#)
- [Cesar Chavez High School](#)

These are the schools you can use to qualify your site

- 2) Go to the [Free/Reduced Price Percentage Reports](#) to look up the schools listed under "School District & School Zones." If your site is a school, look up that school's data or use another school in the same attendance zone:
 - a. Once you locate the schools you can use, look to see if any are at least 50% free and reduced price eligible. You will need to print out the section of the report that includes the eligible school. If you find that your site is not eligible based on the Arizona Hometown Locator, but you believe it is a low-income area, please contact a CACFP Specialist for further assistance.

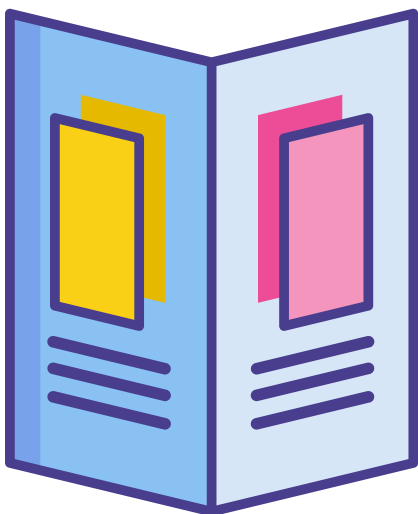
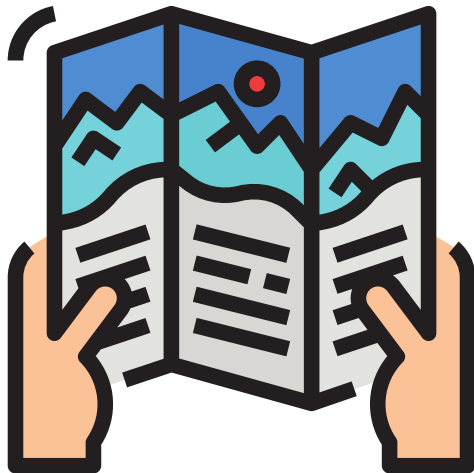
SFA Name	SFA CTDS	Site Name	Site CTDS	Program Participation	Enrollment	Published F/R Percentage
Phoenix Union High School District	070510000	Carl Hayden High School	070510245	Provision 2 Non-Base Year	2238	0.93
Phoenix Union High School District	070510000	Central High School	070510230	Provision 2 Non-Base Year	1893	0.92
Phoenix Union High School District	100000000	Cesar Chavez High School	100000000	Provision 2 Non-Base Year	2614	0.62
Phoenix Union High School District	070510000	Franklin Police and Fire High School	070510281	Provision 2 Non-Base Year	288	0.89

- 3) What to submit when using school data:
 - a. If area eligibility is based on a school that is not the site, send a screen shot of the schools you can use and the eligibility data from the Free/Reduced-Price Percentage Report as in the example above.
 - b. If your At-Risk site is housed within an eligible school, you only need to send the data from the Free/Reduced-Price Percentage Report.
 - c. If your site is located in a private or charter school, you can either use the data from your own school or the data from the assigned public school following Steps 1 and 2 above. Submit the data for the appropriate school.

At-Risk Afterschool Meals Documentation

Brochure or Schedule of Afterschool Enrichment


To participate in the At Risk Afterschool Meals, a site must provide afterschool enrichment activities for participants. To ensure all At-Risk operators are meeting this requirement, ADE requires that you submit a brochure or a schedule of the activities that are being offered at the afterschool program.



At-Risk Afterschool Meals Documentation

Non-Associated Site Form (Only for Sites Not Owned)

If any of the sites that will be operating the At Risk Afterschool Meals are non-associated sites, meaning your institution does not own the site, the Non-Associated Site Form must be completed and submitted.


Arizona Department of Education
Health and Nutrition Services

Non-Associated Site Agreement Form

This form must be completed for all meal service sites not owned by your institution. Please select the program that is applicable to this Agreement:

☐ Child and Adult Care Food Program (CACFP) At-Risk ☐ Summer Food Service Program (SFSP)

This agreement is executed between Site: _____

located at: _____ Whereas

the Sponsor: _____

located at: _____

agrees to supply unitized meals which meet the specified meal pattern for the dates, days of operation, meal types and times:

First Operating Day _____ through the Last Operating Day _____.

Days of Operation	X	Anticipated Number of participants	X	Meals Served	Times	
Monday				Breakfast	Starting	To
Tuesday				AM Snack	Starting	To
Wednesday				Lunch	Starting	To
Thursday				PM Snack	Starting	To
Friday				Supper	Starting	To
Saturday						
Sunday						

Comments:

Any records attained by Site: _____ personnel must be reported to the Sponsor: _____ promptly at the end of the month or other specified time frames, for record retention of 5 years (or longer, if an audit is in progress); and upon request, to make all records and accounts pertaining to the Program available to representatives of the U.S. Department of Agriculture, the General Accounting office, and the Arizona Department of Education for audit or administrative review at a reasonable time and place. This agreement shall be effective as of (date) _____. It may be terminated by notice in writing given by either party hereto to the other, at least 30 days prior to the date of termination. If termination is initiated, both parties (Sponsor and Site) are required to notify the Arizona Department of Education.

This agreement is executed by the following representatives as of the dates indicated below:

*Complete electronic signature for Sponsor Representative LAST. Once Sponsor Representative Signature is completed, all fields on the form will be locked. To create a new electronic signature, click on each signature field. When the dialogue box opens, change "Sign As:" to "New ID" and complete the steps to create an electronic signature for each signing party. After both parties have signed, print copies for your records.

Site Representative Signature _____

Title _____

Date _____

Sponsor Representative Signature _____

Title _____

Date _____

Health & Nutrition Services Division | June 2021 | Arizona Department of Education | This institution is an equal opportunity provider.

Finalizing Your Intent to Apply Packet

Prior to mailing your Intent to Apply Packet it is important to ensure you have each required document. As already mentioned, any errors or missing documents can either significantly delay the approval process or prevent approval. Please ensure each of the documents submitted has been completed per the directions outlined in this guide. As you gather all the documents for the Intent to Apply packet, use the following checklist to ensure you are including all of the required documents:

- ☐ **2 Original Permanent Agreements**
- ☐ **Sponsor and Site Add/Change/Delete Form**
- ☐ **Request for ADEConnect Entity Administrator Account Form**
- ☐ **State of Arizona Substitute W-9 Form**
- ☐ **Arizona Department of Health Services License to Operate**
- ☐ **Three (3) Consecutive Months of Most Recent Bank Statements**
- ☐ **Introduction to CACFP-Training Certificate**

At Risk Afterschool Meals Applicants must additionally include the following documents:

- ☐ **Documentation of Site Eligibility**
- ☐ **Brochure or Schedule of Afterschool Enrichment**
- ☐ **Non-Associated Site Form (only for sites not owned)**

Finalizing Your Intent to Apply Packet

Once you have verified that all the components of the Intent to Apply Packet are included, submit the complete packet by mail to:

Arizona Department of Education

Health and Nutrition Services Division

Community Nutrition Programs

Attention: CACFP Program Project Specialist

1535 W Jefferson St, Bin #7

Phoenix, AZ 85007



Questions?

Contact (602) 542-8700, press "1", and ask for the Specialist of the Day

What's Next?

After your Intent to Apply Packet has been submitted, ADE will complete an initial review all the documents to ensure all components are completed and free of errors. If any of the documents are missing or contain errors, you will be contacted via email by the Program Project Specialist to correct these issues.



Please keep this in mind and be diligent about checking and responding to your emails. Your Intent to Apply Packet cannot be processed until all the components have been submitted and are correct. Delays in responses or delays in sending the corrected documents can significantly increase the time it takes for the application process.

What's Next?

Once your Intent to Apply Packet has been reviewed and all components have been corrected and completed, ADE will begin establishing your institution in ADE's system using the information submitted in the Intent to Apply Packet. Please hang tight during this time. This process can take two to three weeks, and, as a reminder, does not begin until your Intent to Apply packet is **completed** with any corrections that were necessary.



**2-3
WEEKS**

After your institution has been established in ADE's system, you will receive an email from the Health and Nutrition Inbox establishing your Entity Administrator Account. The subject line will be similar to: "New Entity Administrator - Child Nutrition Programs - Your Institution's Name (100000)."

After receiving the Entity Administrator email you will receive an a follow up email within 1 or 2 business days from the CACFP Inbox with the similar subject line as "CACFP CNP Management Plan and Budget- Your Institution's Name." This email will outline your next steps as well as who your assigned CACFP Specialist will be. Your assigned specialist will work with you to get an approved Management Plan and Budget.

Once your institution's Management Plan and Budget has been approved by your assigned specialist and their director, ADE will sign both Permanent Agreements that were submitted with your Intent to Apply Packet. One Permanent Agreement will be mailed back to you for your records and the other will be maintained by ADE.



Resources

The Child and Adult Care Food Program Homepage

<https://www.azed.gov/hns/cacfp>

The Child and Adult Care Food Program Getting Started Page

<https://www.azed.gov/hns/cacfp/startcacfp/>

The Arizona Corporation Commission Website

<https://ecorp.azcc.gov/EntitySearch/Index>

Home Town Locator Website (School boundaries for the At Risk Program)

<https://arizona.hometownlocator.com/schools/>

Free and Reduced-Price Percentage Report

<https://www.azed.gov/hns/frp/>

Thank you!

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or*

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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