INTENT TO APPLY

How to Successfully Complete Step 3 of 5 of the Application Process for Child and Adult Care Food Program Applicants

Arizona Department of Education
Community Nutrition Programs
Child & Adult Care Food Program

Overview: ‘Intent to Apply’ Packet

Within 15 days from the date of training, a complete ‘Intent to Apply’ packet must be submitted to ADE in order to continue with the application process.

The ‘Intent to Apply’ Packet Contains:

- Permanent Agreement (2 Original Documents Required)
- Sponsor and Site – Add/Change/Delete Form
- ADEConnect Request for Entity Administrator
- State of Arizona W-9 Form
- Four Training Certificates
  1. Online Introduction to CACFP
  2. Online Civil Rights Compliance
  3. How to Operate the CACFP - Nutrition Track
  4. How to Operate the CACFP - Administrative Track
- 3 months of recent bank statements

Mailed to:
Arizona Department of Education
Health and Nutrition Services Division
Community Nutrition Programs
1535 W Jefferson St, Bin #7
Phoenix, AZ 85007

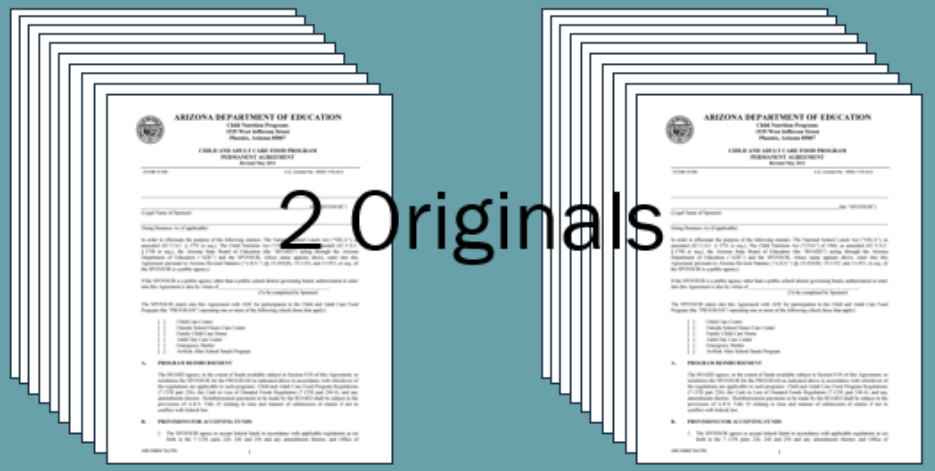
In this guide, we will review each required form and how to complete each form correctly.

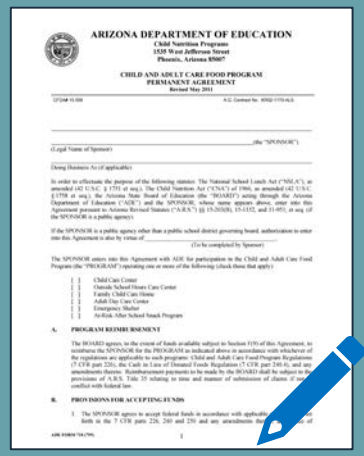
Important! Submitting forms that have been completed incorrectly or submitting an incomplete packet can significantly delay or prevent the ability to advance in the applications process for the CACFP.**

Permanent Agreement

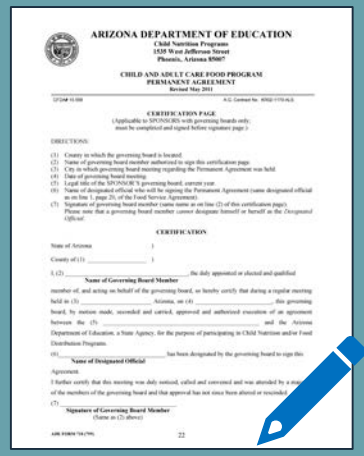
Sponsor and Site – Add/Change/Delete Form
ADEConnect Request for Entity Administrator
State of Arizona W-9 Form
Training Certificates
3 months of recent bank statements
Finalizing Your ‘Intent to Apply’ Packet

Permanent Agreement

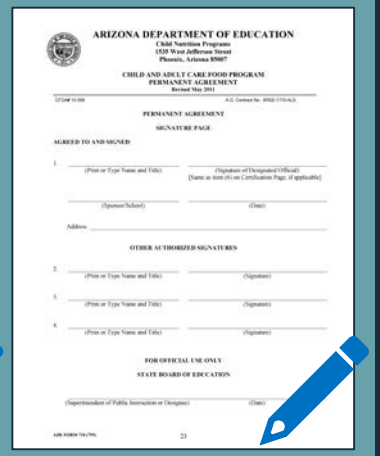




Page 1



Page 22



Page 23

Purpose: The Permanent Agreement is the contract between the Arizona Department of Education and the applying organization. Program-related expectations, requirements, and what will occur in the event of non-compliance are outlined in-detail in this Agreement.

Definitions:

- **Designated Official:** The Designated Official is the person who is authorized to make CACFP-related decisions on behalf of the organization.
- **Authorized Representative:** The Authorized Representatives are additional people who are authorized to make CACFP-Related decisions on behalf of the organization.

Two complete originals must be submitted. One contract will be maintained by ADE and the other will be returned to the applying organization.

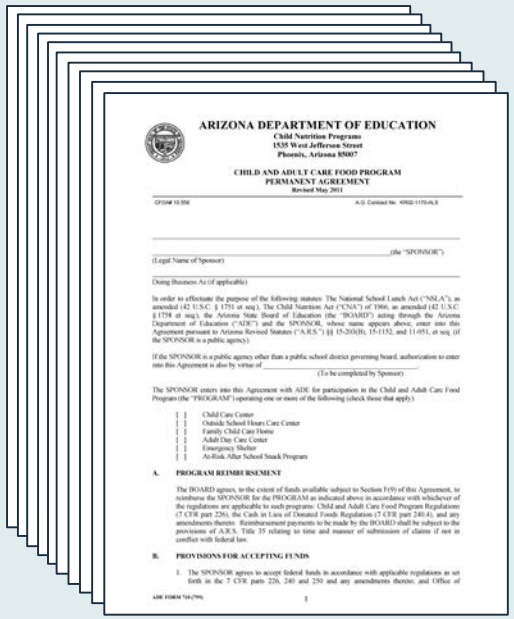
Common Errors:

- Only one Agreement submitted.
- Page 1, Line 1: Legal name of sponsor does not match AZ Corporation Commission.
- Incomplete/incorrectly completed.
- White-out used.

6 Steps to a Complete Permanent Agreement

Step 1: Read through the Permanent Agreement.

- Step 2: Print out two blank Permanent Agreements.
- Step 3: Using blue ink, identify the organization entering into the agreement with ADE.
- Step 4: *Organizations with a Governing Board,* identify your Designated Official using blue ink.
- Step 5: *Organizations without a Governing Board,* identify a Designated Official. *All organizations* identify additional Authorized Representatives.
- Step 6: Repeat steps 2-5 on your second printed Permanent Agreement.



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. KH02-1170-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 11-051, 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 714 (7/99) 1

Click here to access the Permanent Agreement.

The Permanent Agreement is a binding contract between the applying organization and the State of Arizona. It is important you feel comfortable with what is outlined in the agreement prior to applying.

6 Steps to a Complete Permanent Agreement

- Step 1: Read through the Permanent Agreement.
- **Step 2: Print out two blank Permanent Agreements.**
- Step 3: Using blue ink, identify the organization entering into the agreement with ADE.
- Step 4: *Organizations with a Governing Board,* identify your Designated Official using blue ink.
- Step 5: *Organizations without a Governing Board,* identify a Designated Official. *All organizations* identify additional Authorized Representatives.
- Step 6: Repeat steps 2-5 on your second printed Permanent Agreement.

Click here to access the Permanent Agreement.

2 complete Permanent Agreements must be submitted, meaning all 23 pages must be printed twice.

If only one Permanent Agreement is received, your application is subject to delayed processing time or an inability to advance in the applications process.

6 Steps to a Complete Permanent Agreement

- Step 1: Read through the Permanent Agreement.
- Step 2: Print out two blank Permanent Agreements.
- **Step 3: Using blue ink, identify the organization entering into the agreement with ADE.**
- Step 4: *Organizations with a Governing Board,* identify your Designated Official using blue ink.
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Page 1

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

Line 1 _____ (the "SPONSOR")
(Legal Name of Sponsor)

Line 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 sch Line 3 ; 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):

Line 4
[ ] 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

Line 1: On this line, write in the legal name of your organization. The name written here must match how the applying organization is registered with the Arizona Corporation Commission. Unsure of your legal name? Consider visiting https://ecorp.azcc.gov/ and searching for your Entity Name.

Line 2: If your organization does business under another name, list the DBA on this line. Leave this line blank if it does not apply.

Line 3: If you are a public agency, indicate who authorizes your organization's ability to enter into this agreement. If you are a private entity, leave this space blank or write 'N/A.'

Line 4: Check the box adjacent to the type of facility that you intend to operate the CACFP. If you operate more than one, select all that apply.

6 Steps to a Complete Permanent Agreement

- Step 1: Read through the Permanent Agreement.
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- Step 5: *Organizations without a Governing Board,* identify a Designated Official. *All organizations* identify additional Authorized Representatives.
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Page 22

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

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 20, 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) Line 1)
I, (2) Line 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) Line 3 Arizona, on (4) Line 4, this governing board, by motion made, seconded and carried, approved and authorized execution of an agreement between the (5) Line 5 and the Arizona Department of Education, a State Agency, for the purpose of participating in Child Nutrition and/or Food Distribution Programs.
(6) Line 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 b[illegible]roval has not since been altered or rescinded.
(7) Line 7 Must be signed using blue ink
Signature of Governing Boa[illegible] Member
(Same as (2) above)

ADE FORM 718 (799) 22

Line 1: The county in which the governing board is located.

Line 2: Name of governing board member authorized to sign this certification page. This person must sign line 7.

Line 3: City in which the governing board meeting regarding the Permanent Agreement was held.

Line 4: Date of aforementioned governing board meeting.

Line 5: Current legal title of the Sponsor's governing board.

Line 6: Name of designated official who will be signing the Permanent Agreement. The person listed here must be listed on page 23, line 1. Please note, a governing board member cannot designate him or herself as the Designated Official.

Line 7: The governing board member listed on line 2 must sign here in **blue ink**.

6 Steps to a Complete Permanent Agreement

- Step 1: Read through the Permanent Agreement.
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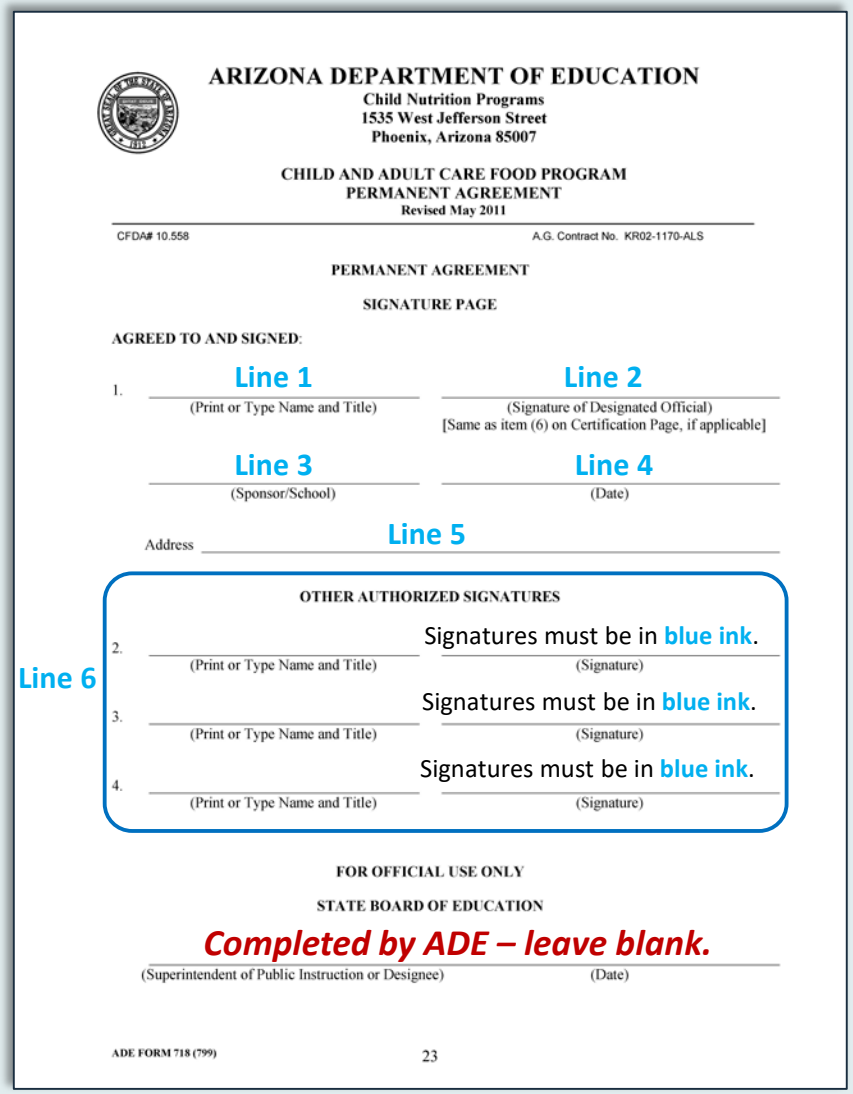
Page 23



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Child Nutrition Programs
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CHILD AND ADULT CARE FOOD PROGRAM
PERMANENT AGREEMENT
Revised May 2011

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

PERMANENT AGREEMENT

SIGNATURE PAGE

AGREED TO AND SIGNED:

1. Line 1 (Print or Type Name and Title) Line 2 (Signature of Designated Official) [Same as item (6) on Certification Page, if applicable]

Line 3 (Sponsor/School) Line 4 (Date)

Address Line 5

Line 6

OTHER AUTHORIZED SIGNATURES

2. (Print or Type Name and Title) Signatures must be in blue ink. (Signature)

3. (Print or Type Name and Title) Signatures must be in blue ink. (Signature)

4. (Print or Type Name and Title) Signatures must be in blue ink. (Signature)

FOR OFFICIAL USE ONLY

STATE BOARD OF EDUCATION

Completed by ADE – leave blank.

(Superintendent of Public Instruction or Designee) (Date)

ADE FORM 718 (799) 23

Line 1: Write the name and title of the individual your organization chooses to have serve as the Designated Official. If you're a public organization, the person listed here must match the person listed on page 22, line 6.

Line 2: **In blue ink** include the signature of person listed on line 1.

Line 3: Legal name of the Sponsoring Organization. This must match what is placed on page 1.

Line 4: Date the agreement is signed.

Line 5: Sponsoring Organization's business address.

Line 6: In this area, you are able to list representatives of your organization that you feel should be authorized to sign official documents in the event that the Designated Official is unavailable. ADE does not require, however encourages, that you have additional authorized signers. If applicable, complete **in blue ink.**

6 Steps to a Complete Permanent Agreement

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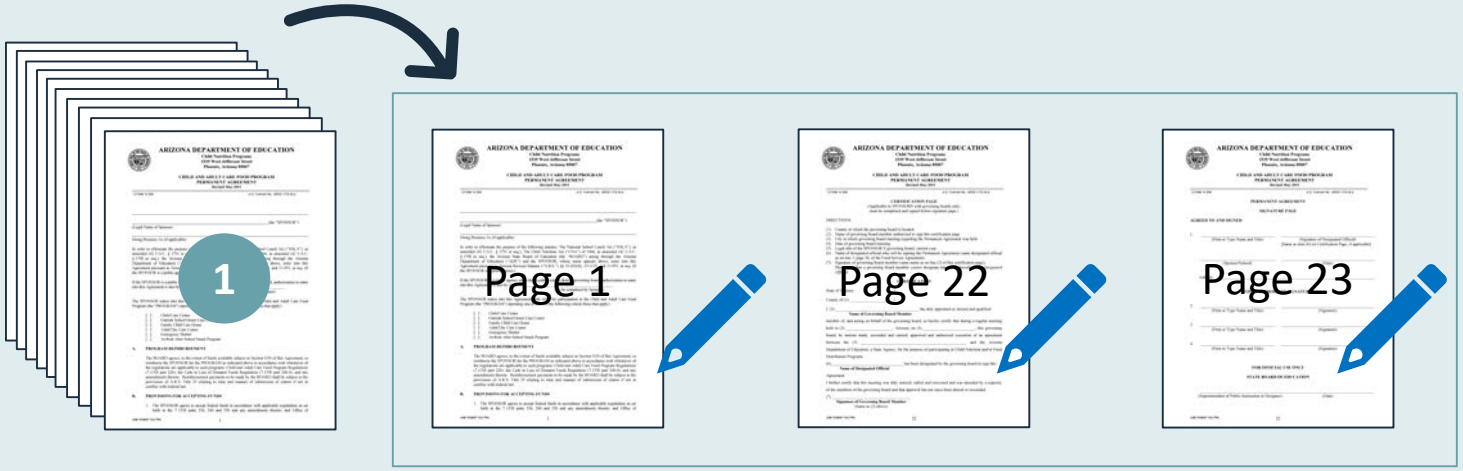
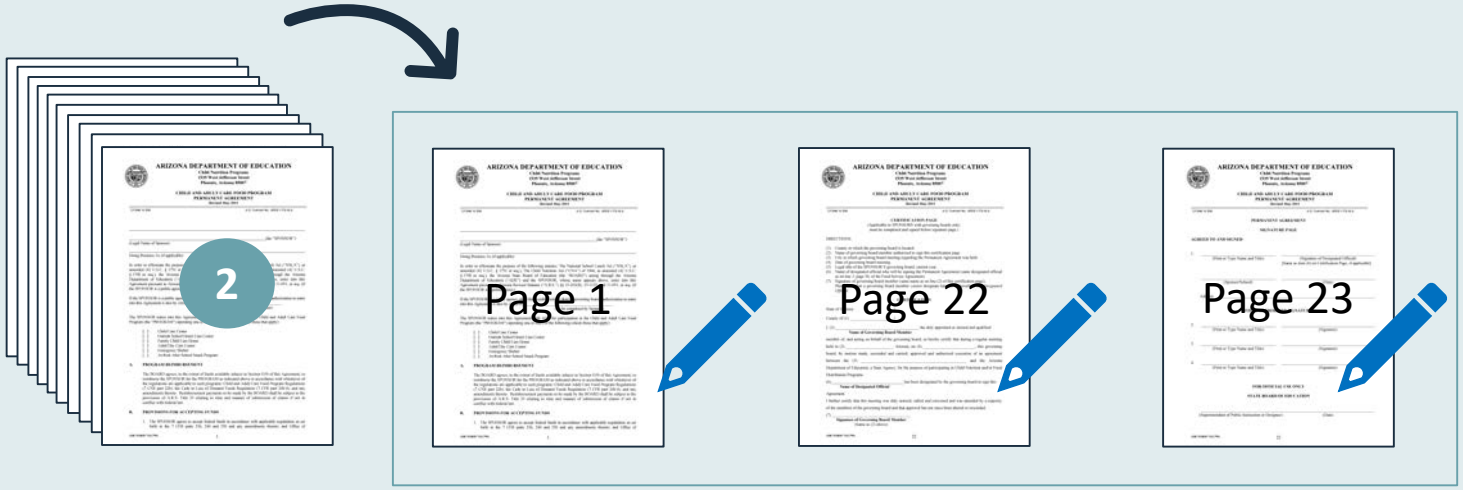
- Step 5: *Organizations without a Governing Board,* identify a Designated Official. *All organizations* identify additional Authorized Representatives.
- **Step 6: Repeat steps 2-5 on your second printed Permanent Agreement.**

Using steps 2-5 and your first complete Permanent Agreement, complete your second Permanent Agreement. Once finished, verify that pages 1, 22, and 23 have been completed in blue ink and with accuracy on both of your Permanent Agreements.



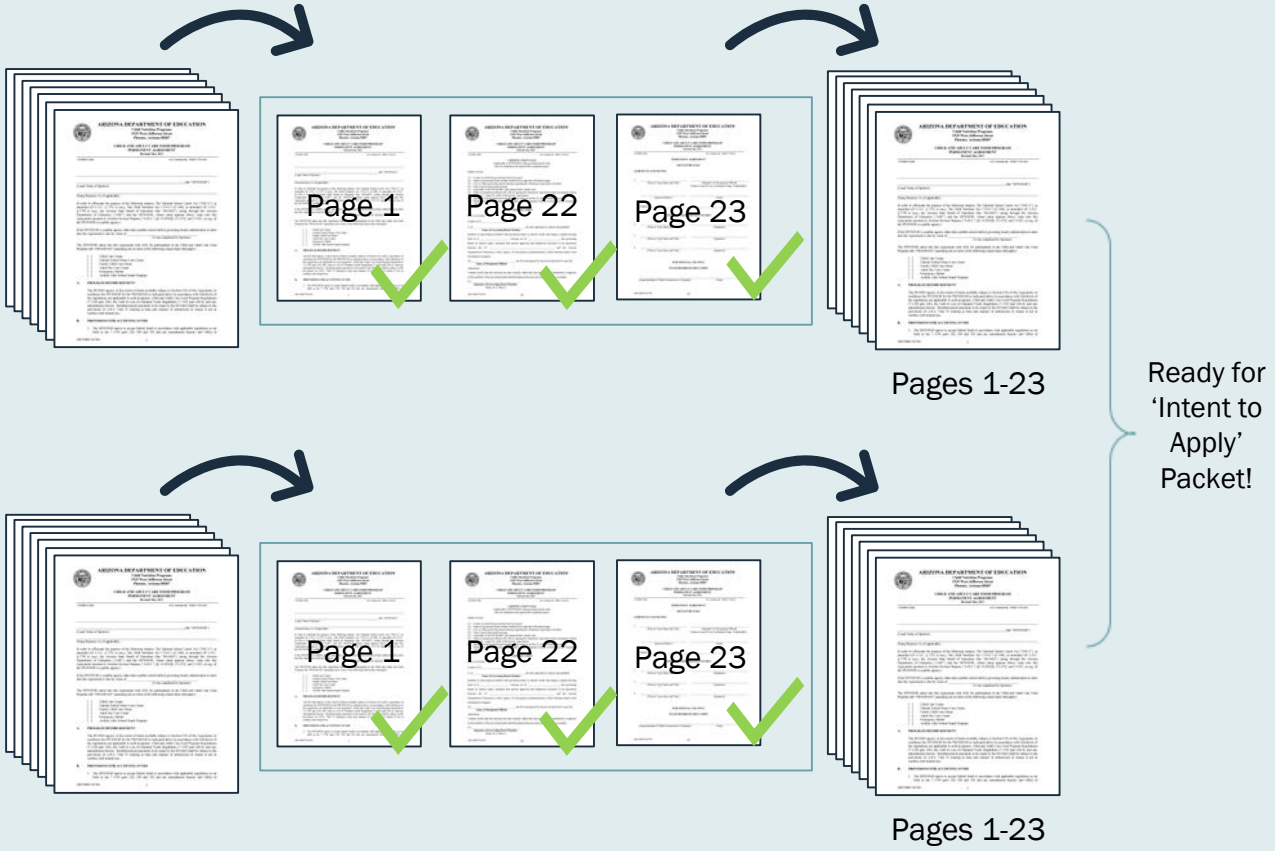


Permanent Agreement: Verifying Readiness for ADE

- ✓ Do you have two, 23 pages each, originally completed with blue ink, Permanent Agreements?
- ✓ On both Permanent Agreements, is page 1 complete per instructions outlined in Step 3?
- ✓ If your organization has a governing board, has page 22 been completed on both Permanent Agreements per instructions outlined in Step 4?
- ✓ On both Permanent Agreements, is page 23 complete per instructions outlined in Step 5?

If you confidently answered 'Yes!' to all of the questions above, your ***two*** Permanent Agreements are complete and ready to be put into your 'Intent to Apply' packet.

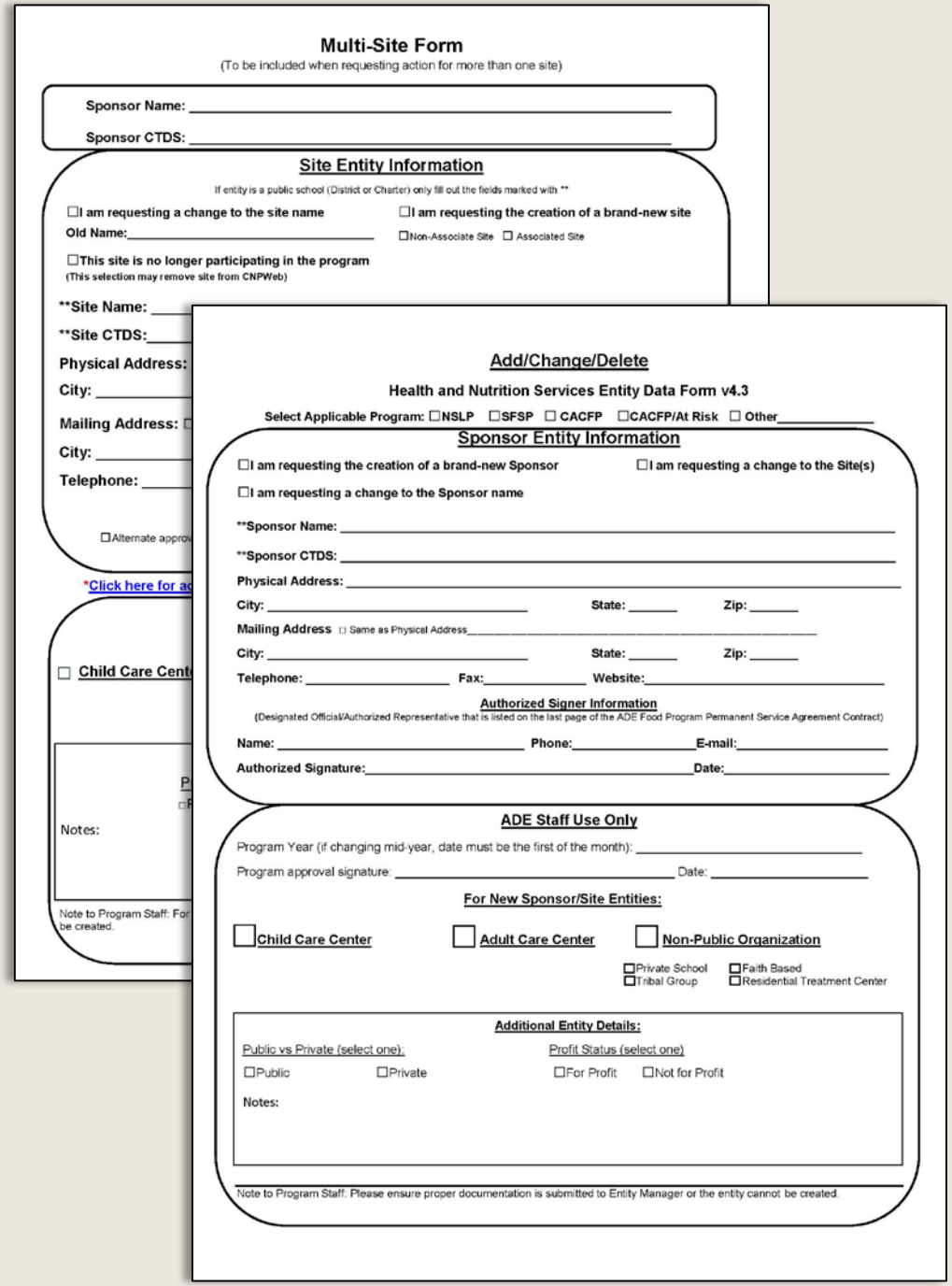
If you are still unsure and would like additional guidance, please contact the Specialist of the Day at (602) 542-8700. Press 1 for Community Nutrition Programs.



Permanent Agreement

Sponsor and Site – Add/Change/Delete Form

ADEConnect Request for Entity Administrator
State of Arizona W-9 Form
Training Certificates
3 months of recent bank statements
Finalizing Your ‘Intent to Apply’ Packet



Multi-Site Form
(To be included when requesting action for more than one site)

Sponsor Name: _____
Sponsor CTDS: _____

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
Old Name: _____
☐I am requesting the creation of a brand-new site
☐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:
Mailing Address:
City:
Telephone:
☐Alternate approv
*Click here for ad
☐ Child Care Cent
Notes:
Note to Program Staff: For
be created.

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.

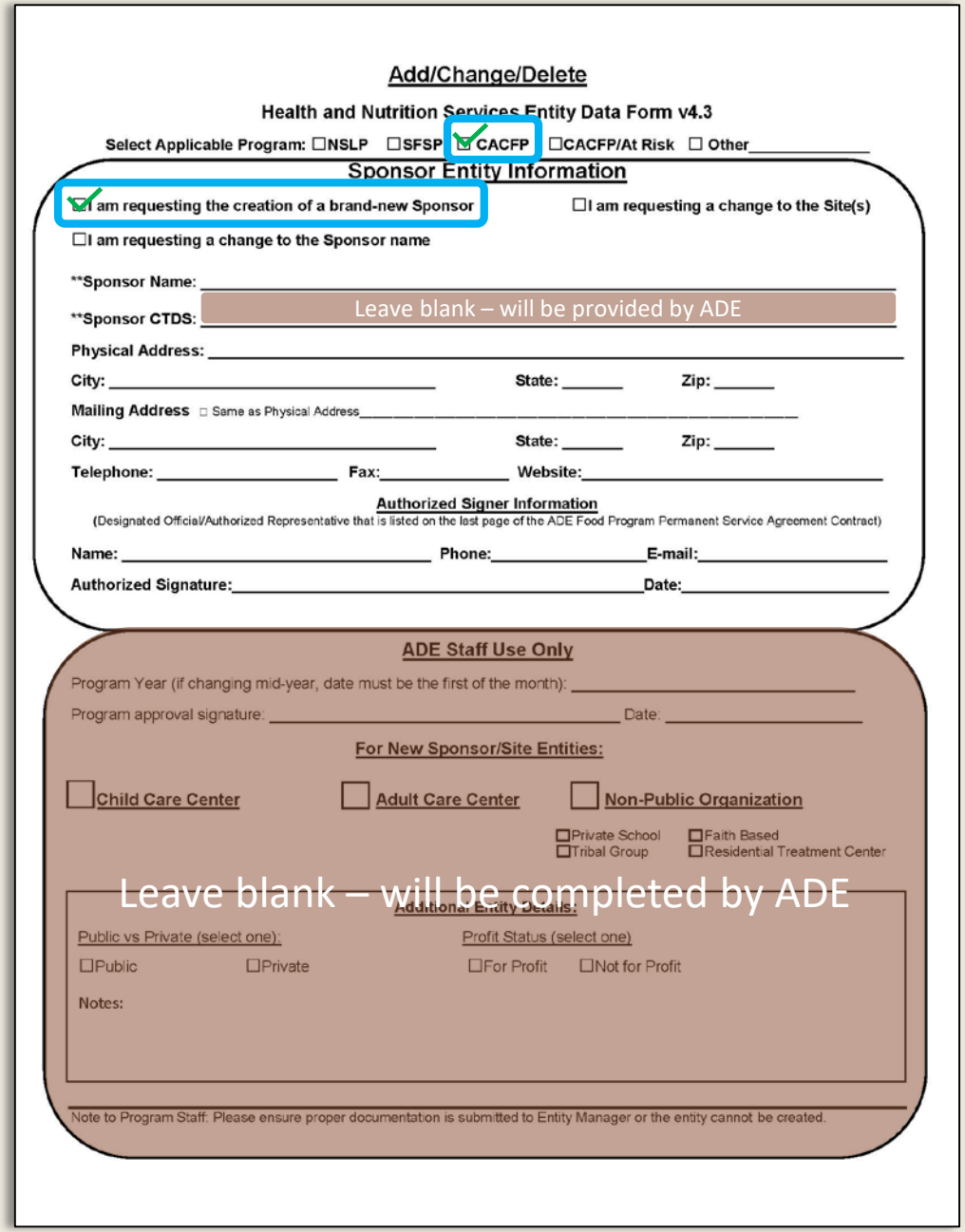
Sponsor and Site – Add/Change/Delete Form

Purpose: The Sponsor and Site – Add/Change/Delete Form is used to enter your organization and all applicable sites into ADE's system.

Common Errors:

- Incomplete.
- Legal names of sponsoring organization and center are not used.

Sponsor 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(s)

☐I am requesting a change to the Sponsor name

**Sponsor Name: _____

**Sponsor CTDS: _____ Leave blank – will be provided by ADE

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

Leave blank – will be completed by ADE

Additional Entity Details:

Public vs Private (select one): Profit Status (select one)

☐Public ☐Private ☐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.

Open the Add/Change/Delete Form. This is a fillable form. The information should be typed in, printed, signed, and included in your Intent to Apply Packet.

Select Applicable Program: Select "CACFP"

Sponsor Entity Information:

1. **Select** "I am requesting the creation of a brand-new Sponsor." This option is to be selected even if your organization has historically operated the CACFP.
2. **Sponsor Name:** Type in the legal name of your organization. This must match the name written on your two Permanent Agreements.
3. **Sponsor CTDS:** Leave blank. Once your packet has been processed, ADE will assign your organization a CTDS number.
4. **Enter the Physical Address [City, State, Zip], Mailing Address [City, State, Zip], Telephone, Fax Number, and Website URL** of the sponsoring organization**.**

Authorized Signer Information:

Enter the Name, Phone Number, and E-mail Address of a Designated Official/Authorized Representative that is listed on the last page of your Permanent Agreements. Then, have them sign and date on the line titled Authorized Signature & Date.

Site Add/Change/Delete Form

Multi-Site Form

(To be included when requesting action for more than one site)

Sponsor Name: _____

Sponsor CTDS: Leave blank – will be provided by ADE

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

Old Name: _____

☑I am requesting the creation of a brand-new site

☐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: Leave blank – will be provided by ADE

Physical Address: _____

City: _____ State____ Zip_____

Mailing Address: ☐ Same as Physical Address

City: _____ State____ Zip_____

Telephone: _____ Fax: _____ Website: _____

Childcare facilities only, please select one:

☐Alternate approval ☐Department of Defense License ☐Department of Economic Security License ☑Department of Health Services License ☐Tribal License

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

ADE Staff Use Only

For Sponsor/Site Entities:

☐ Child Care Center ☐Adult Care Center ☐ Non Public Organization

☐Private School ☐Faith Based

☐Tribal Group ☐Residential Treatment Center

Additional Site Entity Details:

Leave blank – will be completed by ADE

☐Public ☐Private ☐For Profit ☐Not for Profit

Notes:

Note to Program Staff: For brand new entities, please ensure proper documentation is submitted to Entity Manager or the entity cannot be created.

Scroll to the second page of the Add/Change/Delete Form. This is a fillable form. The information should be typed in, printed, and included in your Intent to Apply Packet.

1. **Sponsor Name:** Type in the legal name of your organization. This must match the name written on your two Permanent Agreements.
2. **Sponsor CTDS:** Leave blank. Once your packet has been processed, ADE will assign your organization a CTDS number.
3. **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, identify whether the site is associated or non-associated to the sponsoring organization. Sites are typically associated. Only select non-associated if the site you are adding is not a part of your organization.
4. **Site Name:** Type in the legal name of the site. The name must match the name on the Arizona Department of Health Services license to operate.
5. **Site CTDS:** Leave blank. Once your packet has been processed, ADE will assign your organization a CTDS number.
6. **Enter the Physical Address [City, State, Zip], Mailing Address [City, State, Zip], Telephone, Fax Number, and Website URL** of the site.

Childcare facilities only, please select one: Check the box that best describes how your facility is licensed to operate. Most centers are licensed through the Department of Health Services.

If you are adding more than one site, select "Click here for additional site form." Another form will load. Repeat these steps for the additional site(s).

Questions? Please contact the Community Nutrition Program Specialist of the Day at (602) 542-8700, press 1 and we will be happy to assist you.

Permanent Agreement
Sponsor and Site – Add/Change/Delete Form

ADEConnect Request for Entity Administrator

State of Arizona W-9 Form
Training Certificates
3 months of recent bank statements
Finalizing Your ‘Intent to Apply’ Packet

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

Sponsor 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 Permanent Food 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 and email this form to: healthandnutrition@azed.gov

This institution is an equal opportunity provider.

ADEConnect Request for Entity Administrator Account

Purpose: This form is used to establish an online account for a representative of the organization in our ADEConnect system. The ADEConnect is an online portal needed for participation in CACFP.

Common Errors:

- More than one option selected.

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

1 Sponsor Name: CTD #: Leave Blank – Will be Provided by ADE

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 Permanent Food Service Agreement. **All email addresses must be to an individual email account, not an organization wide account.**

2 **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:

OR

☐ 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.

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

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

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

This institution is an equal opportunity provider.

To access this form, click here.

What does it mean to be an Entity Administrator?

The Entity Administrator is responsible for managing the administration controls within ADE's online portal.

They will be responsible for granting internal users access to required applications within the portal. This *does not* mean only the Entity Administrator can access the online applications. It is highly recommended that the selected representative is easily reached and willing to follow steps necessary to set-up internal staff accounts for those needing access to the claiming and applications portal.

Step 1: Type the Sponsor Name. This should match the name on the Permanent Agreement and Add/Change/Delete Sponsor Form.

Step 2: Select who your organization would like to be the Entity Administrator. Must be *either* the Designated Official or Authorized Representative listed on your Permanent Agreement. Only one person may be delegated.

Important! Only **one option may be selected. If more than one option is selected or multiple names are listed, this form is incorrectly complete and will be returned.**

Step 3: Have the Designated Official from your Permanent Agreement print their name, sign, and date.

Step 4: If you've chosen to delegate Entity Administrator Authority to an Authorized signer, have them print their name, sign, and date.

Step 5: Add to your 'Intent to Apply' packet.

Permanent Agreement
Sponsor and Site – Add/Change/Delete Form
ADEConnect Request for Entity Administrator

State of Arizona W-9 Form

Training Certificates
3 months of recent bank statements
Finalizing Your ‘Intent to Apply’ Packet

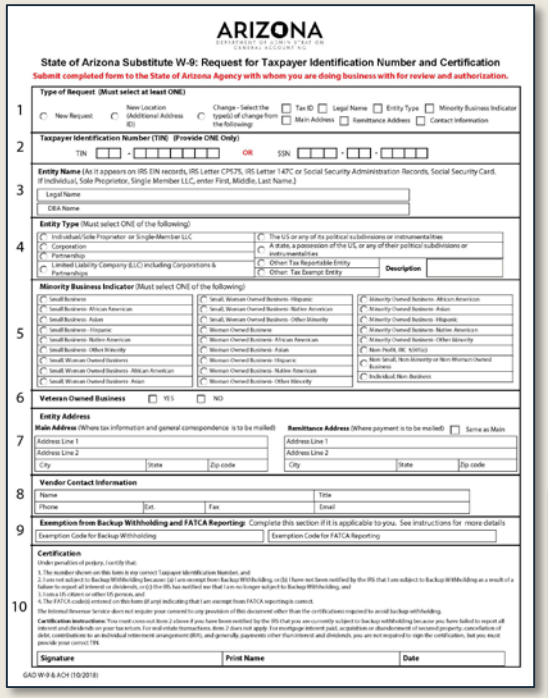
State of Arizona W-9 Form

Purpose: Establish a vendor account with the State of Arizona.

Common Errors:

- Not typed.
- Incomplete.
- Vendor Contact is left blank.
  (Should be Owner or Center Manager)

Page 1: Fillable Form



ARIZONA

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.

1 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

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

TIN - OR SSN -

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

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
Limited Liability Company (LLC) including Corporations & Partnerships | Other Tax Exempt Entity | Description

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

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

6 Veteran Owned Business YES NO

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

8 Vendor Contact Information

Name | Title | Phone | Ext. | Fax | Email

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

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 U.S. 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.

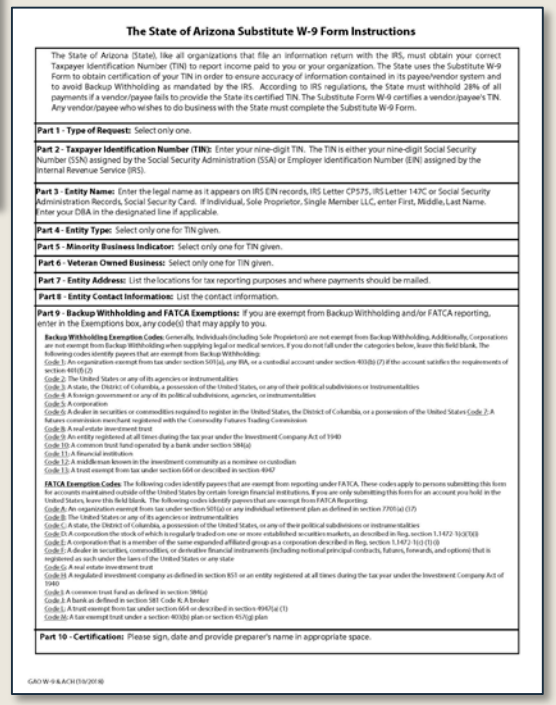
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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)

Page 2: Instructions



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 certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - Type of Request: Select only one.

Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Part 3 - Entity Name: Enter the legal 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. Enter your DBA in the designated line if applicable.

Part 4 - Entity Type: Select only one for TIN given.

Part 5 - Minority Business Indicator: Select only one for TIN given.

Part 6 - Veteran Owned Business: Select only one for TIN given.

Part 7 - Entity Address: List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - Entity Contact Information: List the contact information.

Part 9 - Backup Withholding and FATCA Exemptions: If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)
Code 2: The United States or any of its agencies or instrumentalities
Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities
Code 5: A corporation
Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: A futures commission merchant registered with the Commodity Futures Trading Commission
Code 8: A real estate investment trust
Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940
Code 10: A common trust fund operated by a bank under section 584(a)
Code 11: A financial institution
Code 12: A middleman known in the investment community as a nominee or custodian
Code 13: A trust exempt from tax under section 664 or described in section 4947

FATCA Exemption Codes: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)
Code B: The United States or any of its agencies or instrumentalities
Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)
Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
Code G: A real estate investment trust
Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
Code I: A common trust fund as defined in section 584(a)
Code J: A bank as defined in section 581 Code K: A broker
Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)
Code M: A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part 10 - Certification: Please sign, date and provide preparer's name in appropriate space.

GAO W-9 & ACH (10/2018)

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.

1 **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

2 **Taxpayer Identification Number (TIN) (Provide ONE Only)**

TIN ☐☐ - ☐☐☐☐☐☐☐ OR SSN ☐☐☐ - ☐☐ - ☐☐☐☐

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

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
○ Limited Liability Company (LLC) including Corporations & Partnerships	○ Other: Tax Exempt Entity — Description

5 **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	

6 **Veteran Owned Business** ☐ YES ☐ NO

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

8 **Vendor Contact Information**

Name | Title
Phone | Ext. | Fax | Email

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

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)

To access this form, click here.

Part 1: Check 'New Request.'

Part 2: Enter the Taxpayer Identification Number (TIN) for the Sponsoring Organization.

Part 3: Enter the legal name of the Sponsoring Organization. The name listed must match the Arizona Corporation Commission Registry and what was listed on Page 1 of the Permanent Agreement.

Part 4: Select the organization's Entity Type.

Part 5: Select one Minority Business Indicator. If none apply, select 'Non-Small, Non-Minority or Non-Woman Owned Business.'

Part 6: Indicate whether or not the business is Veteran Owned.

Part 7: Type the main address that tax information and general correspondence is to be mailed. Then, type the address where payment is to be mailed. If same as main address, select 'Same as Main.'

Part 8: Enter the name and information of the business manager or owner. **IMPORTANT! This area is commonly left blank, which leaves this form incomplete. **

Part 9: If your organization is exempt from backup withholding and/or FATCA reporting, enter the exemption code(s) that apply to the sponsoring organization. Exemption Codes can be found on the instructions (page 2).

~ Read the certification statement. Once read, print the form. ~

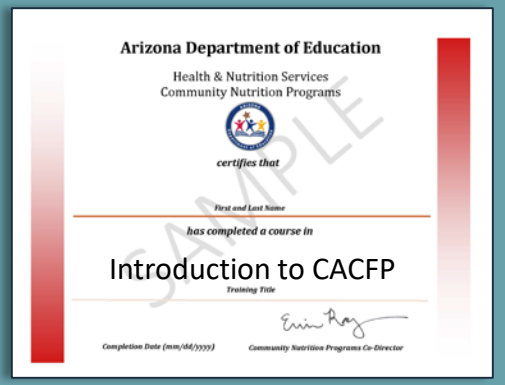
Part 10: Have the Vendor Contact (Part 8 – your business manager or owner) sign and date the form.

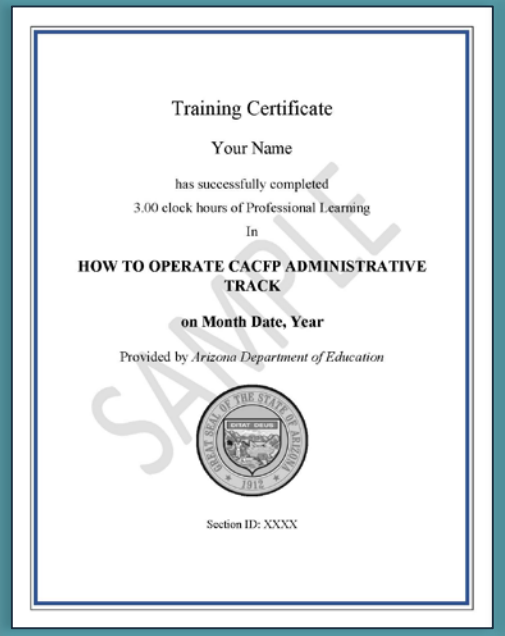
Once all 10 parts have been successfully completed, the State of Arizona W-9 is ready to be added to the Intent to Apply Packet.

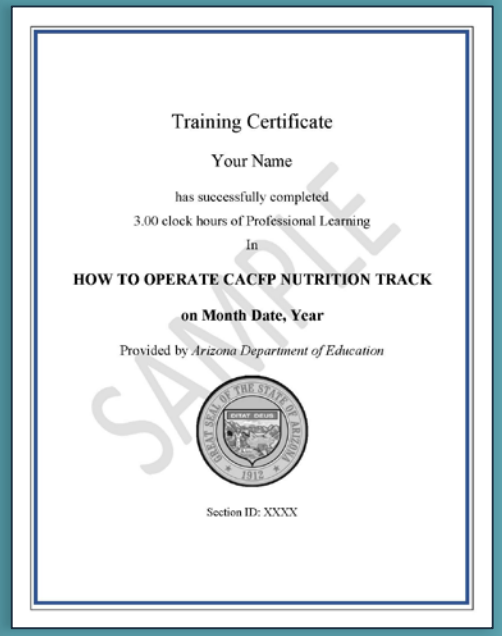
Permanent Agreement
Sponsor and Site – Add/Change/Delete Form
ADEConnect Request for Entity Administrator
State of Arizona W-9 Form

Training Certificates

3 months of recent bank statements
Finalizing Your ‘Intent to Apply’ Packet







4 Training Certificates:

Introduction to the CACFP, Civil Rights Compliance, Administrative Track & Nutrition Track

Purpose: Training Certificates serve as documentation verifying training requirements have been met.

Common Errors:

- Failure to include all four certificates in the ‘Intent to Apply’ packet.

How to Print the Training Certificate for the Online Introduction to CACFP & Civil Rights Compliance Training

Prior to attending the in-person 'How to Operate CACFP' trainings, all potential new sponsors are required to complete two online trainings: Introduction to CACFP Training & Civil Rights Compliance.

If you did not print your certificate when you had originally completed the trainings, please retake the training and follow the steps outline in the imaged form to access the required documentation for the 'Intent to Apply' packet.

How to Print your Introduction to CACFP & Civil Rights Compliance Training Certificates

Step One: Complete the online training.

Step Two: On the last page of the training, click the link that reads 'Click Here! Complete Survey & Obtain Training Certificate.' A new page will load.

Step Three: Complete the brief survey to obtain your training certificate. Once complete, click the link that reads 'SUBMIT SURVEY AND OBTAIN TRAINING CERTIFICATE.'

Step Four: The Training Certificate will open on your computer. Type in your first name, last name, and the date you completed the training. Choose the training that you completed from the drop-down menu.

Step Five: Print the training certificate.

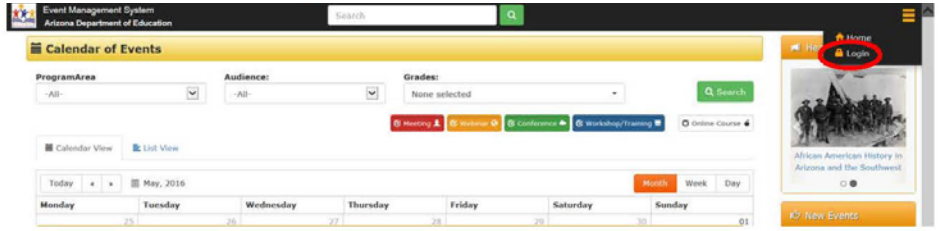
Step Six: Repeat these steps for both the Introduction to CACFP and Civil Rights Compliance online trainings. Once both have been printed, add the two certificates to your Intent to Apply packet.

To print your Administrative Track and Nutrition Track training certificates, follow these five steps:

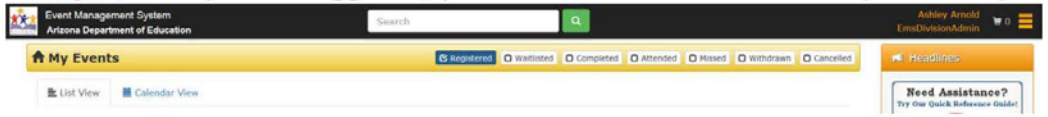
How To Print Your Certificate in EMS

Please follow the below screenshots:

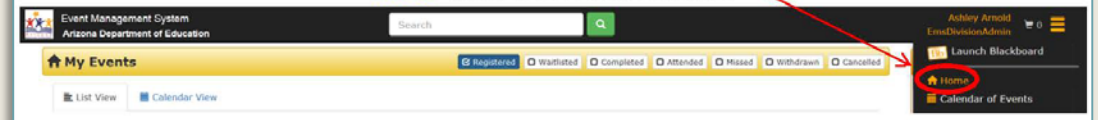
Step 1: Log into the EMS System at https://ems.azed.gov/Home/Calendar.



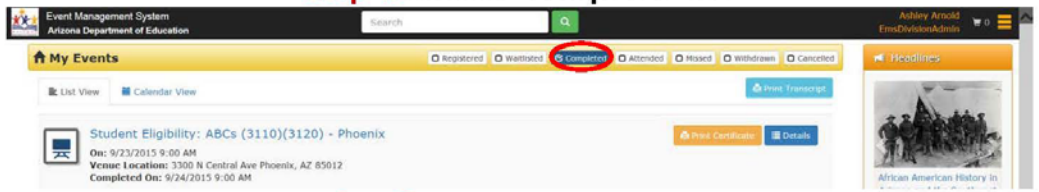
Step 2: Once you are logged in, your screen should look like this (see below):



Step 3: Your name should be on the top right of that page, just left of the 3 yellow lines. Click the Home button



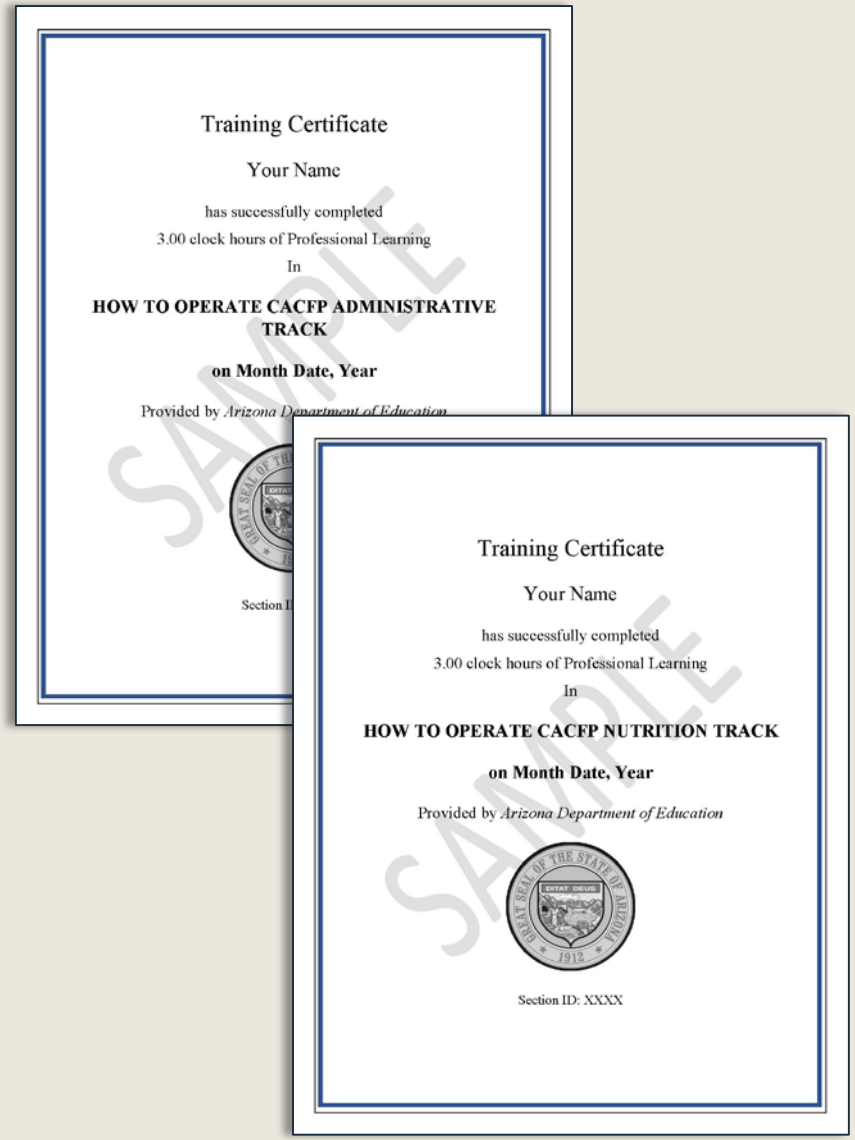
Step 4: Click the **'Completed'** tab

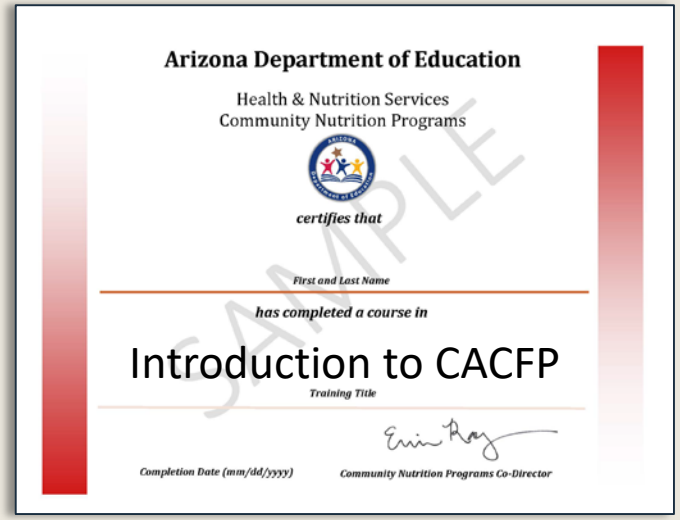


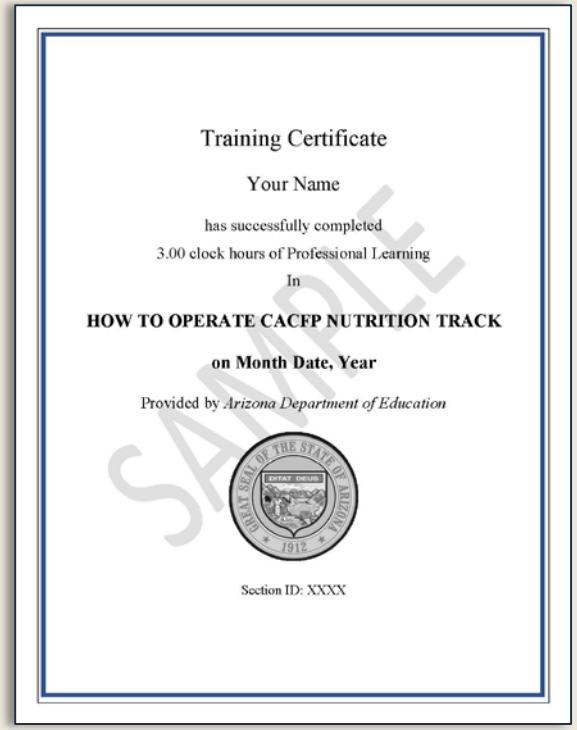
Step 5: Click Print Certificate.

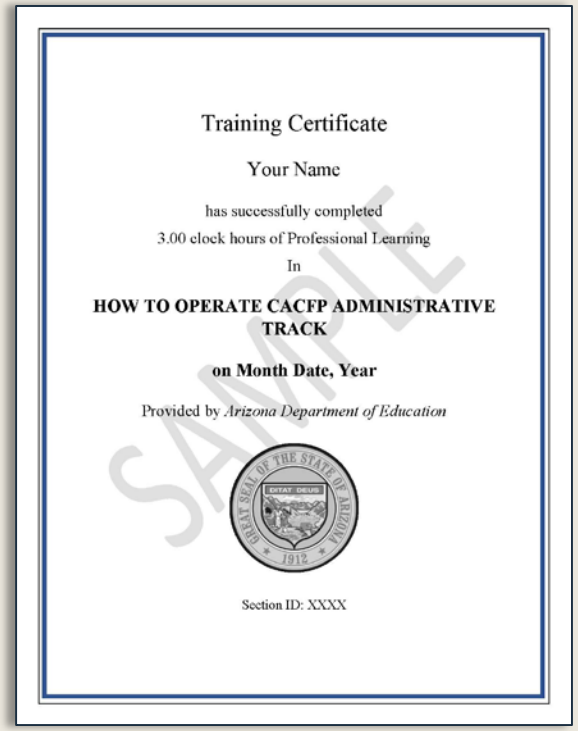
*You will need to take the short survey before the 'Print Certificate' button becomes available.

If you still need help after reviewing the above screen shots
Call **Teresa McCormack** at **(602) 542-8810** or E-mail **Teresa.McCormack@azed.gov** for further assistance.









Prior to sending your Intent to Apply packet, verify that you have included training certificates for…

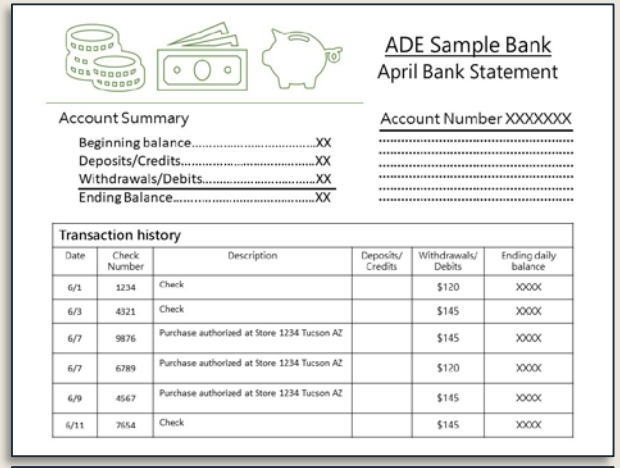
1. Introduction to CACFP Training
2. Civil Rights Compliance Training
3. How to Operate the CACFP – Nutrition Track
4. How to Operate the CACFP – Administrative Track

Failure to include all four training certificates subjects your application to delayed processing time or an inability to advance in the applications process.

Permanent Agreement
Sponsor and Site – Add/Change/Delete Form
ADEConnect Request for Entity Administrator
State of Arizona W-9 Form
Training Certificates

3 months of recent bank statements

Finalizing Your ‘Intent to Apply’ Packet



ADE Sample Bank
April Bank Statement

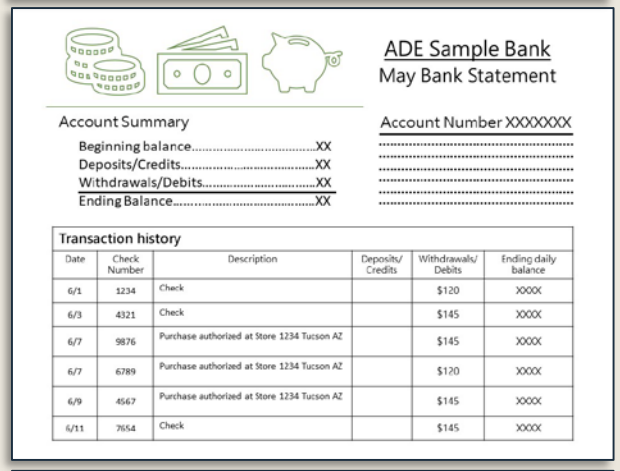
Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

Account Number XXXXXXX

Transaction history

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



ADE Sample Bank
May Bank Statement

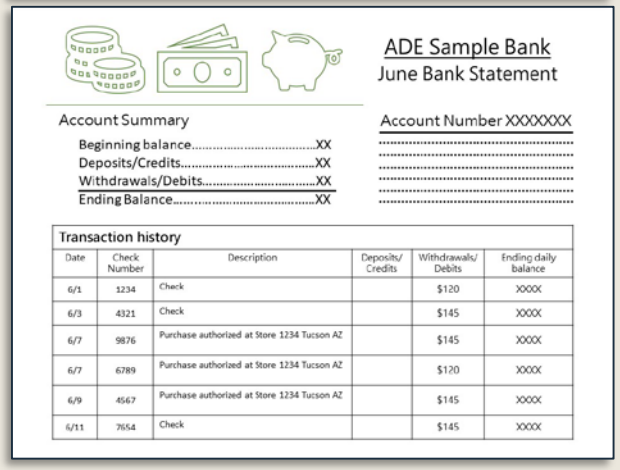
Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

Account Number XXXXXXX

Transaction history

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



ADE Sample Bank
June Bank Statement

Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

Account Number XXXXXXX

Transaction history

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

3 Months of Recent Bank Statements

Purpose: 3 months of recent bank statements are collected to support your organization's financial viability.

Common Errors:

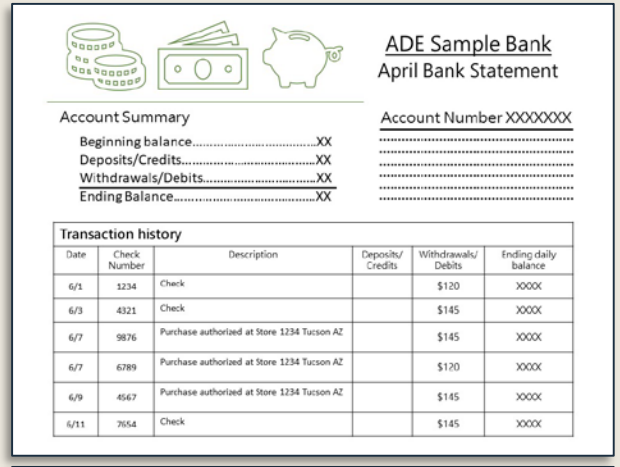
- Failure to include with 'Intent to Apply' packet.

3 Months of Recent Bank Statements

- Contact your financial institution or utilize your online banking tool, if applicable, to print out 3 months of recent bank statements.

- 3 Months of Recent Bank Statements are a frequently forgotten item. Please ensure that you include 3 months of recent bank statements with your ‘Intent to Apply’ packet.

- Failure to include this documentation subjects your application to delayed processing time or an inability to advance in the applications process.



ADE Sample Bank
April Bank Statement

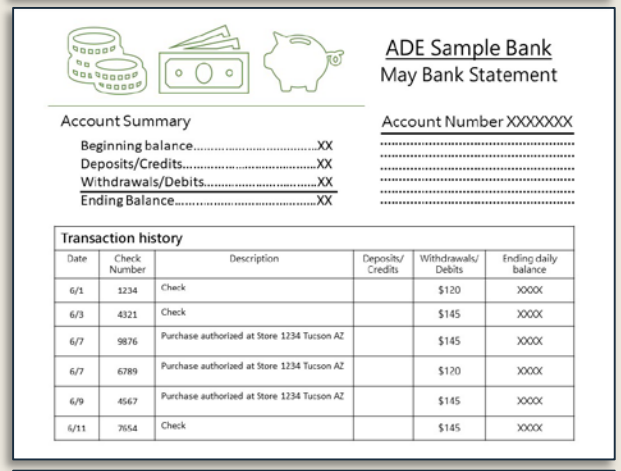
Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

Account Number XXXXXXX

Transaction history

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



ADE Sample Bank
May Bank Statement

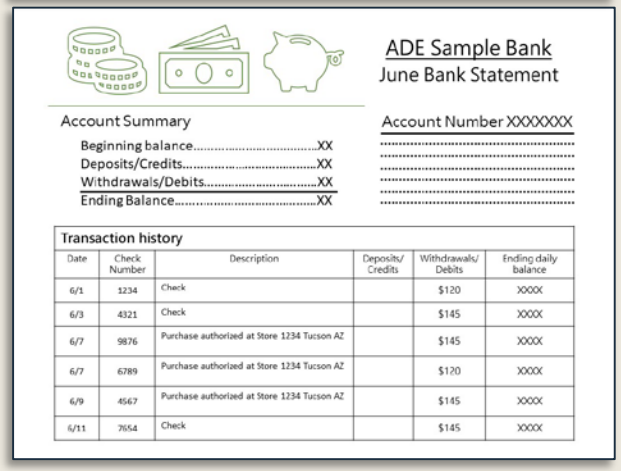
Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

Account Number XXXXXXX

Transaction history

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



ADE Sample Bank
June Bank Statement

Account Summary

Beginning balance.....XX
Deposits/Credits.....XX
Withdrawals/Debits.....XX
Ending Balance.....XX

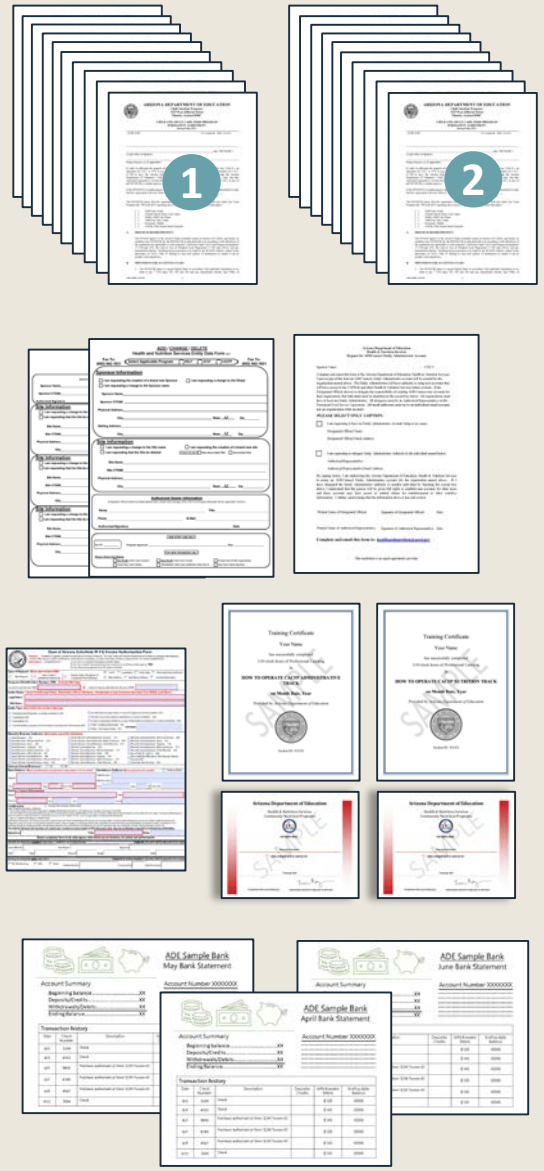
Account Number XXXXXXX

Transaction history

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

Permanent Agreement
Sponsor and Site – Add/Change/Delete Form
ADEConnect Request for Entity Administrator
State of Arizona W-9 Form
Training Certificates
3 months of recent bank statements

Finalizing Your ‘Intent to Apply’ Packet



Prior to mailing your 'Intent to Apply' packet, verify that you have all of the following:

- ✓ 2 Complete, Original Permanent Agreements
- ✓ Sponsor and Site – Add/Change/Delete
- ✓ ADEConnect Request for Entity Administrator
- ✓ State of Arizona W-9 Form
- ✓ Four Training Certificates
  1. Introduction to CACFP
  2. Civil Rights Compliance
  3. Administrative Track
  4. Nutrition Track
- ✓ 3 months of recent bank statements

Recall, 'Intent to Apply' packets that have missing or incomplete documents are subject to processing delays or an inability to advance in the applications process for the CACFP.

To address any questions or concerns that you may have prior to mailing your 'Intent to Apply' Packet, please contact the Specialist of the Day at (602) 542-8700, press 1 for Community Nutrition Programs.

Mail your complete packet to:

Arizona Department of Education
Health and Nutrition Services Division
Community Nutrition Programs
1535 W. Jefferson St, Bin 7
Phoenix, AZ 85007

This concludes the How to Complete the ‘Intent to Apply’ Packet Guide.

For any remaining questions, please don’t hesitate to contact the Community Nutrition Program Specialist of the Day at (602) 542-8700, press 1.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992 Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: Call: (202) 690-7442; or (3) email: program.intake@usda.gov.

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