

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
CHILD AND ADULT CARE FOOD PROGRAM  
CONTRACTING ENTITY APPLICATION - CENTERS**

Those contracting entities (CEs) that use the Texas Unified Nutrition Programs System (TX-UNPS) complete the CE Application – Centers screen in TX-UNPS and do not complete this form on paper. Those CEs that **do not** use TX-UNPS will complete and submit this paper form as part of the application process. This form is also completed/submitted when requesting revisions

**SECTION I – CONTRACTING ENTITY (CE) INFORMATION**

1. **Name of Contracting Entity** – Enter the name of the contracting entity.
  2. **DBA Name** – If applicable, enter the “doing business as” name for this contracting entity.
  3. **CE ID** – Enter the five-digit CE ID that has been assigned to you by TX-UNPS. If you do not know your CE ID, leave blank.
  4. **Version** – Enter the version for this submittal. If this is your initial submittal, you will enter “Original”. For each additional submittal, enter “Revision 1”, “Revision 2”, and so on.
  5. **Texas Identification Number (TIN)** – Enter the 11-digit number as assigned by the Texas Comptroller of Public Accounts. This number does not include the 3-digit Mail Code. If you do not know your TIN, leave blank.
  6. **County** – Enter the name of the county in which the contracting entity is located.
  7. **Congressional District** – Enter the 3-digit Congressional District in which the contracting entity is located. For example, if the contracting entity is in 13<sup>th</sup> District in Texas, you will enter 013. If you do not know your Congressional District, leave blank.
  8. **DUNS Number** – Enter the 9-digit DUNS number issued by Dun & Bradstreet. To obtain a DUNS number, free or charge, contact Dun & Bradstreet at 1-866-705-5711 or <http://fedgov.dnb.com/webform> and indicate that you are a Federal grant applicant/prospective applicant. You must have a DUNS number to participate in the CACFP.
  9. **Type of Agency** – Enter the Type of Agency that the contracting entity is from the following list: Governmental Agency, Educational Institution, For Profit Organization, Indian Tribe, Military Installation, Private Non Profit Organization or Other. If you enter “Other”, please explain.
  10. **Type of CACFP – Centers Organization** – Enter the Type of CACFP Centers Organization that the contracting entity is from the following list: Independent Center, Sponsor of Affiliated Sites, Sponsor of Unaffiliated Sites or Sponsor of Affiliated & Unaffiliated Sites. These are the only acceptable selections.
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**SECTION II – CONTRACTING ENTITY DESCRIPTION**

1. **Are all of your organization’s CACFP participating sites located in the same building?** – Indicate Yes or No.
2. **Does your organization operate the CACFP in any other state(s)?** – Indicate Yes or No. If Yes, enter the name of those state(s).
3. **Which would your organization prefer to receive?** – Mark only one box. This is for reporting purposes only. Currently, in the Texas, all contracting entities receive “Cash payment in lieu of commodities”.
4. **Street Address: Address Line 1 and Address Line 2** – Enter the street address of the contracting entity. This cannot be a P.O. Box. If the contracting entity’s street address includes a suite number, apartment number or other numbering sequence, enter that information under Address Line 2.
5. **Street Address: City** – Enter the city of the contracting entity’s street address.
6. **Street Address: State & Zip** – Enter the State and zip code of the contracting entity’s street address.  
**Mailing Address of Contracting Entity – Same as Street Address** – Indicate Yes or No. If No, enter mailing address information.

7. **Mailing Address: Address Line 1 and Address Line 2** – Enter the mailing address of the contracting entity. If the contracting entity’s mailing address includes a suite number, apartment number or other numbering sequence, enter that information under Address Line 2.
8. **Mailing Address: City** – Enter the city of the contracting entity’s mailing address.
9. **Mailing Address: State & Zip** – Enter the State and zip code of the contracting entity’s mailing address.
10. **Name of Contracting Entity Administrator** – Enter the following for the contracting entity’s administrator: salutation, first name and last name. The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister.
11. **Email Address** – Enter the email address of the contracting entity administrator.
12. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity administrator.
13. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity administrator.
14. **Title** – Enter the title of the contracting entity administrator.  
**Claim Preparer – Same as Contracting Entity Administrator?** – Indicate Yes or No. If No, enter claim preparer information.
15. **Name of Claim Preparer** – Enter the following for the contracting entity’s claim preparer: salutation, first name and last name. See #10 above for salutation options.
16. **Email Address** – Enter the email address of the contracting entity’s claim preparer.
17. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s claim preparer.
18. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s claim preparer.
19. **Title** – Enter the title of the contracting entity’s claim preparer.  
**Authorized Individual 1 – Same as Contracting Entity Administrator?** – Indicate Yes or No. If No, enter authorized individual 1 information.
20. **Name of Authorized Individual 1** – Enter the following for the contracting entity’s authorized individual 1: salutation, first name and last name. See #10 above for salutation options.
21. **Email Address** – Enter the email address of the contracting entity’s authorized individual 1.
22. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s authorized individual 1.
23. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s authorized individual 1.
24. **Title** – Enter the title of the contracting entity’s authorized individual 1.
25. **Name of Authorized Individual 2** – Enter the following for the contracting entity’s authorized individual 2: salutation, first name and last name. See #10 above for salutation options.
26. **Email Address** – Enter the email address of the contracting entity’s authorized individual 2.
27. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s authorized individual 2.
28. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s authorized individual 2.
29. **Title** – Enter the title of the contracting entity’s authorized individual 2.

### SECTION III – UNMET NEED

30. **Are you applying as a sponsoring organization?** – Indicate Yes or No.
31. **Are you currently participating in the CACFP as a sponsoring organization?** – Indicate Yes or No.
32. **Indicate if the sites you sponsor are affiliated and/or unaffiliated** – Mark the appropriate box(es).
33. **Have any of the unaffiliated sites you propose to sponsor participated in the CACFP within the past 12 months?** – Indicate Yes or No.

### SECTION III – GENERAL QUESTIONS

34. **Do you engage in any business or activities not related to CACFP during normal business hours?** – Indicate Yes or No. If Yes, explain what activities you engage in.

35. **Does the Contracting Entity have less than three years of Administrative and Financial history?** – Indicate Yes or No. Be sure you are responding to this question based on the contracting entity and not individuals that work for the contracting entity.
36. **Do you sponsor 25 or more sites?** – Indicate Yes or No. If Yes, you must submit the *Sponsoring Organization Monitoring Staff Information – Centers* form along with your *Contracting Entity Management Plan – Centers* form.
37. **Will you be averaging your monitor reviews?** – Indicate Yes or No. Applies to sponsors only.
38. **Do you want to receive advance payments if funds are available?** – Indicate Yes or No. If Yes, indicate the percentage the you wish to receive.
39. **Have all Sites complied with training requirements?** – Indicate Yes or No. If No, enter an explanation.
40. **Do you subcontract for any CACFP functions?** – Indicate Yes or No. If Yes, you must submit your subcontract agreements with your Management Plan Checklist Items.
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## SECTION V – CERTIFICATION

41. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:
1. **Has the agency or any of the agency’s principals participated in any publicly funded programs within the past seven years?** – Indicate Yes or No. If Yes, you will document on the *Contracting Entity Management Plan - Centers* form a listing of the publicly funded programs in which the contracting entity and its principals have participated in the past seven years and currently participate in.
  2. **Within the past seven years, has the contracting entity or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements?** – Indicate Yes or No. If Yes, answer question #3.
  3. **Were the violations corrected and eligibility restored, including payments or debts owed?** – Indicate Yes or No. If Yes, you will submit documentation of reinstatement, including proof of payment of debts, if applicable, with the *Contracting Entity Management Plan – Centers* form. If No, you will submit a detailed explanation with the *Contracting Entity Management Plan – Centers* form.
  4. **Has the contracting entity or any of the contracting entities principals been convicted on any activity that occurred within the past seven yeas that indicated a lack of business integrity?** – Indicate Yes or No. If Yes, you will submit a detailed explanation with the *Contracting Entity Management Plan – Centers* form.
42. **Read the Certification Statement.** An authorized representative of the contracting entity signs, dates and prints their name and title.
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## SUBMITTAL

**CEs Not Using TX-UNPS** – Submit to one of the following:

**Mail to:**

Texas Department of Agriculture  
 Food and Nutrition  
 Attn: F&N Business Operations – Applications  
 P.O. Box 12847  
 Austin, Texas 78711

**Overnight to:**

Texas Department of Agriculture  
Food and Nutrition  
Attn: F&N Business Operations – Applications  
1700 North Congress Ave.  
Austin, Texas 78701

**E-mail to:**

[BOps.Applications@TexasAgriculture.gov](mailto:BOps.Applications@TexasAgriculture.gov)

**Fax to:**

888-223-8645