

**INSTRUCTIONS FOR
FOOD & NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM
CONTRACTING ENTITY APPLICATION – DAY CARE HOMES**

Those contracting entities (CEs) that use the Texas Unified Nutrition Programs System (TX-UNPS) complete the CE Application – Day Care Homes screen in TX-UNPS and do not complete this form on paper. Those CE's 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 (CE)** – 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 the Texas Unified Nutrition Programs System (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 13th 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. For Profit Organizations are not allowed to participate in the CACFP as a Day Care Home sponsor.
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SECTION II – CONTRACTING ENTITY DESCRIPTION

1. **Does your organization operate the CACFP in any other state(s)?** – Indicate Yes or No. If Yes, enter the name of those state(s).
2. **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.
3. **Street Address: City** – Enter the city of the contracting entity’s street address.
4. **Street Address: State & Zip** – Enter the State and zip code of the contracting entity’s street address.
5. **Mailing Address of Contracting Entity – Same as Street Address** – Indicate Yes or No. If No, enter mailing address information.
6. **Mailing Address: Address 1 Line 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.
7. **Mailing Address: City** – Enter the city of the contracting entity’s mailing address.
8. **Home Address: State & Zip** – Enter the State and zip code of the contracting entity’s mailing address.
9. **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.

9. **Email Address** – Enter the email address of the contracting entity administrator.
10. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity administrator.
11. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity administrator.
12. **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.
13. **Name of Claim Preparer** – Enter the following for the contracting entity’s claim preparer: salutation, first name and last name. See #8 above for salutation options.
14. **Email Address** – Enter the email address of the contracting entity’s claim preparer.
15. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s claim preparer.
16. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s claim preparer.
17. **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.
18. **Name of Authorized Individual 1** – Enter the following for the contracting entity’s authorized individual 1: salutation, first name and last name. See #8 above for salutation options.
19. **Email Address** – Enter the email address of the contracting entity’s authorized individual 1.
20. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s authorized individual 1.
21. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s authorized individual 1.
22. **Title** – Enter the title of the contracting entity’s authorized individual 1.
23. **Name of Authorized Individual 2** – Enter the following for the contracting entity’s authorized individual 2: salutation, first name and last name. See #8 above for salutation options.
24. **Email Address** – Enter the email address of the contracting entity’s authorized individual 2.
25. **Facility Phone** – Enter the facility phone number, extension and fax number of the contracting entity’s authorized individual 2.
26. **Cell/Alt Phone** – Enter the cell or alternate phone number for the contracting entity’s authorized individual 2.
27. **Title** – Enter the title of the contracting entity’s authorized individual 2.

SECTION III – TIERING

28. **Contracting entities must submit current information on the total number of:** – (A) Tier I providers, (B) Tier II providers, (C) Children enrolled with Tier I providers, (D) Children enrolled with Tier II providers, and (E) Children enrolled with Tier II providers that have been identified as eligible for Tier I reimbursement. Provide information as of the date you submit your application.
29. **Which of the following procedures will be used to make Tier I determinations?** – Check all that apply.
30. **Which of the following methods will be used to notify Tier II providers of their options for reimbursement?** – Check all that apply.
31. **Which of the following procedures will be used to distribute and collect income eligibility forms from households of children enrolled with Tier II providers which elect to claim meals at both reimbursement rates?** – Check all that apply.
32. **Describe how information on the income eligibility forms of providers and/or children will be kept confidential** – Insert your procedure.

SECTION III – GENERAL QUESTIONS

33. **Are you currently participating in the CACFP (Centers) as a sponsoring organization?** – Indicate Yes or No.
34. **Have any of the sites you propose to sponsor participated in the CACFP within the past 12 months?** – Indicate Yes or No.

35. **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.
36. **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.
37. **Do you sponsor 50 or more providers?** – Indicate Yes or No. If Yes, you must submit the *Monitoring Staff Information – Day Care Homes* form along with your *Contracting Entity Management Plan – Day Care Homes* form.
38. **Will you be averaging your monitor reviews?** – Indicate Yes or No.
39. **Do you want to receive advance payments if funds are available?** – Indicate Yes or No. If Yes, indicate the advance types and percentage the you wish to receive.
40. **Have all providers complied with training requirements?** – Indicate Yes or No. If No, enter an explanation.
41. **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.

SECTION V – CERTIFICATION

42. 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 – Day Care Homes* 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 – Day Care Homes* form. If No, you will submit a detailed explanation with the *Contracting Entity Management Plan – Day Care Homes* form.
 4. **Has the contracting entity or any of the contracting entities principals been convicted on any activity that occurred within the past seven years 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 – Day Care Homes* form.
43. **Read the Certification Statement.** An authorized representative of the contracting entity signs, dates and prints their name and title.

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

Fax to:

888-223-8645