

Child and Adult Care Food Program (CACFP)

Statement of Intent to Participate

Thank you for your interest in applying for the Child and Adult Care Food Program (CACFP). CACFP is a federal program that provides reimbursement to child and adult day care institutions and family child care homes for the provision of nutritious meals and snacks that contribute to the wellness, healthy growth, and development of young children and the health and wellness of older adults and chronically impaired disabled persons.

Instructions

1. Complete the statement of intent form which will provide program details and collect the necessary information to get you started on the CACFP application process.
2. Complete a W-9 Tax Form.
3. Obtain a DUNS number and register it within Sam.gov (additional instructions are provided for this step).
4. The Agency of Education will issue an LEA and supplier number and you will receive your CACFP application packet with further instructions.

Types of Programs

CACFP Site Definitions and Descriptions

Site Type	Description of Site	Eligibility of Site	Reimbursement	Who Can be Served
Child Care Centers	Eligible public or private nonprofit child care centers, outside-school-hours care centers, Head Start programs, and other institutions which are licensed or approved to provide child care services.	Non-Profit: Automatically eligible to enroll in <i>CACFP</i> . For-Profit: Must have at least 25 percent of children in the program qualifying for free or reduced price meals or receive childcare subsidy.	Reimbursed at rates based upon a child's eligibility for free, reduced price, or paid meals.	Children enrolled in the child care program under the age of 12.
Adult Day Care Centers	Adult day care facilities that provide structured, comprehensive services to nonresident adults.	Non-Profit: Automatically eligible to enroll in <i>CACFP</i> . For-Profit: Must have at least 25 percent of the participants in the program qualifying for free or reduced price meals or receive benefits under title XIX.	Reimbursed at rates based upon a participant's eligibility for free, reduced price or paid meals.	Nonresident adults functionally impaired or age 60 or older.
At-Risk After School Meals Program	Afterschool programs that offer enrichment activities for at-risk children and youth after the regular school day ends.	Programs must be located in areas where at least 50 percent of the children are eligible for free and reduced price meals.	Up to one meal & snack per child/per day reimbursed at the free rate.	Children under the age of 18.

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Directions: The Child and Adult Care Food Program (CACFP) application and site information will be completed online. However, we need basic information in order to generate the online forms a new program must complete. Therefore, it is very important that the requested information be provided. Base your answers on the best information you have at this time. Submitting this form is not a commitment to participate, nor does it indicate approval to participate.

PRIVATE NON-PROFIT ORGANIZATIONS must submit a copy of documentation of tax-exempt status under the Federal Internal Revenue Code of 1986 with this Statement of Intent.

Center/Organization Name:			
DUNS Number (See attached instructions to obtain number):			
Center/Organization Type:			
<input type="checkbox"/> Child Care Center		<input type="checkbox"/> For Profit	
<input type="checkbox"/> Area Eligible After School		<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Adult Care		<input type="checkbox"/> School Based	
		<input type="checkbox"/> Non-School Based Program	
Tax Identification Number/Employer Identification Number: ___ - _____			
CACFP Coordinator/Contact at your program:			
Center/Organization Address:			Phone:
			e-mail:
Fiscal Year:			
<input type="checkbox"/> Jan-Dec		<input type="checkbox"/> July-June	
		<input type="checkbox"/> Other (please specify) _____	
Number of Children Enrolled:	License Capacity	Number Receiving Childcare Subsidy:	Estimated CACFP Start Date:
What meals do you want to claim: (You may claim a maximum of two meals and one snack OR one meal and two snacks)			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack
		<input type="checkbox"/> Supper	

Authorized Signature: List the person(s) who have the authority to sign and submit claims for reimbursement and other Stage Agency required documents. The state Agency must be notified of CACFP staffing changes that occur during the program year.

Print Name	Title	Date

Signature

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.