



Orchard

Child and Adult Care Food Programs

Supplement 2

Completing the Adult Day Care (ADC) Application

Version 1.0

August 2017



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1. Summary

The Orchard system is designed to automate application processing for school and day care meal programs sanctioned by the Office of the State Superintendent of Education (OSSE) Division of Health & Wellness (DHW). LEAs, schools, and sponsors renew their existing applications or apply for new programs through Orchard. Approved programs will be available to all the sites they manage. This User Manual will guide sponsors through the application process for the **Child and Adult Care Food Programs (CACFP)** listed below. Some of these programs will be stand alone and some will be combined into main and sub-programs depending on the sponsor(s) submitting the application.

- Independent Center (IC)
- Sponsor of Centers (SOC) – See Supplement 1 – Completing the SOC Application
- Adult Day Care (ADC) – See Supplement 2 – Completing the ADC Application
- Family Day Care Homes (FDCH) – See Supplement 3 – Completing the FDCH Application

2. Using the Orchard CACFP Supplemental Documents

Users are requested to refer to the complete **Independent Center** manual Sections 2-4 for information on Orchard logins and passwords, menu options, CACFP Glossary of Terms, program selection, navigation, and application statuses.

Users are requested to refer to the complete **Independent Center** manual Sections 6-10 for information on the site approval process, recalling an application after submission, reviewing the ratified contract and viewing the Site Information Template (SIF).

3. Completing the Adult Day Care (ADC) Application

Click on the **Application ID** hyperlink to begin the application process.

The screenshot shows the Orchard application dashboard. At the top left is the Orchard logo. On the right, it says "District of Columbia Office of the State Superintendent of Education OSSE". Below the logo is a navigation bar with "Home", "Library", "Nutrition Management", and "Help". The user is identified as "Denise Horsford" with a "Logoff" button. The main content area is titled "Dashboard" and includes a "Program Year" filter set to "All". Below this is the "Applications Summary" section, which contains a table of applications. The first application in the table has its ID, "AD17181306", highlighted with a red box. A "Create Application" button is located at the bottom right of the table.

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
AD17181306	2017/2018	ADC		Draft	8/18/2017 6:51 AM	8/18/2017 6:51 AM	Denise Horsford			
SC17181303	2017/2018	SOC	FDCH	Draft	8/15/2017 2:23 PM	8/15/2017 2:23 PM	Denise Horsford			

A. General Information Tab



Note: Changes to Sponsor Information in Orchard will not update the authoritative data source until the application is submitted.

Application Types

Verify the **Application Types** information is correct.



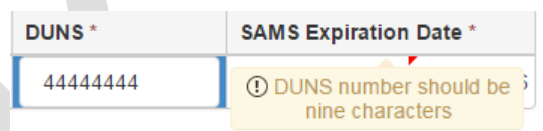
Contact Information

If an existing CACFP application was created, the Orchard system will remember the information entered. Editing is available for all prepopulated information.

1. Update the **Contact Information**. This is the main contact name and number for this Sponsor/SFA.



2. Ensure the DUNS number is nine digits. If not the system will error:



3. Ensure the SAMs expiration date is in the future. Orchard will prohibit date entries less than today's date.

Contacts and Addresses

Enter the contact names for the types listed in the table. Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.

Type	First Name	Last Name	Title	Address Line 1 *	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	linda	callahan	President	415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	3	(202) 111-2222		(202) 626-1504		
W9	eddie	callahan	vice pres	415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 111-2222		(202) 626-1504		
Mailing	mitte	callahan	secretary	415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 111-2222		(202) 626-1504		
Master Supplier List	eddie	callahan	treasurer	415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 111-2222		(202) 626-1504		
Payment Address	eddie	callahan	owner	123 4th street	Washington	DC	20002		(202) 111-2222		(202) 111-2223		

Claim Contacts

- The system will default with two authorized signer lines. If additional authorized signers are needed, click the **Add Claim Contact** button to add an additional authorized signer or third party claim contact for the program’s monthly claims processing.

 **Note: Sponsors must add a minimum of two Authorized Signer contacts; and a maximum of six contacts in total.**

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email *	Delete
Authorized Signer	Linda	Callahan	Owner	(202) 445-7894		lcallahan@gmail.com	
Authorized Signer	Eddie	Callahan	Title	(202) 333-4561		ecallahan@gmail.com	

* After deleting a row, Please Save.

- Select the contact type from the dropdown.

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email *	Delete
Authorized Signer	Linda	Callahan	Owner	(202) 445-7894		lcallahan@gmail.com	
Third Party Contact	Eddie	Callahan	Title	(202) 333-4561		ecallahan@gmail.com	

* After deleting a row, Please Save.

- Enter the contact Name, Title, Phone Number, Extension, and Email address. Continue adding contacts by clicking the **Add Claim Contact** button.

 **Note: Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.**

Claims Authorized Signatures / Third Party Authorizations

+ Add Claim Contact

Contact Type	Name	Title	Phone Number	Extension	Email	
Third Party Contact	Susanne John	Member at Large	(202) 555-1212	222	sjohn@gmail.com	× Delete
Third Party Contact	Olivia John	Board Member	(202) 555-1212	122	ojohn@gmail.com	× Delete
Authorized Signer	James John	President	(202) 555-1212	100	jjohn@gmail.com	× Delete

* After deleting a row, Please Save.

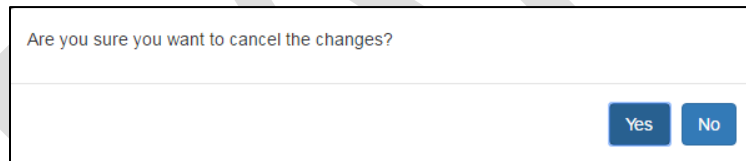
4. Click the **Save** button at the top or bottom of the page.



5. Confirm the save by clicking **OK**.



6. Or, click **Cancel** without saving changes.



7. Confirm **Yes** or **No**.

8. To delete a contact name, click the **Delete** icon.

Claims Authorized Signatures / Third Party Authorizations

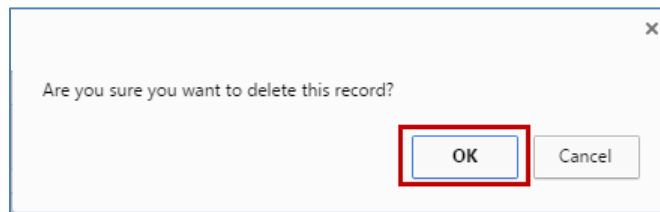
Enter a minimum of two Authorized Signers in the table below. If using a third party, also add their contact information to authorize communication with them should both authorized signers be unavailable.

+ Add Claim Contact

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email *	Delete
Authorized Signer							
Authorized Signer	Linda	Callahan	Owner	(202) 445-7894		lcallahan@gmail.com	
Authorized Signer	Eddie	Callahan	Title	(202) 333-4561		ecallahan@gmail.com	

* After deleting a row, Please Save.

9. Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.



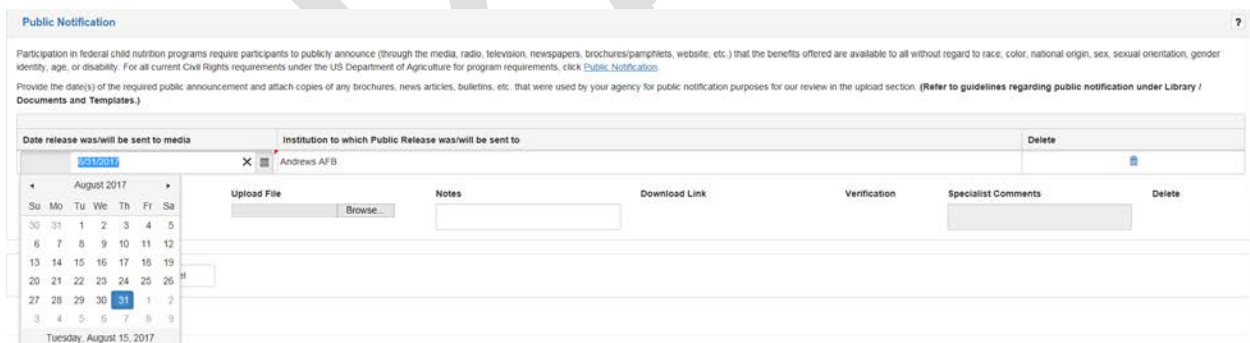
10. Click the Save button at the top or bottom of the page; or click Cancel without saving changes.



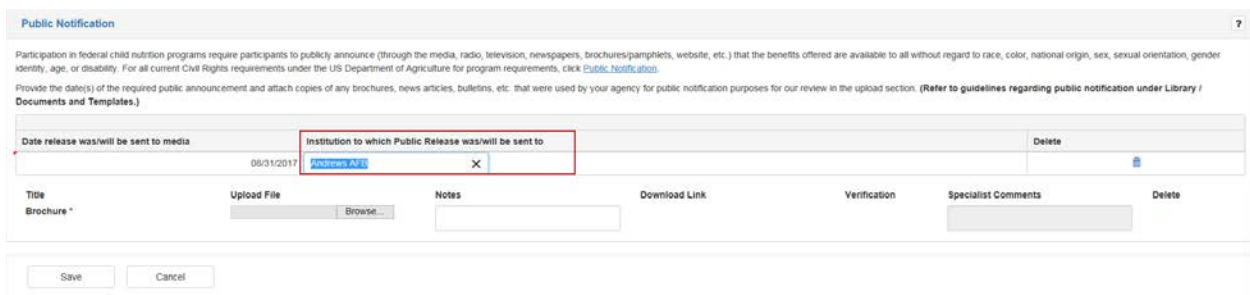
The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

Public Notification

1. Identify the resources used to publicly announce the federal child nutrition programs offered. Add the date of the announcement and the name of the news media used for publication.
2. Click in the field under the **Date release was/will be sent to the media**; and then select the date of the publication from the calendar pop-up.



3. Enter the name of the institution, newspaper, website, etc. where the article was/will be published.



- Click the **Choose File** button or **Browse** button to upload the announcement(s). Select an Excel or .pdf file for uploading.



If there are multiple announcements, scan into one document for upload.

- Add **Notes** to be read by your State Agency DHW Specialist if desired.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current Civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#).

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Library / Documents and Templates.)

Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Delete
08/31/2017	Andrew AFB	X

Title	Upload File	Notes	Download Link	Verification	Specialist Comments
Brochure	Choose File Meal types.xlsx	New Meal announcement		<input type="checkbox"/>	

- Click the **Save** button at the top or bottom of the page; or click **Cancel** without saving changes.

- Confirm the save by clicking **OK**.

The changes were saved.



The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

- Once saved, the file can be viewed by clicking on the **Download Link** hyperlink of the file name.

Public Release

Below, provide the date(s) of the required public announcement. In the upload section, attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes.

(+) Add

Date Release	Name of news media used for publication	
07/14/2016	Washington Post	X Delete

*After deleting a row, Please Save.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments
Brochure	Choose File No file chosen		Field length Specification.xlsx		

- The State Agency DHW Specialist will review the file and enter the verification and any other comments. Sponsors/SFAs cannot edit these fields.
- To delete an institution name, click the **Delete** icon.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current Civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notice icon](#).

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Library / Documents and Templates.)

Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Delete
09/31/2017	University of Ill	X

- Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.

Are you sure you want to delete this record?

OK Cancel

- Click the **Save** button at the top or bottom of the page; or click **Cancel** without saving changes.

Save Cancel



The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

- If the incorrect file was uploaded, click **Choose File** and upload the new file (it will overwrite the current file).

B. Site Management Tab



The Site Information Form (SIF) is uploaded to Orchard to configure each site and determine their programs. The SIF file for CACFP contains all information needed for the IC, ARC, SOC, FDCH, and ADC programs. The sponsor simply fills out the required information for the application and sub-application(s) being submitted.

The Site Information File (SIF) is uploaded to Orchard using a prepared Excel template available under the **Library Tab/Download/Documents and Templates**. The information once uploaded is not editable by the sponsor/SFA. If changes are needed, a new upload will be required.



Do not change the order of the sites on the SIF once the upload has been saved. If corrections need to be made to a single site listed on the SIF, upload the entire SIF again. Do not forget to add a site to the SIF. Payment will not be made for a site not listed in the Application.

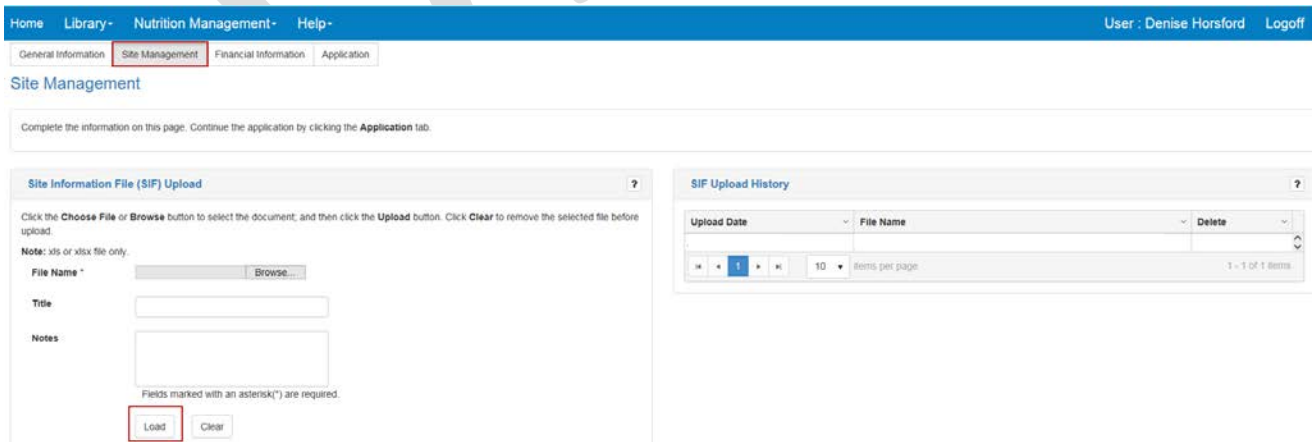


Note: You must know the Site ID in order to complete this upload template.

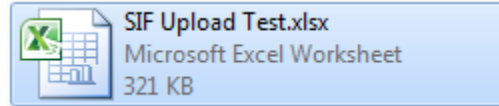
Orchard tracks the history of all “saved” uploaded files. Site information can be changed and re-uploaded before submission of the application or during a recall. However, once the site is approved by the state agency, no further changes can be made to the site information.

Uploading the CACFP SIF File

1. Click the **Site Management** tab



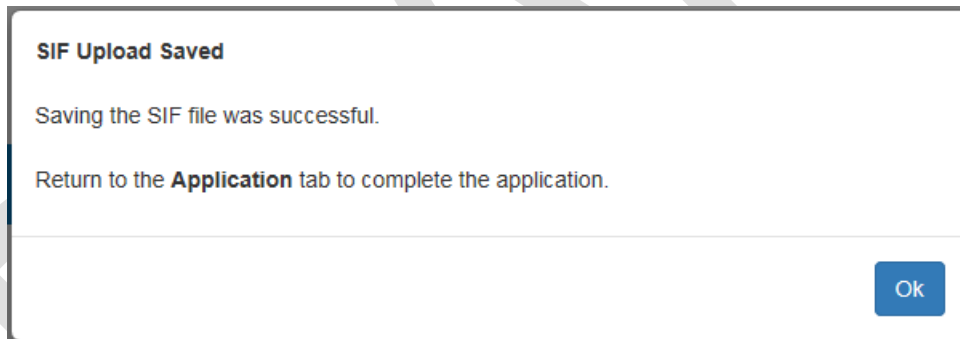
2. Select a file from your computer. The file must be the Excel template downloaded from **Library/Download/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."



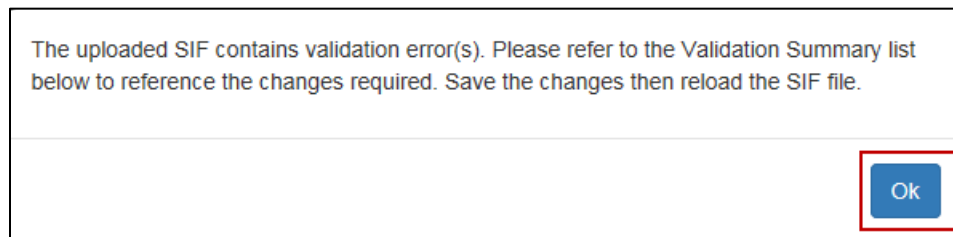
The file Tab Name "SIFDATA" must not change. If the Tab name is changed, the SIF files WILL NOT upload.



3. Add a document title and any notes relevant to the upload.
4. Click the **Load** button.
5. Orchard will display a message that the SIF file upload was successful.

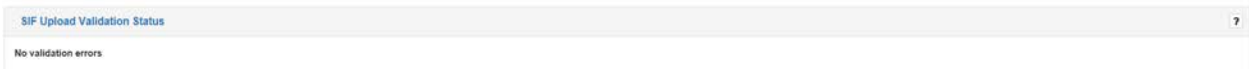


6. Click the **OK** button.
7. If the file did not load, the following message will be displayed:



8. Click the **OK** button.

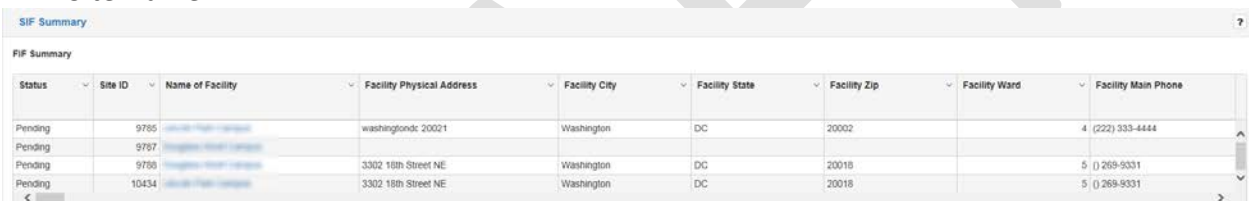
- Review the SIF Upload Validation Status window, make the corrections noted; and then try uploading the file again.



- The file is added to the SIF Upload History table.

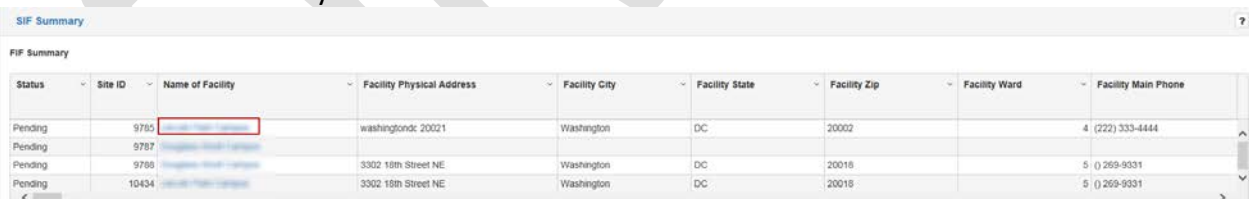


- The sites and SIF information are added to the SIF Summary window. Use the scroll bar to view all information in this table or to view a formatted copy of the information, click on the Site Name.



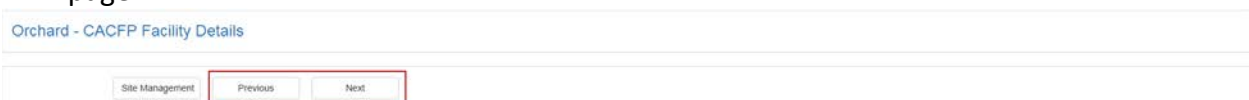
Reviewing the SIF File Details

- Click on the Site Name in the SIF Summary data window to review SIF information in a formatted summary view.



Remember! All fields in this view cannot be edited. If an error is found while reviewing the information, correct the error in the SIF and re-upload the SIF file.

- Use the action buttons to browse through all sites without returning to the Site Management page.



3. Review the **Facility Information** for accuracy.

Facility Information Facility Name: Lincoln Park Campus (9785)

CACFP Operation Public Charter School	Site Effective Date: 07/02/1998	Site Termination Date: For-Profit
	Tax Status: Cash/Non Cash Agreement	Facility Affiliation Status: Affiliated

Addresses

Type	Name *	Street Address *	City *	State *	Zip Code *	Ward	Phone Number	Email
Facility Owner / Executive Director	Testbox Testbox	WashingtonDC	Washington	DC	22022		(443) 540-3192	michainguyen1@dcgov
Facility Director / Manager	Testbox Testbox						(443) 540-3192	michainguyen1@dcgov
Facility Primary CACFP Contact	Testbox Testbox						(443) 540-3192	michainguyen1@dcgov
Physical	Lincoln Park Campus	washingtondc: 20021	Washington	DC	20002	4	(222) 333-4444	
Mailing		washingtondc: 20021	Washington	DC	22022	4		
Area Eligibility School	test	test	Washington	DC	20002	6		

4. Review the **Operational Information** for accuracy.

Operational Information Facility Name: Lincoln Park Campus (9785)

USDA Program Participation Other USDA Program Participation: NSLP Participated under different sponsor: Yes	Seriously Deficient: Yes Previous Sponsor's name: Testbox	Hours of Operations Start: 8:00PM End: 9:00PM	Dates of Program Operations Year-Round: Yes Start Date: 07/02/1998 End Date: 07/02/1998
--	--	--	---

Holidays and Vacations
Closed on all Fed & District Holidays: Yes
List of dates provider will not offer day care services: testtesttesttest

Days of Operations

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Selection	Yes	Yes	Yes	Yes	Yes	Yes	Yes

License Type

Licensing & Certification Information	License Number	Issue Date	Expiration Date	Requested Renewal	Additional Information
Child Care License (CCL)	931313000726		09/08/2017	Yes	Maximum Capacity: 254 CCL Age Restrictions: Up to 12
U.S. Military Facility			09/08/2017		
Child Care Only					
Relative Care			09/08/2017		
Adult Care Only					
DC Department of Mental Health License	931313000726		09/08/2017		
DC Office on Aging License	931313000726		09/08/2017		
At-Risk Center Only					
Fire Inspection			01/03/2020		
Emergency Shelter Only					
Health Inspection		01/03/2015			Name of certifying Agency: testbox
Local Certification			01/03/2018		
Primary DOH Certified Food Manager		07/02/1998	07/02/1998		Manager Name: Testbox
Secondary DOH Certified Food Manager		07/02/1998	07/02/1998		Manager Name: Testbox

5. Confirm that **Meal Service** information is correct.

Meal Service Facility Name: Lincoln Park Campus (9785)

Food Preparation: The type of service or facility which will be used by the school/sponsor for food preparation

Meal Types and Service Times

Meal Type	Will Claim for Reimbursement?	Days this Schedule is Followed							Start Time	End Time	Est. Number of Meals to be Served
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Breakfast	Yes	Yes		Yes				8:00PM	9:00PM	456	
AM Snack (Supplement)	Yes	Yes						8:00PM	9:00PM	456	
Lunch	Yes	Yes		Yes				8:00AM	10:00AM	45	
PM Snack (Supplement)	Yes		Yes					8:00AM	10:00AM	56	
Supper	Yes		Yes					8:00AM	10:00AM	567	

Second Shift or Alternate Meal Service Information (if applicable)

Meal Type	Will Claim for Reimbursement?	Days this Schedule is Followed							Start Time	End Time	Est. Number of Meals to be Served
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Breakfast	Yes	Yes						8:00AM	10:00AM	678	
AM Snack (Supplement)	Yes		Yes					8:00AM	10:00AM	678	
Lunch	Yes		Yes					8:00AM	10:00AM	345	
PM Snack (Supplement)	Yes		Yes					8:00AM	10:00AM	78	
Supper	Yes		Yes					8:00AM	10:00AM	890	

Type Of Food Preparation	Used for					Days Used						
	Breakfast	AM Snack (Supplement)	PM Snack (Supplement)	Lunch	Supper	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Self-preparation in an on-site kitchen				Yes		Yes						
Preparation in a central kitchen operated by the facility	Yes		Yes				Yes		Yes			
Preparation in a central kitchen operated by the sponsoring organization	Yes		Yes				Yes		Yes	Yes		
Contract with a Food Service Management Company (FSMC) to deliver meals	Yes			Yes		Yes		Yes				
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	Yes		Yes				Yes		Yes			
Contract with School Food Authority	Yes		Yes				Yes		Yes			

Type Of Food Preparation	Vendor Name	Phone	Address	City	Zip	FSMC contract Execution Date(if applicable)	FSMC contract Expiration Date (if applicable)	If using an extension year, which year?	FSMC license(if applicable)	Current Health Inspection(if applicable)
Preparation in a central kitchen operated by the facility	Testxxx	4435403192	test xxx test	Washington DC	22022					
Preparation in a central kitchen operated by the sponsoring organization	ven name	4435403192	531 5th st	Washington DC	44444					
Contract with a Food Service Management Company (FSMC) to deliver meals	ven name	4435403192	532 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	901313000726	Passing
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	ven name	4435403192	531 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	901313000726	Passing
Contract with School Food Authority	ven name	4435403192	531 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	901313000726	Passing

Eligibility	
Area Eligibility free and reduced %	12
Date of Determination	2017-03-13
Education and/or Enrichment activities	Enrichment Activities 123

Function	Name of Staff Responsible and Staff Position Title
Collects Income Eligibility Statements (IES) and determines eligibility category for each enrolled participant	Joe Smith
Maintains a master enrollment list that corresponds with IES forms on file	Sue Black
Maintains record of Title XIX and/or Title XX payments	Sue Black
Takes daily attendance	Sue Black
Completes the HACCP Manager's Self-Inspection Checklist each week	testxxx
Maintain itemized bills, invoices and receipts and/or financial information	testtest
Prepares monthly claim OR submits CACFP information to sponsor for preparing the monthly claim	testtesttest
Maintain all CACFP records for three (3) years plus the current year. Records must be in a central location and accessible upon request.	testtesttest

Enrollment	
Child, outside-school-hours, and adult day care centers:	45
As of 7/2/2017 12:00:00 AM	
At-risk after school programs and emergency shelters:	60
Age range of the participants	3 years to 8 years
Institution plan to serve infants within the next year	Yes
Child Care and Outside-School-Hours centers:	
Disabled participant older than the age of 13 years	34
Disabled participant older than the age of 18 years	345
Adult Day Care centers:	
Functionality impaired participants under the age of 60 years	90
Functionality impaired participants under the age of 18 years	90

For-Profit Enrollment	
Eligibility determined by:	Percentage of Title XIX/XX Beneficiaries
Child Care, Outside-School-Hours centers and At-Risk centers	
Enrolled Children	5000
Title XX or eligible FRP	2000
Maximum Capacity	234
Percentage of Enrolled	40
Percentage of License capacity	854.700854700855
Adult Day Care centers	
Eligibility Participants	456
Title XIX beneficiaries	56
Title XX beneficiaries	400
Percentage of Title XX and XX	100

Participant Eligibility			
Free	Reduced	Paid	Total
34	45	56	135

FunctionName	Name
Prepares/updates dated daily menus that meet CACFP meal pattern requirements	testxxxx
Records appropriate menu substitutions as needed	testtesttest
Maintains daily delivery tickets	testtesttesttest
Prepares meals	testtesttestest
Record the number of meals prepared	Sam Sally
Serves meals	Donald
Takes meal count at the point of service (i.e. when each meal/snack is served)	Roy Raven

6. Validate the information presented in the **Actual Participant's Race and Ethnicity** is correct.

Actual Participant's Race and Ethnicity Information

Race Category		
Race	Count	Percentage
American Indian or Alaskan Native	4	
Asian	4	
Black or African American	4	
Native Hawaiian or Other Pacific Islander	4	
White	4	

Ethnicity Category		
Ethnicity	Count	Percentage
Hispanic or Latino	40	
NOT Hispanic or Latino	5	

7. Validate the information presented in the **Race and Ethnicity Information for the Eligible Population** is correct.

Race and Ethnicity Information for the Eligible Population

Race Category		
Race	Count	Percentage
American Indian or Alaskan Native	3	
Asian	5	
Black or African American	6	
Native Hawaiian or Other Pacific Islander	3	
White	3	

Ethnicity Category		
Ethnicity	Count	Percentage
Hispanic or Latino	2	
NOT Hispanic or Latino	2	

Eligible Population Data & Population Source	
Data Source:	terhook
Population:	District
Specify Population (if selected population in previous column indicates to specify)	Ward 5
Indicate whether data is being provided by Number or Percentage	Number

Participation	
Does this facility operate Head Start?	Yes
Are participants charged a separate fee for food or meals?	Yes
Do different groups (e.g. age groups or classrooms) eat at different times for one or more meals?	Yes
Currently approved to receive HRA reimbursement? Select all that apply.	Full Day 4
Interested in participating in Local 5?	Yes
Interested in participating in full day 4? Which meal?	Breakfast
Will any meals be claimed through Title III (ACD only)	Breakfast

State Agency Site Approvals

The State Agency approves each site's information separately. At the bottom of each site summary the State Agency answers questions relative to the site they are reviewing. This information cannot be edited by the Sponsor/SFA.

State Agency Approval

Facility Name: Lincoln Park Campus (9785)

Site Verification	
Site Level State Agency Questions	Response
Is this site seriously deficient in any USDA program? *	
Seriously deficient date verification? *	
Was the Tax status verified? *	
Is this site considered area eligible? *	
If yes, what criteria qualifies this site for area eligibility? *	
Was a Site Information Sheet submitted? *	
Was a Sponsoring Organization - Unaffiliated Site Agreement submitted? *	
If yes, what kind of agreement was submitted? (Cash, Non-cash) *	
Was the appropriate food handling certification submitted? *	
Type of Site/School? *	
If adult day care center, does center receive Title III meals funding or commodities? *	
If Yes, for what meal types? *	
Is center or home licensed of approved by federal state or local authority? *	
If Yes, provide the license capacity. *	
If Yes, provide the expiration dates. *	
Tier I Date of Determination. *	
Tier I Percentage Eligible for Free or Reduced-Price Meals. *	
Home approved to participating in Local 5? *	
Home approved to participating in full day 4? *	
Was a Pre-operation site visit form submitted? *	
If yes, indicate the date visit was conducted. *	
Is a State Agency visit required? *	
If yes, provide date of visit. *	

State Agency Approval			
Assigned Specialist	Assigned Date	Status	Comments
		Pending	

Click the **Site Management** button when you are finished reviewing the sites.

C. Financial Information Tab



Application ID: AD17181308
Status: Draft

Home Library- Nutrition Management- Help- User : Denise Horsford Logoff

General Information Site Management **Financial Information** Application

1. Select your answer for the Budget and Financial Information questions posed. You must answer **Yes** or **No** to each question. Depending on your selection there may be additional information requested.

Budget and Financial Information

Publicly Funded Program Participation
In the past seven (7) years, has the institution or its principals participate in any publicly funded program in any State?

Total Amount of Federal Funding
Does the institution currently receive \$750,000 or more per year in total federal funding?

Multi-State Sponsors
Does the sponsoring organization currently operate CACFP in any other State(s)?

Sponsoring Organization Accounting System
Organizations may use any of the three accounting systems as long as expenses and income are reported consistently.

Commodities
I understand that the institution will receive cash-in-lieu of commodity payments for each lunch and support served.
I understand that cash-in-lieu of commodity payments must be used to purchase food for Program use.

Advance Payments
Is the organization requesting Advanced Payment(s)? *

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Budget *	<input type="text"/> Browse...	<input type="text"/>	Address Changes Report.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>
Budget Narrative *	<input type="text"/> Browse...	<input type="text"/>	Address Changes Report.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>



If there are multiple documents to be uploaded, scan into one document then upload.

2. If answering **Yes** to **Publicly Funded Program Participation** you must identify the State and Start/End dates of the program participation.

Publicly Funded Program Participation
In the past seven (7) years, has the institution or its principals participate in any publicly funded program in any State?

Program Name	State *	Start Date	End Date	Delete
Child and Adult Care Food Program (CACFP)	AA			<input type="button" value="Delete"/>

* After deleting a row, Please Save

3. If answering **Yes** or **No** to **Total Amount of Federal Funding**, you must upload the requested documents supporting your selection.

Total Amount of Federal Funding
Does the institution currently receive \$750,000 or more per year in total federal funding?

If yes, upload a copy of the Single Audit Report:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Single Audit Report *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	<input type="button" value="Delete"/>

If no, upload a copy of the Exemption Report:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Exemption Report *	<input type="text"/> Browse...	<input type="text"/>	Copy of Remainder Entailist 042517.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>

4. Confirm your understanding of commodities by selecting **Yes** or **No** for the **Commodities** question.

Commodities
 I understand that the institution will receive cash-in-lieu of commodity payments for each lunch and support served.
 I understand that cash-in-lieu of commodity payments must be used to purchase food for Program use.

Yes
 Yes

5. Upload all required budget document in the area provided. The state specialist will review each document and determine if the information is valid. If needed, they will enter comments for each budget document entered.
 - a) Browse for the document
 - b) Click **Save** to save the upload
 - c) View the document through the download link
 - d) Click the **Delete** icon to delete the document

Budget Document Uploads						
Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Budget *	<input type="text"/> Browse	<input type="text"/>	Eddie Ready.pdf	Pending Review	<input type="text"/>	
Budget Narrative *	<input type="text"/> Browse	<input type="text"/>	Eddie Ready.pdf	Pending Review	<input type="text"/>	

6. Answer the **Tax Information** questions. You must select Yes or No. As with the financial information, depending on your answer there may be additional requirements.

Tax Information ?

The organization is For-Profit?

The organization is tax-exempt under the Internal Revenue Code of 1996, as amended.

The organization shares the same tax identifications as a church?

The organization is a government agency?

Tax Information Status: Draft

The organization is For-Profit?

Is this Sponsor Tax exempt under IRS Code 501 (c) (3)?

If yes, upload a copy of the IRS Letter of Determination:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
IRS Letter of Determination *	<input type="text"/> Browse	<input type="text"/>			<input type="text"/>	

The organization is tax-exempt under the Internal Revenue Code of 1996, as amended.

If yes, upload a copy of the IRS Letter of Determination:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
IRS Letter of Determination *	<input type="text"/> Browse	<input type="text"/>			<input type="text"/>	

The organization shares the same tax identifications as a church?

If yes, provide additional information:

Church Name: Pastor Name: Pastor Phone Number:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Church-Affiliated Letter *	<input type="text"/> Browse	<input type="text"/>			<input type="text"/>	

The organization is a government agency?

If yes, select the type of government agency

7. Click the **Save** button at the top or bottom of the display to save all changes to the information.



The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

D. Application Tab



The action buttons included on this tab are **Save** – validate and save current changes made to this page; **Cancel** – cancel current changes made to this page; **Submit** – submit the application for approval; and **Delete** – delete this application and start over. If there are validation errors in any tab of the application, they will be listed under the **Validation Summary** data window. Correct the errors on the appropriate tab; and then click **Save**; to remove the errors.



Note: Changes to Sponsor Information in Orchard will not update the authoritative data source until the application is submitted.

Program Selection

Review and ensure the **Program Selection** information is correct for this application.

Program Selection	
Program	Selection
Child and Adult Care Food Program (CACFP)	<input checked="" type="checkbox"/>
Adult Day Care (ADC)	<input checked="" type="checkbox"/>

CACFP Site Operation

Review and ensure the CACFP Site Operation shows the number of Adult Day Care sites.

CACFP Site Operation	
Operation	No. Sites
Adult Day Care	2

Program Contact

Enter the information requested for the individuals who will be the main contacts for the CACFP program Sponsor/SFA.

Contact Type	First Name *	Last Name *	Title *	DOB	Address Line 1 *	City *	State *	Zip Code *	Ward	Email *	Phone Number *	Extension	Fax
Primary CACFP Contact	Linda	Callahan	Super		123 4th Street	Washington	DC	20002		lcallahan1@gmail.com	(202) 111-2222		
Authorized Representative [Owner, Executive Director, Military Commander, or Agency Director]	Eddie	Callahan	Owner		123 4th Street	Washington	DC	20002		ecallahan@gmail.com	(202) 111-2222		
Official Designee of Authorized Representative	Mike	Callahan	Designee		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(202) 111-2222		
Accounting/Finance Contact	Mike	Callahan	Treasurer		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(202) 111-2222		

Board Members

1. Select a contact type from the dropdown

2. Add the information as requested in this table (note the required fields).

3. Click the **Save** button at the top or bottom of the display to save the information
4. Click the **Delete** icon to remove a contact.

Organization Certification Statements

Certification Statements must be filled out and submitted with this application. These certification statements can be found under **Library/Download/Documents and Templates**.

1. Fill out the certification statements
2. Upload them in the space provided.



If there are multiple statements to be uploaded, scan into one document then upload.

3. Add comments if desired.

4. If the answer is **Yes** to the first question, then **Supplemental Documentation** must be uploaded to support your answer. If the answer is **No**, then no additional information is needed.

5. If the answer is **Yes** to the second question question, then **Supplemental Documentation** must be uploaded to support your answer. If the answer is **No**, then no additional information is needed.

During the last seven years has, either the institution, any of its responsible principals or responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program, including any of the following Child Nutrition Programs, in any State:

- Child and Adult Care Food Program (CACFP)
- School Breakfast Program (SBP)
- National School Lunch Program (NSLP)
- Afterschool Snack Program (through NSLP)
- Fresh Fruit and Vegetable Program (FFVP)
- Free Summer Meals Programs (FSMP) / Summer Food Service Program (SFSPP) / Seamless Summer
- Special Milk Program
- Team Nutrition Program

No

6. Click **Save** at the top or bottom of the page to save your information.

Policy Statement Confirmation

1. Click on the **Policy Statement** hyperlink to review this document.

Policy Statement Confirmation ?

Please confirm that you have read and agree to the [Policy Statement](#) for the free and reduced price meals for pricing and non-pricing sponsors. *

Select



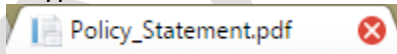
Health and Wellness Division

POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS FOR PRICING AND NON-PRICING SPONSORS

The School Food Authority (SFA) agrees to participate in the programs selected in Orchard (NSLP, SBP, ASP, SMP, HSA, CACFP At-Risk Supper). The SFA also agrees to receive commodities donated by the United States Department of Agriculture (USDA) and accepts responsibility for providing program benefits to eligible children in the schools under its jurisdiction.

The SFA assures the State Agency (SA) that the school system will uniformly implement the following policy to determine children's eligibility for free and reduced price meals in all National School Lunch Program and School Breakfast Program schools under its jurisdiction.

2. Click the red "X" to close the hyperlink and continue the application.



3. Click on **Select** to Accept or Decline the information presented in the Policy Statement.

Policy Statement Confirmation ?

Please confirm that you have read and agree to the [Policy Statement](#) for the free and reduced price meals for pricing and non-pricing sponsors. *

- Select
- Select**
- Accept
- Decline

Civil Rights Affirmation



Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.

Civil Rights Affirmation

1. Click on the **Civil Rights Affirmation** hyperlink and review this document.

Civil Rights Affirmation

Please confirm that you have read and are in compliance with the [Civil Rights Affirmation](#) statement. *

Select



Health and Wellness Division

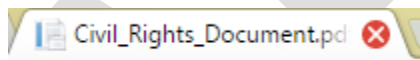
CIVIL RIGHTS AFFIRMATION STATEMENT

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights

2. Click the red "X" to close the hyperlink and continue the application.



3. Click on **Select** to **Accept or Decline** the information presented in the Pre-Award Civil Rights Statement document.

 **Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.**

Pre-Award Civil Rights Questions

1. Answer **Yes** or **No** to the questions posed in this section. All questions require a Yes or No answer.

Pre-award Civil Rights Questions ?

The information below must be provided by all School Food Authorities (SFA's) applying for the National School Lunch Program. Failure to provide this information will delay processing of the application.

Are there membership requirements as a prerequisite for enrollment? *

If prerequisites exist, is the SFA open to all persons without regard to race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA? (this is the only question where N/A is an acceptable answer). *

Does the SFA offer benefits and services to all persons without regard to race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA? *

Is the complete nondiscrimination statement included on all printed materials such as enrollment packets and forms or any other program materials distributed to the public and on websites? Are graphic materials inclusive based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA? *

Are Justice for All posters (the nondiscrimination poster) displayed at the point of service in each school? *

Has the SFA taken all reasonable steps to ensure meaningful access to school meals for eligible students from households comprised of limited English proficiency individuals? *

The State Agency provides annual training regarding civil rights. Is training provided by the SFA to all new and current employees to assure that these persons are competent in civil rights enforcement or the operation of the program in a nondiscriminatory manner? *

Are disabled students including those with special dietary needs, provided program benefits as appropriate? *

How many complaints or civil rights lawsuits have been filed against the SFA? (if more than zero complaints have been filed – please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified.

2. Enter the number of complaints or civil rights lawsuits filed against your Sponsor/SFA.
 a) When “0” is retained, the field below will not be editable.

How many complaints or civil rights lawsuits have been filed against the SFA? (if more than zero complaints have been filed – please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified.

b) When a number is entered, the field below will become editable to the user to explain the details of the lawsuit(s).

How many complaints or civil rights lawsuits have been filed against the SFA? (if more than zero complaints have been filed – please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified.

Pre-Approval and Monitoring

Not required for ADC

Forms & Uploads

Document titles with an asterisk are required to complete the application. Others are required to meet certain conditions to ensure application approval. Some documents can be found in **Library/Download/Documents and Templates** option of Orchard.



If there are multiple documents to be uploaded, scan into one document then upload.

1. Select **Choose File (or Browse)** to upload the file.

Forms & Uploads

The list below contains the documents that are required (annotated with an asterisk) and needed to process your application. Some of the documents/forms are available to sponsors on the Library / Documents and Templates. Others are sponsor specific and should be completed and uploaded as required. The documents without the asterisk are required to meet certain conditions to ensure application approval.

How to Upload Orchard Forms and Documents

1. Click on the **Choose File** button.
2. Select a File from your computer.
3. Click **Open**.
4. Click the **Save** button at the top or bottom of the page to save your file upload.

Document Uploads

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
W-9 *	<input type="button" value="Browse"/>	<input type="text"/>				
Master Supplier Information Collection Template *	<input type="button" value="Browse"/>	<input type="text"/>				
Employee Job Descriptions for Monitors	<input type="button" value="Browse"/>	<input type="text"/>				



Note: Only Excel, PDF or ZIP files can be uploaded.

2. Click on the file name on your local computer and click **Open**.
3. Continue selecting files as needed.
4. Click **Save** to save the uploaded files. The file will move to the **Download Link** column where it can be viewed by clicking on the hyperlink.

Document Uploads

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
W-9 *	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	hope.xlsx	<input type="checkbox"/>		<input type="button" value="Delete"/>

5. Add **Notes** to be read by your State Agency DHW Specialist if desired.
6. To remove an uploaded document, click the **Delete** icon.



Note: The State Agency DHW Specialist will review all uploaded files once the application is submitted. They will click the verification checkbox and add any comments regarding the uploaded document(s). These fields cannot be edited by the sponsor/SFA.

7. Click the **Save** button at the top or bottom of the display to save your changes.

State Agency Application Approvals

At the bottom of the page there will be information that is entered during review of the application by the State Agency. This information cannot be edited by the Sponsor/SFA.

Questions	Confirmation	Verified Date	Requested Amount	Approved Amount	Advance Recovered Months	Comments
Date of NDJ Verification for Institution:						
Date of NDJ Verification for Owner:						
Date of NDJ Verification for CACFP Primary Contact:						
Date of NDJ Verification for Board Chair:						
Date of NDJ Verification for Executive Director:						
Is this sponsor seriously deficient in any USDA program?	No					
Seriously deficient date verification?						
Does this Sponsor receive Intra-District funds?	No					
Has this Sponsor been approved by the State Agency to receive advanced payment for October? (provided approved amount)	Select					
Has this Sponsor been approved by the State Agency to receive advanced payment for November? (provided approved amount)	Select					
Which months will advances be recovered? A minimum 1 month must be entered; the repayment may cover up to 4 consecutive months.					Select	

E. ADC Application Submission – Confirming the Submission

1. On the **Application** Tab, click the **Submit** button.



2. Checkmark all certifications in the **Submission** window. Each certification must be checked or the submission will fail.

SUBMISSION

I certify that, during the last seven years, neither the institution, any of its responsible principals nor have responsible individuals been placed on the National Disqualified List in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State.

I certify that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals have been declared seriously deficient in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State.

I certify that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program, including any of the following Child Nutrition Programs, in any State:

- Child and Adult Care Food Program (CACFP)
- School Breakfast Program (SBP)
- National School Lunch Program (NSLP)
- Afterschool Snack Program (through NSLP)
- Fresh Fruit and Vegetable Program (FFVP)
- Free Summer Meals Programs (FSMP) / Summer Food Service Program (SFS) / Seamless Summer
- Special Milk Program
- Team Nutrition Program

I certify that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals has been convicted of any activity that indicated a lack of business integrity. Activities that indicate a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State Agency.

I certify that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations. I understand that I will be named as a responsible individual if the institution is declared seriously deficient in its operation of the Child and Adult Care Food Program as a result of deficiencies that occur while I am in this role. If the institution is terminated from the Program as a result of those deficiencies, I understand that I will be placed on the National Disqualified List until the deficiencies have been completely and permanently corrected, including the repayment of all debts, or for seven years if no debts are owed but the deficiencies are not corrected.

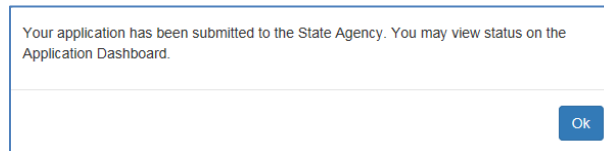
I certify that I understand this application to participate in the Child and Adult Care Food Program in the District of Columbia, and that the information provided in this application is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

I certify that I have read the Permanent Agreement and agree to its terms. Once this application is ratified, the application approval letter will be visible on the dashboard.

Comments / Notes:

Accept & Submit
Decline

3. Add **Comments/Notes** – These will be included in the **Application Log** for review by the State Agency.
4. Click **Accept & Submit**.
5. Click **OK** to confirm the submission.



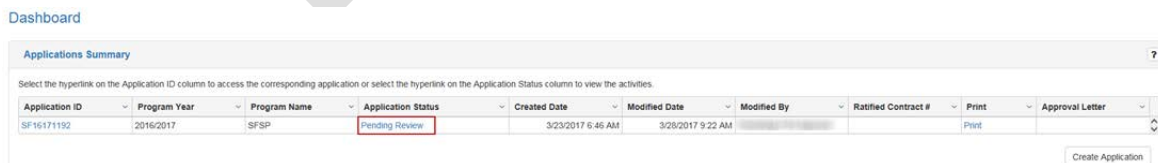
 **Note:** *Once the application is submitted, no further editing is allowed by the Sponsor/SFA. If corrections need to be made, the application is available for RECALL up to the time it is ratified by the Manager.*

Applications Summary Statuses

The **Applications Summary** will display a series of Application Statuses depending on where the application is in the completion, review and approve process. The status when beginning the application is **Draft**.

Submitted – The application has been submitted for State Agency approvals.
In Review – The application is under review by the State Agency.
Pending Final Review – Passed the State Agency review and is forwarded to manager for final approval.
Recall Request – After submission and some or all site data approved; user request to make additional edits.
Returned for Modification – The application was returned by State Agency for edits to sponsor or site information.
Ratified – All approvals received resulting in a ratified contract.

1. Review the dashboard **Pending Review** status.



2. Review the **Application Log** for submission history located below the dashboard. Click the status to display the log.

