



Orchard

Child and Adult Care Food Programs

Supplement 3

Completing the Family Day Care Home (FDCH) 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 Family Day Care Home (FDCH) Application

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

The screenshot shows the Orchard system interface. At the top left is the Orchard logo. At the top right is the District of Columbia Office of the State Superintendent of Education logo. Below the logos is a navigation bar with links for Home, Library, Nutrition Management, and Help. The user is identified as Denise Horsford. The main content area is titled "Dashboard" and contains an "Applications Summary" section. This section includes a table with the following data:

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
CF17181271	2017/2018	FDCH		Draft	8/17/2017 8:16 AM	8/17/2017 8:16 AM	Denise Horsford			
IC17181268	2017/2018	IC	ARC	Recall Requested	8/14/2017 11:55 AM	8/17/2017 7:32 AM	Denise Horsford			
SC17181270	2017/2018	SOC	ADC	Recall Requested	8/16/2017 8:00 AM	8/17/2017 7:28 AM	Denise Horsford			

A. General Information Tab



Application ID: SC17181270
Status: Draft

Home Library- Nutrition Management- Help- User: [Name] [Logout] Logoff

General Information Site Management Financial Information Application SOC



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.

Application Types ?

These are the sub programs chosen for the application.

FDCH

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.

Contact Information ?

Enter the name of the primary contact for this organization. Click [DUNS](#) and [SAMS](#) if additional information or clarification is needed when entering these field values.

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
Linda	Callahan	Owner	(202) 526-1503		(202) 526-1504	linda.callahan@ncdhhs.org	123456789	11/30/2017

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

DUNS *	SAMS Expiration Date *
44444444	DUNS number should be nine characters

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

Entity and Program Types

Validate the entries in the **Entity and Program Types** data window are correct. This data is populated by the authoritative system. If there is an error, please contact your State Agency DHW Specialist.

Entity and Program Types ?

Name

After School Program

Public Charter School

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.

Contacts and Addresses ?

Type	First Name	Last Name	Title	Address Line 1 *	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	Linda	Callahan		415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 526-1503		(202) 526-1504	lony.taylor@appletr...	
W9	Mille	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503			lony.taylor@appletr...	
Mailing	Eddie	Callahan		415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 526-1503		(202) 526-1504	lony.taylor@appletr...	
Master Supply List	Eddie	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503		(202) 526-1504	lony.taylor@appletr...	
Payment Address	Areceli	Bacsinila		415 Michigan Ave. NE 3rd Floor	Washington Wash...	DC	20017		(202) 526-1503			areceli.bacsinila@appl...	103

Claim Contacts

1. 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.**

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.

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.

2. Select the contact type from the dropdown.

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.

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.

3. 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.

Save Cancel

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

The changes were saved.

Ok

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

Are you sure you want to cancel the changes?

Yes No


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.

Are you sure you want to delete this record?

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



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.

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																																																	
<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #e0e0e0; padding: 2px;">20170815</div> <div style="border: 1px solid #ccc; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> August 2017 ✕ </div> <table border="1" style="font-size: 8px;"> <tr><td>Su</td><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td></tr> <tr><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> <div style="font-size: 8px; margin-top: 2px;">Tuesday, August 15, 2017</div> </div> </div>	Su	Mo	Tu	We	Th	Fr	Sa	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	<div style="border: 1px solid #ccc; padding: 2px;"> ✕ Andrews AFB </div>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">  </div>
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<div style="border: 1px solid #ccc; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid #ccc; padding: 2px;"> Upload File <input type="button" value="Browse..."/> </div> <div style="border: 1px solid #ccc; padding: 2px; flex-grow: 1;"> Notes </div> </div> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 2px;"> Download Link </div> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> Verification </div>	<div style="border: 1px solid #ccc; padding: 2px;"> Specialist Comments </div>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">  </div>																																																

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

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	08/31/2017	Institution to which Public Release was/will be sent to	Delete
		<input type="text" value="Agriculture.com"/>	<input type="button" value="X"/>
Title	Upload File	Notes	Download Link
Brochure *	<input type="button" value="Browse..."/>	<input type="text"/>	<input type="text"/>
		Verification	Specialist Comments
		<input type="text"/>	<input type="text"/>

4. 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.

5. 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	08/31/2017	Institution to which Public Release was/will be sent to	Delete
		<input type="text" value="Agriculture.com"/>	<input type="button" value="X"/>
Title	Upload File	Notes	Download Link
Brochure	<input type="button" value="Choose File"/> Meal types.xlsx	<input type="text" value="New Meal announcement"/>	<input type="text"/>
		Verification	Specialist Comments
		<input type="text"/>	<input type="text"/>

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

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

The changes were saved.

- 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	Notes	Download Link	Verification	Specialist Comments
07/14/2016	Washington Post		Field length: Specification.xlsx		

*After deleting a row, Please Save.

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

- 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...	<input type="checkbox"/>

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

Are you sure you want to delete this record?

- 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.

- 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.***

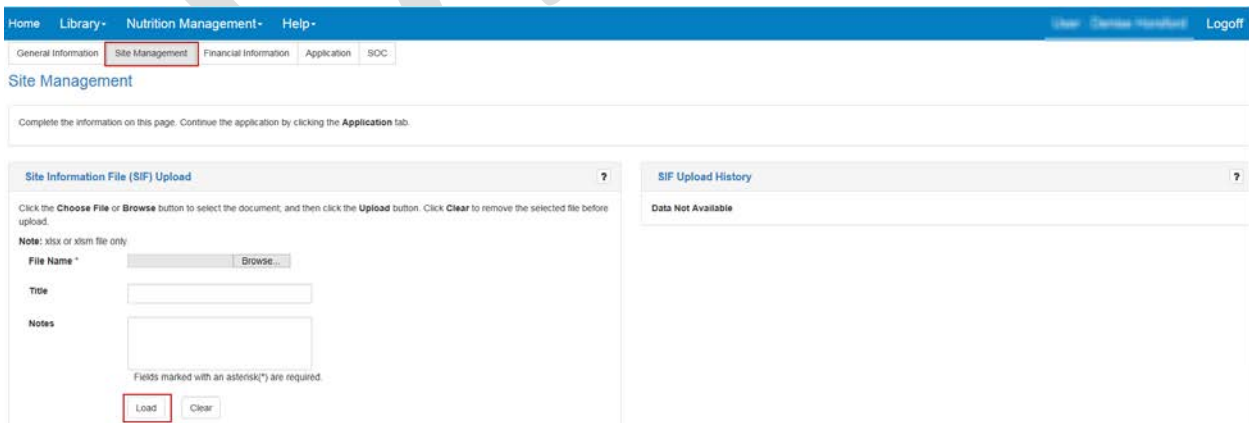


Note: You must know the Site ID in order to complete this upload template.

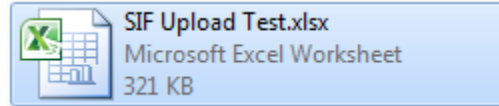
Orchard tracks the history of all “saved” uploaded files. Site information can be changed and re-uploaded before submission of the application or during a recall. However, once the site is approved by the state agency, no further changes can be made to the site information.

Uploading the CACFP SIF File

1. Click the **Site Management** tab



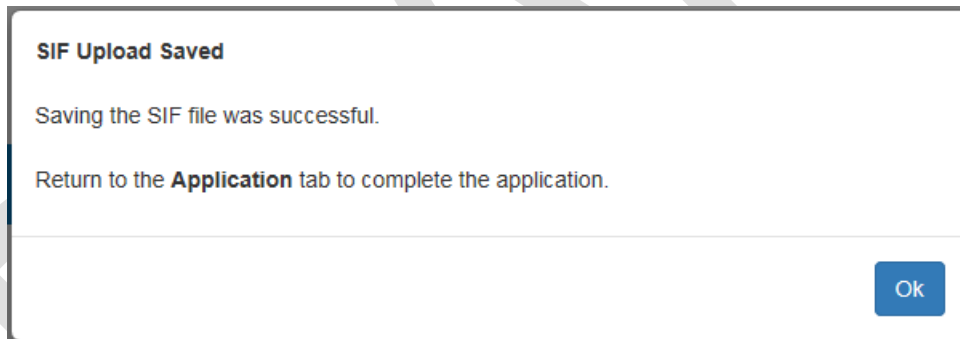
2. Select a file from your computer. The file must be the Excel template downloaded from **Library/Download/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."



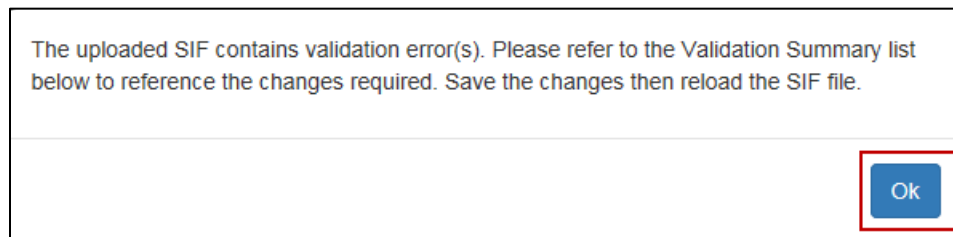
The file Tab Name "SIFDATA" must not change. If the Tab name is changed, the SIF files WILL NOT upload.



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.

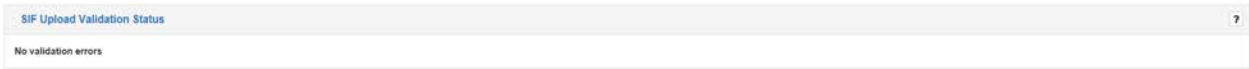


6. Click the **OK** button.
7. If the file did not load, the following message will be displayed:

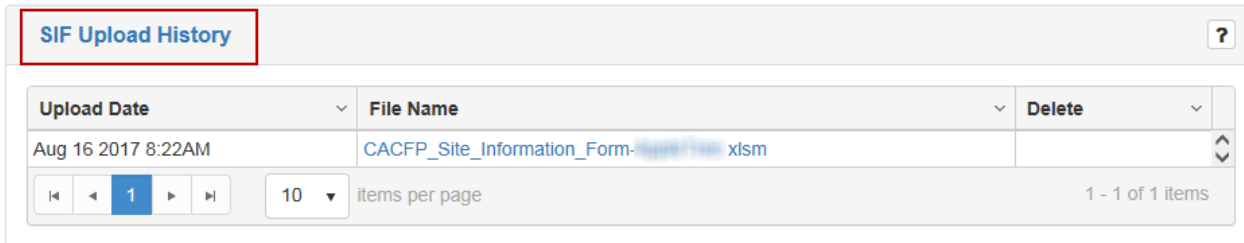


8. Click the **OK** button.

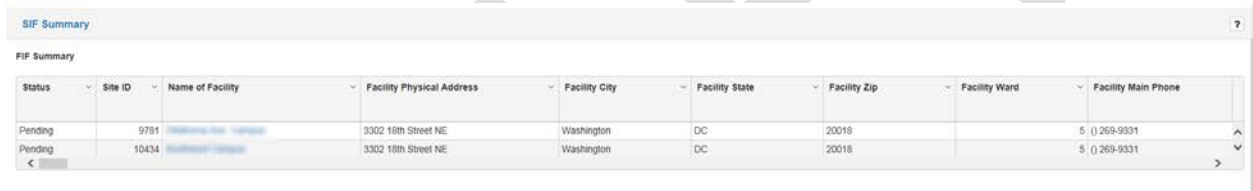
- Review the SIF Upload Validation Status window, make the corrections noted; and then try uploading the file again.



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

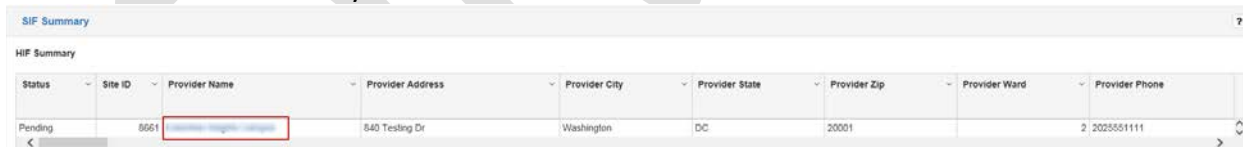


- The sites and SIF information are added to the SIF Summary window. Use the scroll bar to view all information in this table or to view a formatted copy of the information, click on the Site Name.



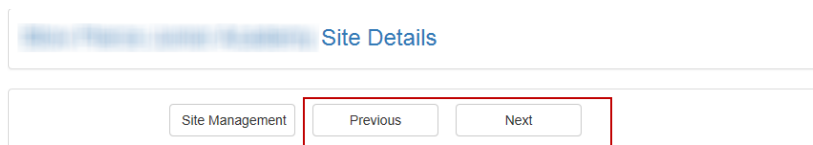
Reviewing the SIF File Details

- 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 **Home Information** for accuracy.

Home Information Home Name: (8661)

Addresses ?

Type	Name *	Title	Street Address *	City *	State *	Zip Code *	Ward	Phone Number	Email
Home	Columbia Heights Campus		840 Testing Dr	Washington	DC	20001	2	(202) 555-1111	michaelguyent@dc.gov
USDA Program Participation	T&T 123		123 Flat Blvd	Washington	DC	20002			

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

Home Information Home Name: (8661)

Addresses ?

Type	Name *	Title	Street Address *	City *	State *	Zip Code *	Ward	Phone Number	Email
Home	Columbia Heights Campus		840 Testing Dr	Washington	DC	20001	2	(202) 555-1111	michaelguyent@dc.gov
USDA Program Participation	T&T 123		123 Flat Blvd	Washington	DC	20002			

5. Review the **Holidays and Vacations** information for accuracy.

Holidays and Vacations Home Name: (8661)

Closed on all Fed & District Holidays: No List of dates provider will NOT offer day care services: Thursday August 9th

Days of Operations ?

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

License Type ?

Licenses	License Number	Issue Date	Expiration Date	Renewal Requested?	Max Capacity	CCL Age Restrictions
Child Care License (CCL)			5/15/2015	No		6
Primary DOH Certified Food Safety		9/4/2017	9/4/2020			
Secondary DOH Certified Food Safety		9/4/2017	9/4/2020			
U.S. Military Facility						

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

Meal Service Home Name: (8661)

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

Meal Type and Service Times ?

Meal Type	Time Meal Service Begins	Time Meal Service Ends	Estimated Number Of Meals Served Daily
Breakfast	8:00AM	9:00AM	6
AM Supplement/Snack			
Lunch	11:00AM	12:00PM	3
PM Supplement/Snack	2:00PM	3:00PM	6
Supper			
Breakfast - 2nd Shift			
AM Supplement /Snack - 2nd Shift			
Lunch - 2nd Shift			
PM Supplement /Snack - 2nd Shift			
Supper - 2nd Shift			

If more than 2 meal types are selected and/or meals served vary by day, please describe in detail the meal service

Meal Handling ?

Is this food preparation method used on all days for all meals and snacks? No

If no, specify alternate Breakfast supplied by vendor

Vendor Name Feed the children Inc

FSMC Contract Expiration Date 2018-09-02

If using an extension year, which year? First

FSMC license 931313000726

Current Health Inspection Passing

Healthy Tots Reimbursements ?

No. of children currently enrolled for day care services 6

How many are the providers own children? 2

Are the provider's own children eligible for free or reduced meals based on family size and income information? No

Do the provider's own children (ages 12 or under) receive meals or snacks while other enrolled children are present? Yes

7. Confirm that **Enrollment** information is correct.

Enrollment Home Name: (8661)

Enrollment		Age Range Of Children Served		Tier Information	
No. of children currently enrolled for day care services	6	From	To	This Home classified as	Tier 1
How many are the providers own children?	2	3 year	12 years	If Tier 1, provide the information used to make this determination:	School Data
Are the provider's own children eligible for free or reduced meals based on family size and income information?	No			If School Data, then include the Name of the School	Learning For Us MS
Do the provider's own children (ages 12 or under) receive meals or snacks while other enrolled children are present?	Yes			Percentage from Data Source	50

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

Actual Participant's Race and Ethnicity Information

Race Category			Ethnicity Category		
Race	Count	Percentage	Ethnicity	Count	Percentage
American Indian or Alaskan Native	4		Hispanic or Latino	40	
Asian	4		NOT Hispanic or Latino	5	
Black or African American	4				
Native Hawaiian or Other Pacific Islander	4				
White	4				

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

Race and Ethnicity Information for the Eligible Population Home Name: (8661)

Race Category			Ethnicity Category		
Race	Count	Percentage	Ethnicity	Count	Percentage
American Indian or Alaskan Native		15	Hispanic or Latino		60
Asian		15	NOT Hispanic or Latino		40
Black or African American		15			
Native Hawaiian or Other Pacific Islander		20			
White		35			

10. Validate the information presented in the **Eligible Population Data & Population Source** is correct.

Eligible Population Data & Population Source

Data Source	Dc Office of Planning
Population	Ward (Specify)
Specify Population (if selected population in previous column indicates to specify)	Ward 5
Indicate whether data is being provided by Number or Percentage	Percentage

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: (9781)

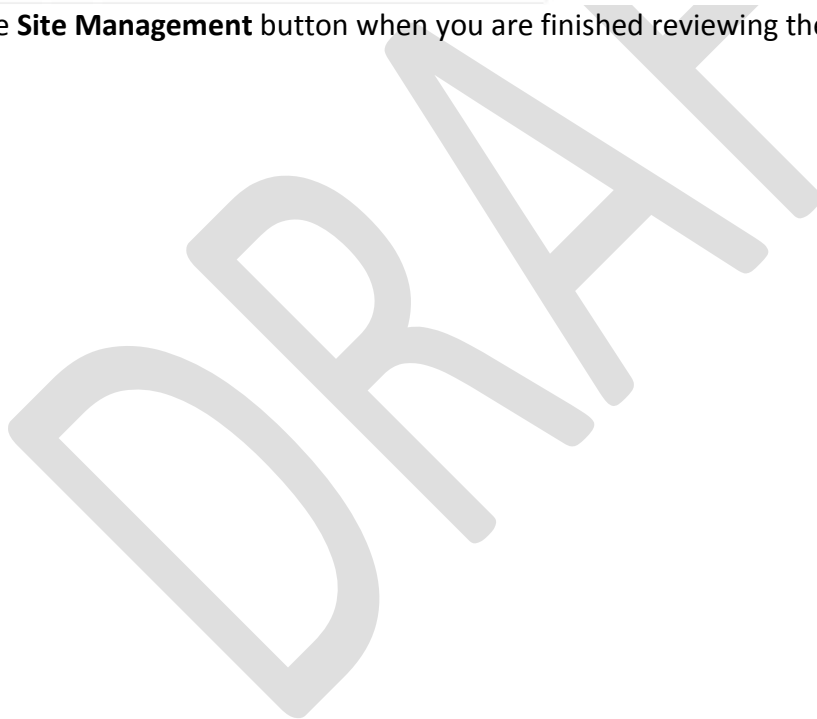
Site Verification ?

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



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.

This screenshot shows the 'Budget and Financial Information' section of the application. It contains several questions with dropdown menus for answers:

- 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?' with a dropdown menu showing 'Select', 'No', and 'Yes'.
- Total Amount of Federal Funding:** 'Does the institution currently receive \$750,000 or more per year in total federal funding?' with a dropdown menu showing 'Select', 'No', and 'Yes'.
- Multi-State Sponsors:** 'Does the sponsoring organization currently operate CACFP in any other State(s)?' with a dropdown menu showing 'Select'.
- Advance Payments:** 'Is the organization requesting Advanced Payment(s)?' with a dropdown menu showing 'Select'.

Below these questions is a 'Budget Document Uploads' table with columns for Title, Upload File, Notes, Download Link, Verification, Specialist Comments, and Delete. Two rows are visible: 'Budget *' and 'Budget Narrative *', each with a 'Browse...' button for the upload file.

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

This screenshot shows the table for 'Publicly Funded Program Participation' after selecting 'Yes'. The table has columns for Program Name, State, Start Date, End Date, and Delete. One row is populated with 'Child and Adult Care Food Program (CACFP)', 'AA', and empty date fields. A red box highlights the 'State', 'Start Date', and 'End Date' columns. An 'Add new item' button is located above the table.

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

This screenshot shows the 'Total Amount of Federal Funding' section. It includes a dropdown menu for 'Yes' or 'No'. Below this are two upload sections:

- Single Audit Report:** 'If yes, upload a copy of the Single Audit Report.' This section has a table with columns for Title, Upload File, Notes, Download Link, Verification, Specialist Comments, and Delete. A row for 'Single Audit Report *' is shown with a 'Browse...' button.
- Exemption Report:** 'If no, upload a copy of the Exemption Report.' This section has a table with the same columns. A row for 'Exemption Report *' is shown with a 'Browse...' button. The 'Download Link' for this row is 'Copy of Reminder EmailList 042517.xlsx' and the 'Verification' is 'Pending Review'.

- If answering **Yes** to **Multi-State Sponsors** you must select the state in which CACFP operates and then describe the system and method for prorating costs.

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

In which State(s) does the organization operate CACFP?
Describe the sponsoring organization's system for prorating costs associated with operating CACFP in multiple States. The method for prorating shared costs requires specific prior written approval by the State Agency.

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.

Yes

Military Location AA
Military Location AE
Alaska
Alabama
Military Location AP
Arkansas
American Samoa

- If answering **Yes** to the **Advance Payments** question, you must upload the requested document and estimate the dollars to be advanced.

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

If yes, include dollar amount and upload a CACFP Request for Advance Funds form.

October : \$0.00 November : \$0.00

Yes

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Advance Funding Form *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	

- Upload all required **Budget Document Uploads** 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.
 - Browse for the document
 - Click **Save** to save the upload
 - View the document through the download link
 - 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"/>	

- 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? Yes

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

The organization is tax-exempt under the Internal Revenue Code of 1986, as amended. No

The organization shares the same tax identifications as a church? No

The organization is a government agency? No

- Click the **Save** button at the top or bottom of the display to save all changes to this tab's information.

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

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

Program Selection	
Child and Adult Care Food Program (CACFP)	<input checked="" type="checkbox"/>
Family Day Care Center (FDCH)	<input checked="" type="checkbox"/>
Healthy Tots Act (HTA)	<input type="checkbox"/>

2. Checkmark **Healthy Tots Act (HTA)** if participating in this program.

Program Selection	
Child and Adult Care Food Program (CACFP)	<input checked="" type="checkbox"/>
Family Day Care Center (FDCH)	<input checked="" type="checkbox"/>
Healthy Tots Act (HTA)	<input checked="" type="checkbox"/>

CACFP Site Operation

Ensure the information in this window is correct.

CACFP Site Operation	
Operation	No. Sites
Child Care	0
Outside-School hours	0

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	Millie	Callahan	Designee		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(202) 111-2222		
Accounting/Finance Contact	Millie	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).

Contact Type	First Name *	Last Name *	Title *	DOB *	Address *	City *	State *	Zip Code *	Email *	Phone Number *	Extension	Fax	Paid CACFP Funds *	Financial State in the organization *	Related to organization's personnel, contractors, or board members *	Delete
Owner	Eddie	Callahan	Owner	01/01/2001	123 4th Street	Washington	DC	20002	ecallahan@gmail.com	(202) 111-2222			Yes	Yes	Yes	

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.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Certification Statements *	C:\Users\linda.callahan\... Browse...					

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.

During the last seven years has, either the institution, any of its responsible principals or responsible individuals been declared seriously deficient in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State?

If yes, the institution, its responsible principals and/or responsible individuals has been declared seriously deficient in the operation of the CACFP or any other Child Nutrition Program then attach documentation indicating the specific program(s), date(s) and State(s). Documentation must be submitted to prove that the institution and/or the principal(s) previously declared seriously deficient completed all required corrective action, including the payment of any debts owed, and have been restored to good standing.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Supplemental Documentation *	Browse...			Yes		

During the last seven years has, either the institution, any of its responsible principals or responsible individuals been declared seriously deficient in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State?

No

- 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

If yes, the institution, its responsible principals and/or responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program by reason of violating that program's requirements then attach documentation indicating the specific program(s), date(s) and State (s). Documentation must be submitted to prove that the institution, its responsible principals and/or responsible individuals previously declared ineligible were later fully reinstated in, or determined eligible for, the program, including the payment of any debts owed.

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

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

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

Policy Statement Confirmation

- 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



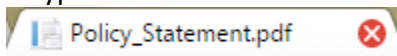
Health and Wellness Division

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.

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



- 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. *

Civil Rights Affirmation

Select

- Select
- Accept
- Decline

 **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.




Health and Wellness Division

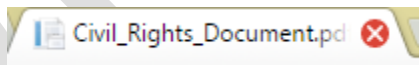
CIVIL RIGHTS AFFIRMATION STATEMENT

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? *

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

Click on **Select to Accept or Decline** that you have read and agree to the **Pre-Approval and Monitoring** procedures.

Pre-Approval and Monitoring ?

Please confirm that you have read and agree to the Pre-Approval and Monitoring procedures.

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

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="text"/> <input type="button" value="Browse"/>	<input type="text"/>			<input type="text"/>	<input type="button" value="X"/>
Master Supplier Information Collection Template *	<input type="text"/> <input type="button" value="Browse"/>	<input type="text"/>			<input type="text"/>	<input type="button" value="X"/>
Employee Job Descriptions for Monitors	<input type="text"/> <input type="button" value="Browse"/>	<input type="text"/>			<input type="text"/>	<input type="button" value="X"/>



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="text"/>	<input type="button" value="X"/>

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.

State Agency Approval						
Questions	Confirmation	Verified Date	Requested Amount	Approved Amount	Advance Recovered Months	Comments
Date of NDL Verification for Institution		<input type="text"/>				
Date of NDL Verification for Owner		<input type="text"/>				
Date of NDL Verification for CACFP Primary Contact		<input type="text"/>				
Date of NDL Verification for Board Chair		<input type="text"/>				
Date of NDL Verification for Executive Director		<input type="text"/>				
Is this sponsor seriously deficient in any USDA program?	No					
Seriously deficient date verification?		<input type="text"/>				
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		\$0.00			
Has this Sponsor been approved by the State Agency to receive advanced payment for November? (provided approved amount)	Select		\$0.00			
Which months will advances be recovered? A minimum of four (4) consecutive months.					Select	

Save Cancel Submit Delete

E. FDCH Tab



Family Day Care Homes (FDCH) requires additional information to satisfy application requirements. Click on the FDCH tab to complete the information requested.

Family Day Care Home Sponsorship Administrative Procedures

Answer the questions posed in this section in the text fields provided. All questions in this section must be answered.

Family Day Care Home Sponsorship Administrative Procedures

If sponsoring family day care homes, describe the sponsoring organization's procedures for the following administrative tasks:

Determining the tier classification for each home (i.e. Tier I versus Tier II)

Verifying a Tier I classification based on provider's income.

Determining whether the provider's own children are eligible to have their meals reimbursed through CACFP.

Informing Tier II providers of their options for reimbursement.

Annually collecting and documenting civil rights information

Please describe the provider's contingency plan in the event the provider's normal food service is interrupted (i.e. the provider is sick, what plan will the providers inform the parents of non-child care services, or there is an emergency)

Disbursement and Collection of Funds

Answer the questions posed in this section in the text fields provided. All questions in this section must be answered.

Disbursement and Collection of Funds ?

Payment Disbursement
Describe the sponsoring organization's system for disbursing CACFP reimbursements within five (5) business days of receipt from the State Agency.

Payment Reconciliation
Describe the sponsoring organization's system for reconciling homes' CACFP claims and reimbursements.

Home Monitoring Schedule

Enter the monitoring schedule for each facility.

Home Monitoring Schedule ?

+ Add Home Monitoring Schedule

Facility Name	Date of Pre-Approval Visit	Date of 1st Monitoring Visit	Date of 2nd Monitoring Visit	Date of 3rd Monitoring Visit	Delete
	08/08/2017	08/31/2017	08/30/2017	8/31/2017	
	08/17/2017	08/31/2017	08/29/2017	08/31/2017	
	08/09/2017	08/23/2017	08/29/2017	08/30/2017	

Sponsored Family Day Care Homes

Review the information for correctness.

Sponsored Family Day Care Homes

Tier Classification	No Of Homes
All Tier II	0
Tier I	1
Tier II All Mixed	0
TOTAL	1

Document 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.

Document 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](#)

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

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Family Day Care Provider Training *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
FDCH Sponsorship Administrative Procedures *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Agreement *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Home Pre-Approval Review Form *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Home license or alternate approval *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Provider transfer request *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	

F. FDCH Application Submission – Confirming the Submission

1. Click the **Application** tab.



2. Click the **Submit** button.



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

SUBMISSION

Acknowledge and certify your agreement to the statements below by checking the corresponding boxes:

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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> 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 (SFSP) / Seamless Summer Special Milk Program Team Nutrition Program 	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
I certify that I have read the Permanent Agreement and agree to it's terms. Once this application is ratified, the application approval letter will be visible on the dashboard.	<input checked="" type="checkbox"/>

Comments / Notes:

Accept & Submit
Decline

4. Add **Comments/Notes** – These will be included in the **Application Log** for review by the State Agency.

5. Click **Accept & Submit**.

6. Click **OK** to confirm the submission.

Your application has been submitted to the State Agency. You may view status on the Application Dashboard.



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.*

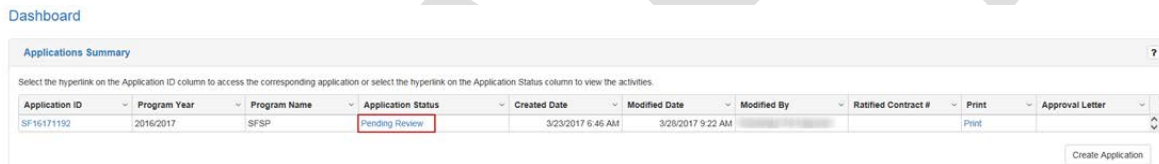
DRAFT

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.

