



Orchard

Child and Adult Care Food Programs Independent Center (IC)

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



Throughout this manual the term data window or window will be used. This refers to a section of the display screen containing like information. For example in the graphic below there are three data windows: Contact Information, Entity and Program Types and Contacts and Addresses.

Tax ID:

Contact Information ?

Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
George Manning	President	(202) 806-9800		111 (202) 733-1812		444444444	07/30/2016

Entity and Program Types ?

Name
 Public Charter School


Contacts and Addresses ?

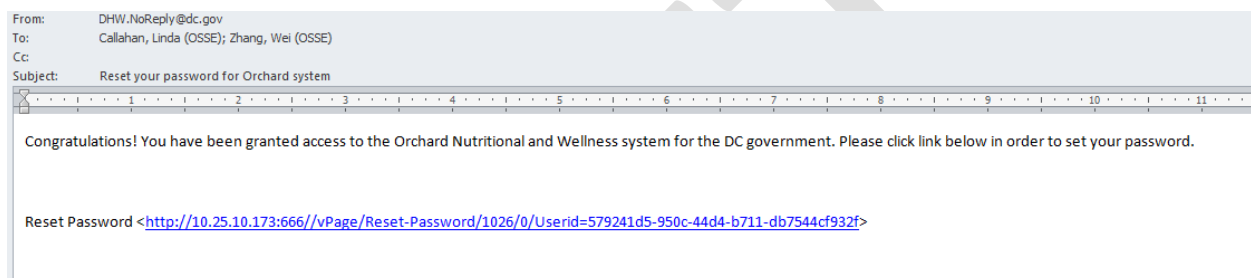
Type	Name	Title	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	James John	President	100 PEABODY STREET NW		WASHINGTON	DC	20011	4	(202) 806-9800		(202) 733-1812		
W9	James John	Treasurer	100 PEABODY STREET NW		WASHINGTON	DC	20011		(202) 806-9800		(202) 733-1812		
Mailing	Sally John	Secretary	100 PEABODY STREET		WASHINGTON	DC	20011	4	(202) 806-9800		(202) 733-1812		

2. Logging into Orchard

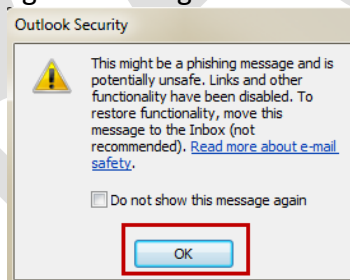
After your username is set up in Orchard by the State Agency, you will receive an email requesting you to re-set your password.

A. Resetting the Orchard Password

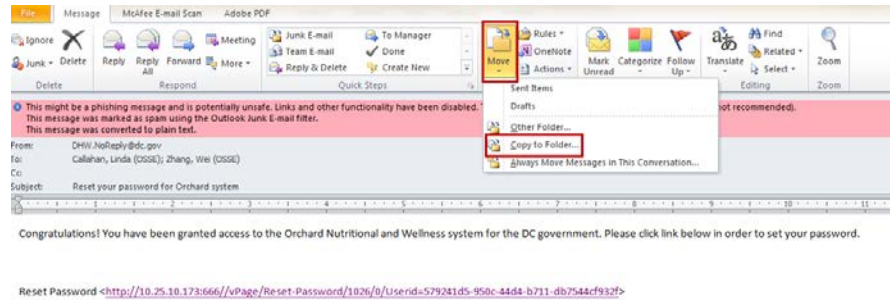
 **Note: The email is coming from system, not a person, so it may end up in the Junk Mail folder of your mail system. Please check there before contacting the Call Center.**



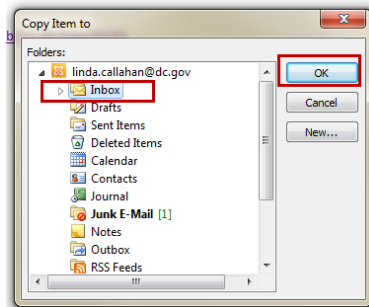
1. Click on the link provided.
2. A message **MAY** appear requiring the message be moved to the Inbox of your mail system.



3. Click **OK**.
4. Under the Move icon, click **Copy to Folder**.



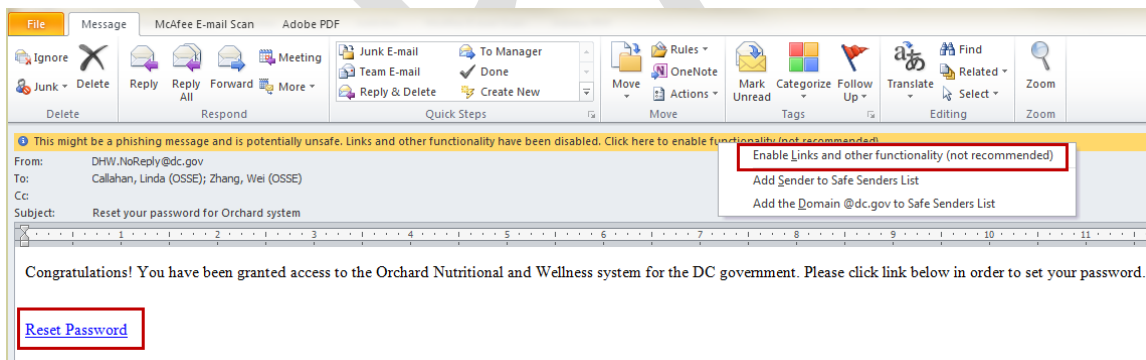
5. Click **Inbox**; and then click **OK**.



6. Click on your **Inbox**.

7. Open on the message just moved.

8. Click the pink bar (changes to yellow); then click **Enable Links and other functionality (not recommended)** to enable the Reset Password link to be activated.



9. Click the **Reset Password** link.

Reset Password

User Registration Information ?

Login Email ID:

First Name:

Last Name:

Phone:

Job Title:

Role Name:

Current Sponsor: DC Public Schools
Current Sites: All Sites

User Reset Password

Login Email ID:


Password:


Confirm password:

Important

IMPORTANT! Passwords must be a minimum of eight (8) characters and maximum of twenty (20) characters; including at least one upper-case letter, one lower-case letter, one number and one special character, i.e. School#1.

10. Enter your new password and enter again to confirm; and then click the **Reset Password** button.
11. The system will confirm the reset.



District of Columbia Office of the State Superintendent of Education


Home Library- Help-
Login

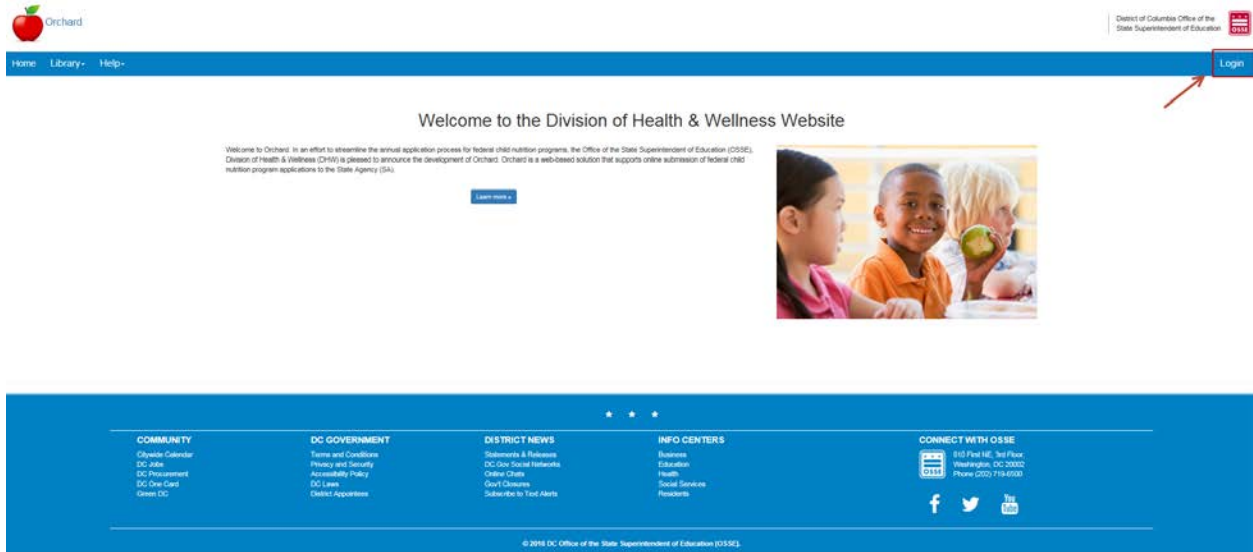
Reset password confirmation

Your password has been reset. Please [click here to log in](#)

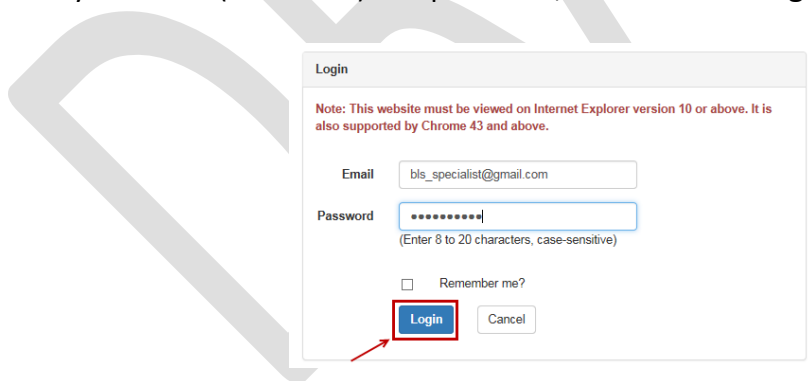
12. Users can log in from here by clicking the “**click here to log in**” hyperlink.

B. Launching and Logging into Orchard

1. Enter URL: <https://orchard.osse.dc.gov>
2. Click **Login** on the Orchard welcome screen.



3. Enter your Email (username) and password; and then click **Login**.



- Click the checkbox to accept the **User Access Agreement**; and then click **OK** to enter Orchard or click **Cancel** to return to the login screen.

User Access Agreement

I certify that I am an administrator currently employed by a District of Columbia public school, public charter school, child care center, sponsoring organization or other educational institution, and that I am accessing the District of Columbia's Division of Health and Wellness System (DHWS) for the purposes of operating a Child Nutrition Program. I agree that any information entered will be true and correct in all respects and that all records available support the data entered. I agree to protect any data that I access from further disclosure to any other person or entity outside of my organization, unless such a person or entity is legally entitled to access such data. I further certify that all claims submitted are true, correct, and accurate based on the records and documentation collected by myself or my designee.

I Agree

C. Home Page Menu Options

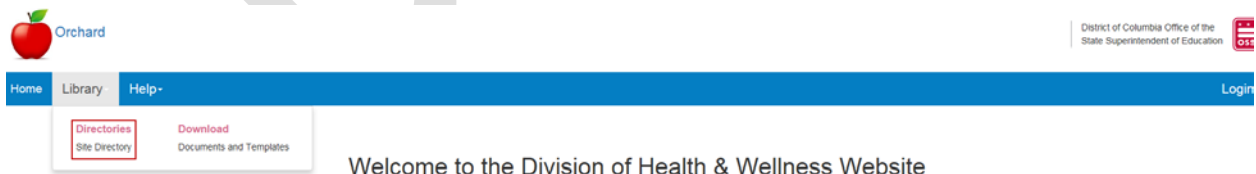
Library



Note: Orchard users do not need to be logged in to see the Library menu options.

Site Directory

The **Site Directory** under the Library menu option is the resource for locating a sponsor's (entity's) **Site IDs** which are stored in the authoritative data repository. These will be necessary when creating the Excel SIF file explained later in this manual. This list contains all Orchard Sponsor and SFA sites. **Check to ensure your site is listed before starting your Orchard application. If you do not see your site listed, please contact your State Agency DHW specialist.**



1. Click **Library/Directories/Site Directory** to view a list of sponsor and SFA sites.

Site Directory

This list of identification numbers are used for detecting and reporting data associated with each site in Orchard. If a specific site is not listed please contact your assigned program specialist.

Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
	9549		2016/2017	908 Vanler Place, SE		DC	20032	8	
	10594		2016/2017	1400 14th Street NE	Washington DC	DC	20015	3	
	10319		2016/2017	1500 Mississippi	Washington DC	DC	20032	6	
	10593		2016/2017	801 First Street, NE		DC	20032	4	
	8661		2016/2017	2750 14th Street, NW		DC	20020	1	

1 - 5 of 176 items

2. To locate your sites, use the column filter option. **See section D.13 for instructions.**

Documents and Templates

Documents and Templates under the **Library** tab list the documents needed for users to complete their CACFP applications. There are also documents under the General list that will need to be downloaded, completed and uploaded when requested within the application. General Instructions for downloading the files are contained on this page. Also available is a download of Adobe Reader if this program is needed to complete the forms.



The Permanent Agreement located as a download on this page is mandatory for sponsors/SFAs to download and read. An electronic certification is within the application submission process requiring user acceptance of the Permanent Agreement.



Home Library Help- Login

Directories
Site Directory

Download
Documents and Templates

Welcome to the Division of Health & Wellness Website

1. Click **Library/Download/Documents and Templates**
2. Click on the **Download** hyperlink of the document you want to view or complete.



The Site Information Template (SIF) is necessary to identify the SFSP program specifics for each site. This is the first step in completing the application.

3. The documents are segmented into specific program areas. General documents will display upon entry to this screen.



Download the application forms and documents listed below before accessing the Application Management Dashboard link. The forms below can be downloaded, filled in online and saved to your local drive using Adobe Acrobat Reader. If you do not have Adobe Reader, click on the link below and follow the download instructions.



Adobe Reader allows you to view PDF documents. Use Adobe Reader to view, search, digitally sign, verify, print, and collaborate on Adobe PDF files.

How to download the Orchard SIF template and forms needed for application submission.

1. Click the [Download](#) hyperlink next to the form.
2. Click on the form to Open.
3. Save the form to your local hard drive.
4. Open the form and fill in the information.
5. Save the completed form for upload to your Orchard application.

Some or all of the following documents must be submitted for approval of your Orchard Application. Required upload areas are clearly marked on the pages of the Application.

General Documents	
Permanent Agreement	Download
W-9	Download
ACH Form	Download
Master Supply Form	Download

[National School Lunch Program \(NSLP\) Documents](#)

[Summer Food Service Program \(SFSP\) Documents](#)

[Local Wellness Policy \(LWP\) Documents](#)

4. Click on the **Child and Adult Care Food Programs** section to view the documents needed for the CACFP applications. Click on the section heading again to collapse the list.

[General Documents](#)

Permanent Agreement	Download
W-9	Download
ACH Form	Download
Master Supply Form	Download

[National School Lunch Program \(NSLP\) Documents](#)

[Summer Food Service Program \(SFSP\) Documents](#)

SFSP Site Information Form (SIF)	Download
Pre-Operational Site Visit Form	Download
Public Notification - Media Release Open Sites	Download
Public Notification - Media Release Closed sites & Camps	Download
Camp Hearing Procedures	Download
Appeal Procedures - SFSP	Download
Advanced Payment Request Form	Download

[Local Wellness Policy \(LWP\) Documents](#)

- Click on the **Local Wellness Policy (LWP) Documents** to complete your downloads before beginning the application process. Click on the section heading again to collapse the list.

General Documents

Permanent Agreement	Download
W-9	Download
ACH Form	Download
Master Supply Form	Download

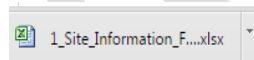
National School Lunch Program (NSLP) Documents

Summer Food Service Program (SFSP) Documents

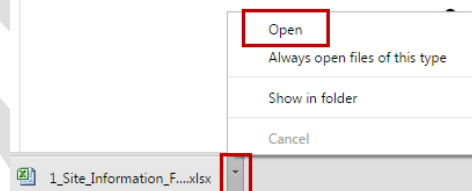
Local Wellness Policy (LWP) Documents

Local Wellness Policy Requirements Memo	Download
Local Wellness Policy Checklist	Download
Local Wellness Policy Template	Download
LWP Annual Self Evaluation & Action Plan Tool	Download

- Depending on the Windows version, there will be a popup somewhere at the bottom of the screen with the file name.



- Click on the small arrow to the right of the name; and then click **Open**. Or simply click on the file name.



- The file will launch. Once opened, click **File/Save As** and save the file to your local computer for completion before uploading later in the application process.

Help



Note: Orchard users do not need to be logged in to see the Help menu options

1. Click **Help** then **User Guides** to download a copy of the most current User Guides.

2. Click **Help** then **Forgot Password** to reset your current Orchard password.

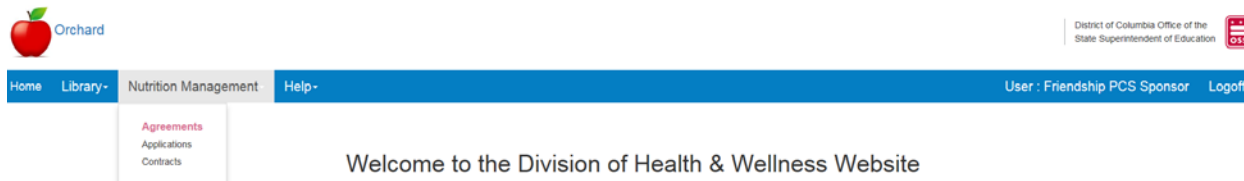
3. Click **Help** then **Contact Us** to see a list of Orchard application specialists' phone and email addresses. The **OSSE Call Center** number is also on this page for immediate assistance with a technical issue.

National School Lunch Program (NSLP) Contacts	Child and Adult Care Food Program / Summer Food Service Program Contacts	Orchard Technical Assistance
<p>Elizabeth Leitch, School Programs Manager (202) 551-2650 Elizabeth.L@osse.gov</p> <p>Erika Walker, Compliance Manager (202) 205-0819 Erika.Walker@osse.gov</p> <p>MSA Adams, Program Specialist (202) 724-7773 MSA.Adams@osse.gov</p> <p>Rebecca Adams, Program Specialist/Requirements/News Office (202) 743-6429 Rebecca.Adams@osse.gov</p> <p>Neil Robinson, Program Specialist (202) 743-6419 Neil.Robinson@osse.gov</p> <p>Jocelyn Hicks, Program Specialist/PPAF (202) 724-7339 Jocelyn.Hicks@osse.gov</p>	<p>Suzanne Henry, Program Manager (202) 554-6118 Suzanne.Henry@osse.gov</p> <p>Elizabeth Sweeney, Program Coordinator - Summer Food Service Program (202) 734-7638 Elizabeth.Sweeney@osse.gov</p> <p>Melissa Kennedy, Program Specialist - Summer Food Service Program (202) 734-7634 Melissa.Kennedy@osse.gov</p> <p>Erica Nelson, Program Specialist (202) 734-7634 Erica.Nelson@osse.gov</p> <p>Matthew Fox, Program Specialist (202) 442-4211 Matthew.Fox@osse.gov</p>	<p>Adrienne Morgan, System Coordinator - Child Nutrition Program Adrienne.Morgan@osse.gov</p> <p>Please direct all application and program related questions to your assigned program specialist. All technical contact requests should be directed to: tech@osse.gov</p> <p>OSSE Call Center For technical issues related to Benefit applications, please call (202) 774-6300. Technical assistance is provided by Monday through Friday 8 a.m. to 5 p.m. to answer your technical questions.</p>

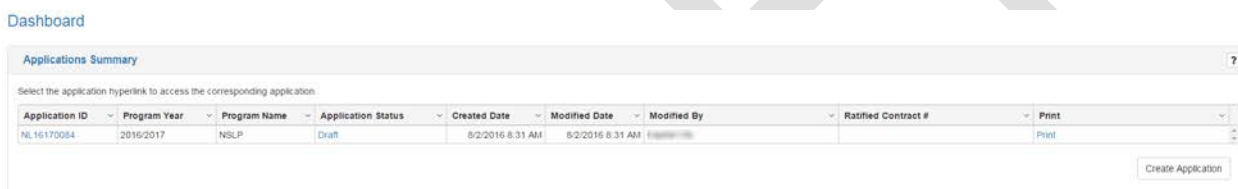
Nutrition Management



Users must be logged in to Orchard to see this menu option.



Select **Applications** – to view the applications dashboard containing current programs specific to the logged in user. First time entry will require the user to click **Create Application** to identify the program application they will be completing. **See Section 4.A** for complete instructions on selecting an application.



ATTENTION: There is a 60 minute automatic logout if there is no activity on the site. Save your work on a regular basis.

D. General Navigation

- Hyperlinks are shown in blue type, i.e. [BL15160032](#)
- Throughout the application, required fields will be marked with a black asterisk “*”.



- Fields unavailable to sponsors once clicked will show a solid blue colored box, for example:

Meal	Free	Reduced	Paid	Total
Breakfast				
Severe Need Breakfast		626	10	636
Lunch		626	10	636
Area Eligible Snack		636		636

4. Fields available for sponsor entry once click with show a blue bordered box, for example:

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
			(202) 808-9600			(202) 733-1812		

5. Once creating a new application or editing an existing application after selecting the Application ID, a series of tabs will be shown at the top of the screen. These are used in the sequence presented to complete the application. They may be different from application to application.



6. When adding information such as a contact or institution users will see an action button with a “+” sign.

7. When removal of a line of information is needed users will see an action button with an “X” sign. *Note: After deleting a line of information please click Save.*

8. When entering data, Orchard will perform inline validations of the information. For example, if you enter an incomplete phone number the system will error as follows:

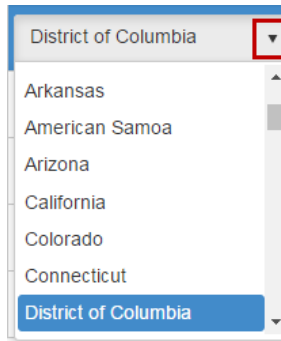
First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
julian	Manning	President	202	Phone number is invalid.		(202) 733-1812	44444444	07/30/2016

or,

If you attempt to add a DUNS number less than or more than 9 characters the system will error as follows:

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
julian	Manning	President	(202) 555-1212	111	(202) 733-1812		999999999999	DUNS number should be nine characters.

- When adding or editing information there may be a selection drop-down list if the ▼ appears. Select one of the entries to fill the field.



- To review table column heading descriptions or additional information about a section of the Application, click on the ? in the right corner of the header line.

Contact Information

Column Heading	Description
First Name	First Name of the organization's primary point of contact.
Last Name	Last Name of the organization's primary point of contact.
Title	Title of the primary point of contact for the Organization.
Phone Number	Phone number of the primary point of contact.
Extension	Phone number extension of the primary point of contact.
Fax	Fax number of the primary point of contact.
Email	Email of the primary point of contact.
DUNS	Unique nine digit number assigned to the Organization by Dun & Bradstreet. http://www.dnb.com/duns-number.html
SAMS Expiration Date	Each Organization must register annually with the System for Award Management (SAM) at SAM.gov. Date entered is the date that the SAMs registration expires.

- Collapse/Expand Data Displays** - To improve page readability, users can collapse or expand tables by clicking on the name of the table.

Site Directory

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard. This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at welness.nutrition@dc.gov

Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188		9549		2016/2017	908 Wahler Place, SE		DC	20032	8	

Site Directory

12. **Display Icons** - Located in the right corner of each display.

Site Directory 🔍 ? ✖

Export to Excel File

Get Help to further explain the data within the display

Open this data grid / chart in new browser window.

13. **Sort Options** - Use sort ascending or descending to quickly sort the data view; or simply click on the column header.

Site Directory 🔍 ? ✖

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard. This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at welness.nutrition@dc.gov

Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188				2016/2017	908 Wahler Place, SE		DC	20032	8	
2188				2016/2017	1400 14th Street NE		DC	20015	3	
2188				2016/2017	1500 Mississippi		DC	20032	8	
2188				2016/2017	801 First Street, NE		DC	20032	4	
1739		8661	C	2016/2017	2750 14th Street, NW		DC	20020	1	

1 - 5 of 146 items

14. **Column Hide** – Click on Columns and uncheck/recheck columns to customize the view.

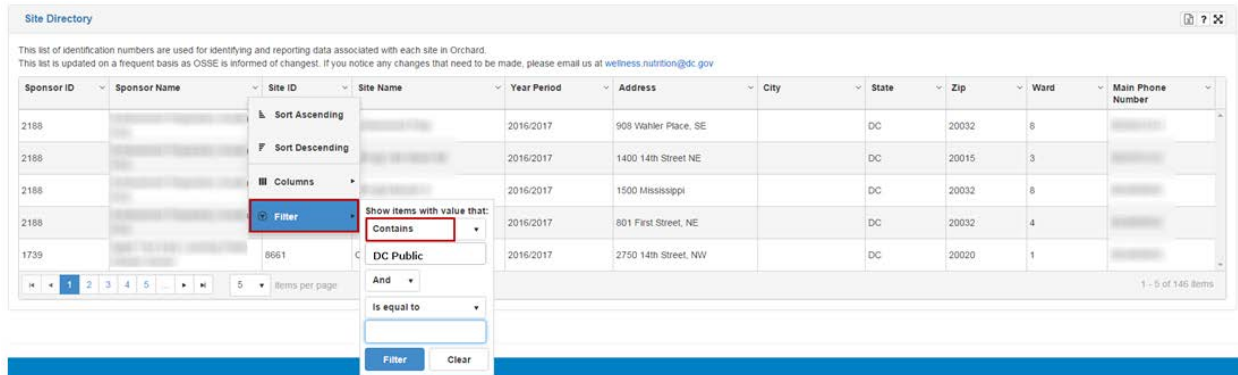
Site Directory 🔍 ? ✖

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard. This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at welness.nutrition@dc.gov

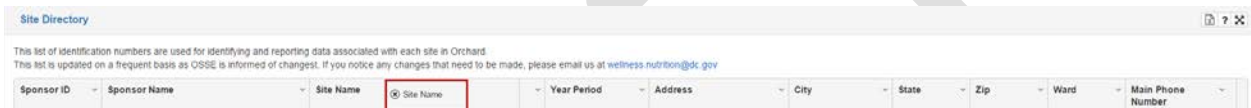
Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188				2016/2017	908 Wahler Place, SE		DC	20032	8	
2188				2016/2017	1400 14th Street NE		DC	20015	3	
2188				2016/2017	1500 Mississippi		DC	20032	8	
2188				2016/2017	801 First Street, NE		DC	20032	4	
1739		8661	C	2016/2017	2750 14th Street, NW		DC	20020	1	

1 - 5 of 146 items

15. **Filters** - Select filter parameter. After adding the information, click the **Filter** button.



16. **Column Reorder** - Click and drag columns in the order you would like to see the data. After reordering you can export the newly reorganized display.



17. **Toaster Pop-ups** – In the upper right corner of the screen you will continually see the following pop-up called a “toaster”. It is meant to let the user know which application is being worked on and its workflow status.



18. **Action Buttons** – There are a series of action buttons within the application that have very specific functions.

The action buttons below are shown before the application is submitted to DHW for review and approval.

Action Button	Function
Save	Validates the information then Saves the current changes to application.
Cancel	Cancel current changes to application.
Submit	Submits the application to DHW for review and approval.
Delete	Deletes the current application.

The action button Recall displays after an application is submitted to DHW for review and approval. There are restrictions around the use of Recall. See **Section 7 Application Recall**.

3. Glossary of Terms

CFR > Title 7 > Subtitle B > Chapter II > Subchapter A > Part 226 > Subpart A > Section 226.2

7 CFR 226.2 - Definitions.

§ 226.2 Definitions.

2 CFR part 200, means the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published by OMB. The part reference covers applicable: Acronyms and Definitions (subpart A), General Provisions (subpart B), Post Federal Award Requirements (subpart D), Cost Principles (subpart E), and Audit Requirements (subpart F). (NOTE: Pre-Federal Award Requirements and Contents of Federal Awards (subpart C) does not apply to the National School Lunch Program).

Act means the National School Lunch Act, as amended.

Administrative costs means costs incurred by an institution related to planning, organizing, and managing a food service under the Program, and allowed by the State agency financial management instruction. These administrative costs may include administrative expenses associated with outreach and recruitment of unlicensed family or group day care homes and the allowable licensing-related expenses of such homes.

Administrative review means the fair hearing provided upon request to:

- (a) An institution that has been given notice by the State agency of any action or proposed action that will affect their participation or reimbursement under the Program, in accordance with § 226.6(k);
- (b) A principal or individual responsible for an institution's serious deficiency after the responsible principal or responsible individual has been given a notice of intent to disqualify them from the Program; and
- (c) A day care home that has been given a notice of proposed termination for cause.

Administrative review official means the independent and impartial official who conducts the administrative review held in accordance with § 226.6(k).

Adult means, for the purposes of the collection of the last four digits of social security numbers as a condition of eligibility for free or reduced-price meals, any individual 21 years of age or older.

Adult day care center means any public or private nonprofit organization or any for-profit center (as defined in this section) which (a) is licensed or approved by Federal, State or local authorities to provide nonresidential adult day care services to functionally impaired adults (as defined in this section) or persons 60 years of age or older in a group setting outside their homes or a group living arrangement on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall provide a structured, comprehensive program that provides a variety of health, social and related support services to enrolled adult participants through an individual plan of care.

Adult day care facility means a licensed or approved adult day care center under the auspices of a sponsoring organization.

Adult participant means a person enrolled in an adult day care center who is functionally impaired (as defined in this section) or 60 years of age or older.

Advanced payments means financial assistance made available to an institution for its Program costs prior to the month in which such costs will be incurred.

At-risk afterschool care center means a public or private nonprofit organization that is participating or is eligible to participate in the CACFP as an institution or as a sponsored facility and that provides nonresidential child care to children after school through an approved afterschool care program located in an eligible area. However, an Emergency shelter, as defined in this section, may participate as an at-risk afterschool care center without regard to location.

At-risk afterschool meal means a meal that meets the requirements described in § 226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3), that is reimbursed at the appropriate free rate and is served by an At-risk afterschool care center as defined in this section, which is located in a State designated by law or selected by the Secretary as directed by law.

At-risk afterschool snack means a snack that meets the requirements described in § 226.20(b)(6) and/or (c)(4) that is reimbursed at the free rate for snacks and is served by an At-risk afterschool care center as defined in this section.

CACFP child care standards means the Child and Adult Care Food Program child care standards developed by the Department for alternate approval of child care centers, and day care homes by the State agency under the provisions of § 226.6(d)(3) and (4).

Center means a child care center, at-risk afterschool care center, an adult day care center, an emergency shelter, or an outside-school-hours care center.

Child care center means any public or private nonprofit institution or facility (except day care homes), or any for-profit center, as defined in this section, that is licensed or approved to provide nonresidential child care services to enrolled children, primarily of preschool age, including but not limited to day care centers, settlement houses, neighborhood centers, Head Start centers and organizations providing day care services for children with disabilities. Child care centers may participate in the Program as independent centers or under the auspices of a sponsoring organization.

Child care facility means a licensed or approved child care center, at-risk afterschool care center, day care home, emergency shelter, or outside-school-hours care center under the auspices of a sponsoring organization.

Children means:

- (a) Persons age 12 and under;
- (b) Persons age 15 and under who are children of migrant workers;
- (c) Persons with disabilities as defined in this section;
- (d) For emergency shelters, persons age 18 and under; and
- (e) For at-risk afterschool care centers, persons age 18 and under at the start of the school year.

Claiming percentage means the ratio of the number of enrolled participants in an institution in each reimbursement category (free, reduced-price or paid) to the total of enrolled participants in the institution. In the case of an outside-school-hours care center that is not required to collect enrollment forms from each participating child, a claiming percentage is the ratio of the number of children in each reimbursement category (free, reduced-price or paid) to the total number of children participating in the program in that center.

Current income means income received during the month prior to application for free or reduced-price meals. If such income does not accurately reflect the household's annual income, income shall be based on

the projected annual household income. If the prior year's income provides an accurate reflection of the household's current annual income, the prior year may be used as a base for the projected annual income.

Day care home means an organized nonresidential child care program for children enrolled in a private home, licensed or approved as a family or group day care home and under the auspices of a sponsoring organization.

Days means calendar days unless otherwise specified.

Department means the U.S. Department of Agriculture.

Disclosure means reveal or use individual children's program eligibility information obtained through the free and reduced price meal eligibility process for a purpose other than for the purpose for which the information was obtained. The term refers to access, release, or transfer of personal data about children by means of print, tape, microfilm, microfiche, electronic communication or any other means.

Disqualified means the status of an institution, a responsible principal or responsible individual, or a day care home that is ineligible for participation.

Documentation means:

(a) The completion of the following information on a free and reduced-price application:

(1) Names of all household members;

(2) Income received by each household member, identified by source of income (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security and other cash income);

(3) The signature of an adult household member; and

(4) The last four digits of the social security number of the adult household member who signs the application, or an indication that the adult does not possess a social security number; or

(b) For a child who is a member of a SNAP or FDPIR household or who is a TANF recipient, "documentation" means the completion of only the following information on a free and reduced price application:

(1) The name(s) and appropriate SNAP, FDPIR or TANF case number(s) for the child(ren); and

(2) The signature of an adult member of the household; or

(c) For a child in a tier II day care home who is a member of a household participating in a Federally or State supported child care or other benefit program with an income eligibility limit that does not exceed the eligibility standard for free or reduced price meals:

(1) The name(s), appropriate case number(s) (if the program utilizes case numbers), and name(s) of the qualifying program(s) for the child(ren), and the signature of an adult member of the household; or

(2) If the sponsoring organization or day care home possesses it, official evidence of the household's participation in a qualifying program (submission of a free and reduced price application by the household is not required in this case); or

(d) For an adult participant who is a member of a SNAP or FDPIR household or is an SSI or Medicaid participant, as defined in this section, "documentation" means the completion of only the following information on a free and reduced price application:

(1) The name(s) and appropriate SNAP or FDPIR case number(s) for the participant(s) or the adult participant's SSI or Medicaid identification number, as defined in this section; and

(2) The signature of an adult member of the household; or

(e) For a child who is a Head Start participant, the Head Start statement of income eligibility issued upon initial enrollment in the Head Start Program or, if such statement is unavailable, other documentation from Head Start officials that the child's family meets the Head Start Program's low-income criteria.

Eligible area means:

(a) For the purpose of determining the eligibility of at-risk afterschool care centers, the attendance area of a school in which at least 50 percent of the enrolled children are certified eligible for free or reduced-price school meals; or

(b) For the purpose of determining the tiering status of day care homes, the attendance area of a school in which at least 50 percent of the enrolled children are certified eligible for free or reduced-price meals, or the area based on the most recent census data in which at least 50 percent of the children residing in the area are members of households that meet the income standards for free or reduced-price meals.

Emergency shelter means a public or private nonprofit organization or its site that provides temporary shelter and food services to homeless children, including a residential child care institution (RCCI) that serves a distinct group of homeless children who are not enrolled in the RCCI's regular program.

Enrolled child means a child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care. In addition, for the purposes of calculations made by sponsoring organizations of family day care homes in accordance with §§ 226.13(d)(3)(ii) and 226.13(d)(3)(iii), "enrolled child" (or "child in attendance") means a child whose parent or guardian has submitted a signed document which indicates that the child is enrolled for child care; who is present in the day care home for the purpose of child care; and who has eaten at least one meal during the claiming period. For at-risk afterschool care centers, outside-school-hours care centers, or emergency shelters, the term "enrolled child" or "enrolled participant" does not apply.

Enrolled participant means an "Enrolled child" (as defined in this section) or "Adult participant" (as defined in this section).

Expansion payments means financial assistance made available to a sponsoring organization for its administrative expenses associated with expanding a food service program to day care homes located in low-income or rural areas. These expansion payments may include administrative expenses associated with outreach and recruitment of unlicensed family or group day care homes and the allowable licensing-related expenses of such homes.

Facility means a sponsored center or a family day care home.

Family means, in the case of children, a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit or, in the case of adult participants, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant.

FDPIR household means any individual or group of individuals which is currently certified to receive assistance as a household under the Food Distribution Program on Indian Reservations.

Fiscal Year means a period of 12 calendar months beginning October 1 of any year and ending with September 30 of the following year.

FNS means the Food and Nutrition Service of the Department.

FNSRO means the appropriate Regional Office of the Food and Nutrition Service.

Food service equipment assistance means Federal financial assistance formerly made available to State agencies to assist institutions in the purchase or rental of equipment to enable institutions to establish, maintain or expand food service under the Program.

Food service management company means an organization other than a public or private nonprofit school, with which an institution may contract for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program.

For-profit center means a child care center, outside-school-hours care center, or adult day care center providing nonresidential care to adults or children that does not qualify for tax-exempt status under the Internal Revenue Code of 1986. For-profit centers serving adults must meet the criteria described in paragraph (a) of this definition. For-profit centers serving children must meet the criteria described in paragraphs (b)(1) or (b)(2) of this definition, except that children who only participate in the at-risk afterschool snack and/or meal component of the Program must not be considered in determining the percentages under paragraphs (b)(1) or (b)(2) of this definition.

(a) A for-profit center serving adults must meet the definition of Adult day care center as defined in this section and, during the calendar month preceding initial application or reapplication, the center receives compensation from amounts granted to the States under title XIX or title XX and twenty-five percent of the adults enrolled in care are beneficiaries of title XIX, title XX, or a combination of titles XIX and XX of the Social Security Act.

(b) A for-profit center serving children must meet the definition of Child care center or Outside-school-hours care center as defined in this section and one of the following conditions during the calendar month preceding initial application or reapplication:

(1) Twenty-five percent of the children in care (enrolled or licensed capacity, whichever is less) are eligible for free or reduced-price meals; or

(2) Twenty-five percent of the children in care (enrolled or licensed capacity, whichever is less) receive benefits from title XX of the Social Security Act and the center receives compensation from amounts granted to the States under title XX.

Foster child means a child who is formally placed by a court or a State child welfare agency, as defined in § 245.2 of this chapter.

Free meal means a meal served under the Program to:

(a) A participant from a family which meets the income standards for free school meals, or

(b) A foster child, or

(c) A child who is automatically eligible for free meals by virtue of SNAP, FDPIR, or TANF benefits, or

(d) A child who is a Head Start participant, or

(e) A child who is receiving temporary housing and meal services from an approved emergency shelter, or

(f) A child participating in an approved at-risk afterschool care program, or

(g) An adult participant who is automatically eligible for free meals by virtue of SNAP or FDPIR benefits, or

(h) An adult who is an SSI or Medicaid participant.

Functionally impaired adult means chronically impaired disabled persons 18 years of age or older, including

victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

Group living arrangement means residential communities which may or may not be subsidized by federal, State or local funds but which are private residences housing an individual or a group of individuals who are primarily responsible for their own care and who maintain a presence in the community but who may receive on-site monitoring.

Head Start participant means a child currently receiving assistance under a Federally-funded Head Start Program who is categorically eligible for free meals in the CACFP by virtue of meeting Head Start's low-income criteria.

Household means "family", as defined in § 226.2 ("Family").

Household contact means a contact made by a sponsoring organization or a State agency to an adult member of a household with a child in a family day care home or a child care center in order to verify the attendance and enrollment of the child and the specific meal service(s) which the child routinely receives while in care.

Income standards means the family-size and income standards prescribed annually by the Secretary for determining eligibility for free and reduced-price meals under the National School Lunch Program and the School Breakfast Program.

Income to the program means any funds used in an institution's food service program, including, but not limited to all monies, other than Program payments, received from other Federal, State, intermediate, or local government sources; participant's payments for meals and food service fees; income from any food sales to adults; and other income, including cash donations or grants from organizations or individuals.

Independent center means a child care center, at-risk afterschool care center, emergency shelter, outside-school-hours care center or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations.

Independent governing board of directors means, in the case of a nonprofit organization, or in the case of a for-profit institution required to have a board of directors, a governing board which meets regularly and has the authority to hire and fire the institution's executive director.

Infant cereal means any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption.

Infant formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants; excluding those formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems. Infant formula, as served, must be in liquid state at recommended dilution.

Institution means a sponsoring organization, child care center, at-risk afterschool care center, outside-school-hours care center, emergency shelter or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations.

Internal controls means the policies, procedures, and organizational structure of an institution designed to reasonably assure that:

-
- (a) The Program achieves its intended result;
 - (b) Program resources are used in a manner that protects against fraud, abuse, and mismanagement and in accordance with law, regulations, and guidance; and
 - (c) Timely and reliable Program information is obtained, maintained, reported, and used for decision-making.

Key Element Reporting System (KERS) means a comprehensive national system for reporting critical key element performance data on the operation of the program in institutions.

Low-income area means a geographical area in which at least 50 percent of the children are eligible for free or reduced price school meals under the National School Lunch Program and the School Breakfast Program, as determined in accordance with paragraphs (b) and (c), definition of tier I day care home.

Meals means food which is served to enrolled participants at an institution, child care facility or adult day care facility and which meets the nutritional requirements set forth in this part. However, children participating in at-risk afterschool care centers, emergency shelters, or outside-schools-hours care centers do not have to be enrolled.

Medicaid means Title XIX of the Social Security Act.

Medicaid participant means an adult participant who receives assistance under title XIX of the Social Security Act, the Grant to States for Medical Assistance Programs - Medicaid.

Milk means pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, skim milk, or cultured buttermilk which meet State and local standards for such milk, except that, in the meal pattern for infants (0 to 1 year of age), milk means breast milk or iron-fortified infant formula. In Alaska, Hawaii, American Samoa, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, the Northern Mariana Islands, and the Virgin Islands if a sufficient supply of such types of fluid milk cannot be obtained, "milk" shall include reconstituted or recombined milk. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration and be consistent with State and local standards for such milk.

National disqualified list means the list, maintained by the Department, of institutions, responsible principals and responsible individuals, and day care homes disqualified from participation in the Program.

New institution means an institution applying to participate in the Program for the first time, or an institution applying to participate in the Program after a lapse in participation.

Nonpricing program means an institution, child care facility, or adult day care facility in which there is no separate identifiable charge made for meals served to participants.

Nonprofit food service means all food service operations conducted by the institution principally for the benefit of enrolled participants, from which all of the Program reimbursement funds are used solely for the operations or improvement of such food service.

Nonresidential means that the same participants are not maintained in care for more than 24 hours on a regular basis.

Notice means a letter sent by certified mail, return receipt (or the equivalent private delivery service), by facsimile, or by email, that describes an action proposed or taken by a State agency or FNS with regard to an institution's Program reimbursement or participation. Notice also means a letter sent by certified mail, return receipt (or the equivalent private delivery service), by facsimile, or by email, that describes an action proposed or taken by a sponsoring organization with regard to a day care home's participation. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received

by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

OIG means the Office of the Inspector General of the Department.

Operating costs means expenses incurred by an institution in serving meals to participants under the Program, and allowed by the State agency financial management instruction.

Outside-school-hours care center means a public or private nonprofit institution or facility (except day care homes), or a For-profit center as defined in this section, that is licensed or approved in accordance with § 226.6(d)(1) to provide organized nonresidential child care services to children during hours outside of school. Outside-school-hours care centers may participate in the Program as independent centers or under the auspices of a sponsoring organization.

Participants means "Children" or "Adult participants" as defined in this section.

Personal property means property of any kind except real property. It may be tangible - having physical existence - or intangible - having no physical existence such as patents, inventions, and copyrights.

Persons with disabilities means persons of any age who have one or more disabilities, as determined by the State, and who are enrolled in an institution or child care facility serving a majority of persons who are age 18 and under.

Pricing program means an institution, child care facility, or adult day care facility in which a separate identifiable charge is made for meals served to participants.

Principal means any individual who holds a management position within, or is an officer of, an institution or a sponsored center, including all members of the institution's board of directors or the sponsored center's board of directors.

Program means the Child and Adult Care Food Program authorized by section 17 of the National School Lunch Act, as amended.

Program payments means financial assistance in the form of start-up payments, expansion payments, advance payments, or reimbursement paid or payable to institutions for operating costs and administrative costs.

Reduced-price meal means a meal served under the Program to a participant from a family that meets the income standards for reduced-price school meals. Any separate charge imposed must be less than the full price of the meal, but in no case more than 40 cents for a lunch or supper, 30 cents for a breakfast, and 15 cents for a snack. Neither the participant nor any member of his family may be required to work in the food service program for a reduced-price meal.

Reimbursement means Federal financial assistance paid or payable to institutions for Program costs within the rates assigned by the State agency.

Renewing institution means an institution that is participating in the Program at the time it submits a renewal application.

Responsible principal or responsible individual means:

(a) A principal, whether compensated or uncompensated, who the State agency or FNS determines to be responsible for an institution's serious deficiency;

(b) Any other individual employed by, or under contract with, an institution or sponsored center, who the State agency or FNS determines to be responsible for an institution's serious deficiency; or

(c) An uncompensated individual who the State agency or FNS determines to be responsible for an institution's serious deficiency.

Rural area means any geographical area in a county which is not a part of a Metropolitan Statistical Area or any "pocket" within a Metropolitan Statistical Area which, at the option of the State agency and with FNSRO concurrence, is determined to be geographically isolated from urban areas.

SSI participant means an adult participant who receives assistance under title XVI of the Social Security Act, the Supplemental Security Income (SSI) for the Aged, Blind and Disabled Program.

School year means a period of 12 calendar months beginning July 1 of any year and ending June 30 of the following year.

Seriously deficient means the status of an institution or a day care home that has been determined to be non-compliant in one or more aspects of its operation of the Program.

Snack means a meal supplement that meets the meal pattern requirements specified in § 226.20(b)(6) or (c)(4).

SNAP household means any individual or group of individuals which is currently certified to receive assistances as a household from SNAP, the Supplemental Nutrition Assistance Program, as defined in § 245.2 of this chapter.

Sponsoring organization means a public or nonprofit private organization that is entirely responsible for the administration of the food program in:

(a) One or more day care homes;

(b) A child care center, emergency shelter, at-risk afterschool care center, outside-school-hours care center, or adult day care center which is a legally distinct entity from the sponsoring organization;

(c) Two or more child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care center, or adult day care centers; or

(d) Any combination of child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care centers, adult day care centers, and day care homes. The term "sponsoring organization" also includes an organization that is entirely responsible for administration of the Program in any combination of two or more child care centers, at-risk afterschool care centers, adult day care centers or outside-school-hours care centers, which meet the definition of For-profit center in this section and are part of the same legal entity as the sponsoring organization.

Start-up payments means financial assistance made available to a sponsoring organization for its administrative expenses associated with developing or expanding a food service program in day care homes and initiating successful Program operations. These start-up payments may include administrative expenses associated with outreach and recruitment of unlicensed family or group day care homes and the allowable licensing-related expenses of such homes.

State means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

State agency means the State educational agency or any other State agency that has been designated by the Governor or other appropriate executive, or by the legislative authority of the State, and has been approved

by the Department to administer the Program within the State or in States in which FNS administers the Program, FNSRO. This also may include a State agency other than the existing CACFP State Agency, when such agency is designated by the Governor of the State to administer only the adult day care component of the CACFP.

State agency list means an actual paper or electronic list, or the retrievable paper records, maintained by the State agency, that includes a synopsis of information concerning seriously deficient institutions and providers terminated for cause in that State. The list must be made available to FNS upon request, and must include the following information:

- (a) Institutions determined to be seriously deficient by the State agency, including the names and mailing addresses of the institutions, the basis for each serious deficiency determination, and the status of the institutions as they move through the possible subsequent stages of corrective action, proposed termination, suspension, agreement termination, and/or disqualification, as applicable;
- (b) Responsible principals and responsible individuals who have been disqualified from participation by the State agency, including their names, mailing addresses, and dates of birth; and
- (c) Day care home providers whose agreements have been terminated for cause by a sponsoring organization in the State, including their names, mailing addresses, and dates of birth.

State Children's Health Insurance Program (SCHIP) means the State medical assistance program under title XXI of the Social Security Act (42 U.S.C. 1397aaet seq.).

Suspended means the status of an institution or day care home that is temporarily ineligible for participation (including Program payments).

Suspension review means the review provided, upon the institution's request, to an institution that has been given a notice of intent to suspend participation (including Program payments), based on a determination that the institution has knowingly submitted a false or fraudulent claim.

Suspension review official means the independent and impartial official who conducts the suspension review.

Termination for cause means the termination of a day care home's Program agreement by the sponsoring organization due to the day care home's violation of the agreement.

TANF recipient means an individual or household receiving assistance (as defined in 45 CFR 260.31) under a State-administered Temporary Assistance to Needy Families program.

Termination for convenience means termination of a day care home's Program agreement by either the sponsoring organization or the day care home, due to considerations unrelated to either party's performance of Program responsibilities under the agreement.

Tier I day care home means (a) a day care home that is operated by a provider whose household meets the income standards for free or reduced-price meals, as determined by the sponsoring organization based on a completed free and reduced price application, and whose income is verified by the sponsoring organization of the home in accordance with § 226.23(h)(6);

(b) A day care home that is located in an area served by a school enrolling students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced price meals; or

(c) A day care home that is located in a geographic area, as defined by FNS based on census data, in which at least 50 percent of the children residing in the area are members of households which meet the

standards for free or reduced price meals.

Tier II day care home means a day care home that does not meet the criteria for a Tier I day care home.

Title XVI means Title XVI of the Social Security Act which authorizes the Supplemental Security Income for the Aged, Blind, and Disabled Program - SSI.

Title XIX means Title XIX of the Social Security Act which authorizes the Grants to States for Medical Assistance Programs - Medicaid.

Title XX means Title XX of the Social Security Act.

Tofu means a commercially prepared soy-bean derived food, made by a process in which soybeans are soaked, ground, mixed with water, heated, filtered, coagulated, and formed into cakes. Basic ingredients are whole soybeans, one or more food-grade coagulates (typically a salt or acid), and water.

Unannounced review means an on-site review for which no prior notification is given to the facility or institution.

USDA implementing regulations include the following: 2 CFR part 400, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR part 415, General Program Administrative Regulations; 2 CFR part 416, General Program Administrative Regulations for Grants and Cooperative Agreements to State and Local Governments; and 2 CFR part 418, New Restrictions on Lobbying.

Verification means a review of the information reported by institutions to the State agency regarding the eligibility of participants for free or reduced-price meals, and, in addition, for a pricing program, confirmation of eligibility for free or reduced-price benefits under the program. Verification for a pricing program shall include confirmation of income eligibility and, at State discretion, any other information required on the application which is defined as documentation in § 226.2. Such verification may be accomplished by examining information (e.g., wage stubs, etc.) provided by the household or other sources of information as specified in § 226.23(h)(2)(iv). However, if a SNAP, FDPIR or TANF case number is provided for a child, verification for such child shall include only confirmation that the child is included in a currently certified SNAP or FDPIR household or is a TANF recipient. If a Head Start statement of income eligibility is provided for a child, verification for such child shall include only confirmation that the child is a Head Start participant. For an adult participant, if a SNAP or FDPIR case number or SSI or Medicaid assistance identification number is provided, verification for such participant shall include only confirmation that the participant is included in a currently certified SNAP or FDPIR household or is a current SSI or Medicaid participant.

Whole grains means foods that consist of intact, ground, cracked, or flaked grain seed whose principal anatomical components - the starchy endosperm, germ, and bran - are present in the same relative proportions as they exist in the intact grain seed.

Yogurt means commercially coagulated milk products obtained by the fermentation of specific bacteria, that meet milk fat or milk solid requirements to which flavoring foods or ingredients may be added. These products are covered by the Food and Drug Administration's Standard of Identity for yogurt, lowfat yogurt, and nonfat yogurt, (21 CFR 131.200), (21 CFR 131.203), (21 CFR 131.206), respectively.

[47 FR 36527, Aug. 20, 1982; 47 FR 46072, Oct. 15, 1982]

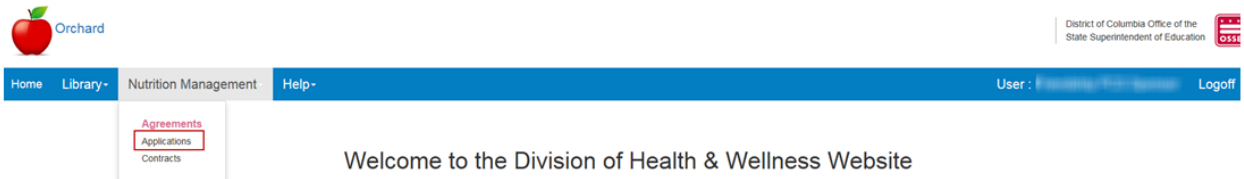
Editorial Note:

For Federal Register citations affecting § 226.2, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and at www.fdsys.gov.

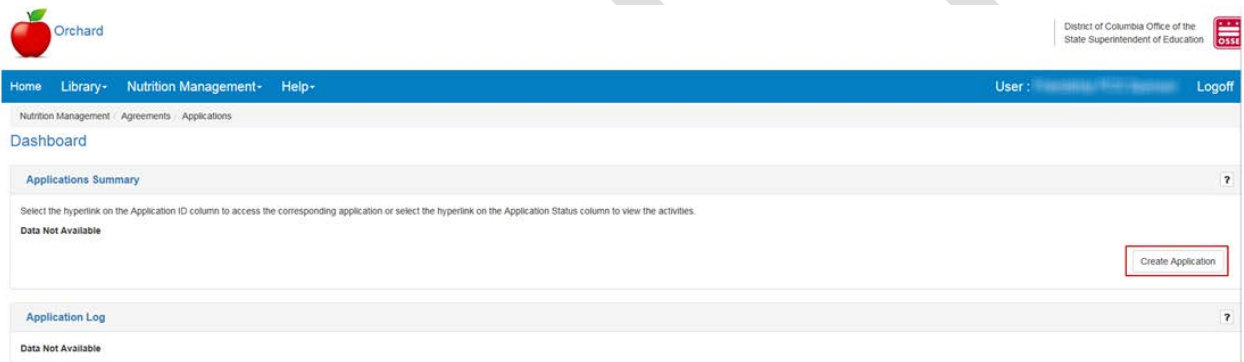
4. Orchard CACFP Programs Applications Processing

A. Selecting your Application

1. Under the **Nutrition Management** option, click **Applications**.



2. Click on the **Create Application** button.



3. Applications available for renewal will display in the pop up box. Click the radio button of the Application being created; and then click the **Save & Continue** button.

Program Selection

Please choose a program from the below options.

CACFP

- Adult Day Care Center
- Family Day Care Home
- Independent Center
- Sponsor Of Centers

NSLP

- National School Lunch Program
- Special Milk

SFSP

- Summer Food Service Program



Note: Applications not available to the sponsor for renewal will show a  when trying to select this program option.

4. Click **Nutrition Management/Dashboard** to review the dashboard entries.

Once the application is started the program selection popup will not allow the user to create another within the program year...changes to the application once ratified will be accomplished through amendments.

Program Selection

Please choose a program from the below options.

CACFP

Adult Day Care Center

Family Day Care Home

Independent Center (Application Already Exists)

Sponsor Of Centers

NSLP

National School Lunch Program

Special Milk

SFSP

Summer Food Service Program

Some Programs like FDCH, ADC, IC and SOC allow sub-program additions. There will be a selection within the application if the sponsor choses to add sub-programs including specific requirements within the application when these programs are selected.

B. Understanding the Applications Dashboard

1. The **Applications Summary** dashboard will list the program just selected. The program has an application process that needs to be completed for the current School Year (SY).

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SC17181269	2017/2018	SOC		Draft	8/14/2017 12:05 PM	8/14/2017 12:05 PM	Denise Horstford			
IC17181268	2017/2018	IC		Draft	8/14/2017 11:55 AM	8/14/2017 11:55 AM	Denise Horstford			

2. The columns are representative of the following information:

Field Label	Description
Application ID	Generated for each application by Orchard for sponsor tracking.
Program Year	The program year the application covers.

Program Name	The program for which the sponsor is applying.
Sub Programs	Programs in addition to the main IC, SOC, ADC and FDCH which are selected as the application is prepared.
Application Status	Application Status changes based on an action by the sponsor or the State Agency. Draft – The application has not been started or is being worked on. Pending Review – The application has been submitted for State Agency approvals. Recall Requested – The sponsor/SFA has requested to recall the application for editing. Returned for Modification – The application was returned by the program specialist for sponsor/SFA edits. Ratified – All approvals received resulting in a ratified contract.
Created Date	The date the sponsor first accessed the application.
Modified Date	The last date the application was modified.
Modified By	The person who last modified the application.
Ratified Contract #	The date and number used for ratification of the contract (relates to the DHW claims processing system).
Print	Generates a view of the contract including Policy Statements which can be saved in PDF format.
Approval Letter	Once uploaded by the DHW specialist, the contract approval letter will be available for viewing by the Sponsor/SFA.

C. Reviewing the Application Log

The Application Log will record activity throughout the approval process of the application including: submissions, recalls, returns, and final ratification. Click the hyperlink in the status column to view the log entries as they accumulate through the approval process.

The screenshot shows the Orchard CACFP Programs Processing dashboard. The top navigation bar includes Home, Library, Nutrition Management, and Help. The main content area displays the Applications Summary dashboard, which lists applications that have been initiated but not yet approved by the State Agency. The table below shows the data from the Applications Summary table.

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SC17191269	2017/2018	SOC		Draft	8/14/2017 12:05 PM	8/14/2017 12:05 PM	Denise Horstford			
IC17181268	2017/2018	IC		Draft	8/14/2017 11:55 AM	8/14/2017 11:55 AM	Denise Horstford			

Sample Application Log

Action	Comments	Modified By	Modified Date
Ratified		autumnmorgan	07/21/16 1:39:14 PM
Pending Final Review		OSSE SpecialistUser1	07/21/16 1:38:11 PM
Submitted		KalpanaBarrow	07/21/16 1:29:52 PM

D. Deleting an Application

If an application was selected in error:

1. Click on the Application ID in the dashboard.

Applications Summary 7

The Applications Summary dashboard list applications that are initiated but not yet approved by the State Agency.

- Click the **Create Application** button to start an application.
- Click the **Application ID** link to access the corresponding application.
- Click the **Application Status** link to view corresponding application log information.

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SC17181269	2017/2018	SOC		Draft	8/14/2017 12:05 PM	8/14/2017 12:05 PM	Denise Horstford			
JC17181266	2017/2018	IC		Draft	8/14/2017 11:55 AM	8/14/2017 11:55 AM	Denise Horstford			

2. Click the **Application** Tab.

Orchard

Application ID: SC17181269
Status: Draft

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

General Information Site Management Financial Information **Application** SOC

3. Click the **Delete** button.

Orchard

Application ID: SC17181269
Status: Draft

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

General Information Site Management Financial Information **Application** SOC

Application

Complete the information on this page and then click **Save**. Continue the application by clicking the **Review & Submit** tab.

Save Cancel Submit **Delete**



Note: Applications can be deleted only if they are in Draft status.

E. Saving and Validating Entries

1. Click the **Save** button at the top or bottom of a page. Orchard will validate the application entries and display any errors made in the **Validation Errors** table on each tab of the application. The **Application** tab will contain a list of consolidated validation errors regardless of the tab.



- If validation errors are found the following message will display.

The application contains validation errors. The validation summary panel at the top of each tab identifies the information required to complete and submit the application for review.



- Click **OK** and review the **Validation Errors** table entries on each tab of the application.

Location	Validation Details
General Information - Budget and Funding Documents	Budget and Funding Document question must be answered
General Information - Claims Authorized Signatures/Third Party Authorizations	All the required fields in Claims Contact must be entered
General Information - Contact Information	SAMS expiration date cannot be in past. Please provide valid date
General Information - Public Notification	User has to enter at least one media release
General Information - Public Notification	Public Notification file upload is required

- Fix the errors found and then click **Save**. The following message will appear.

Your changes were saved.



5. Completing the Independent Center (IC) Application

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

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SC17181269	2017/2018	SOC		Draft	8/14/2017 12:05 PM	8/14/2017 12:05 PM	Denise Horsford			
IC17181268	2017/2018	IC		Draft	8/14/2017 11:55 AM	8/14/2017 11:55 AM	Denise Horsford			

A. General Information Tab

The source of the sponsor information in the General Information section is the authoritative data from last year's application. If changes need to be made, simply click in the field and click the keyboard Delete key to remove the information or click in the field and type the new information. Almost all fields in General Information can be edited and/or updated.



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

Application Types

1. If you choose to add a sub-program to the IC application, click on the **Update Application Types** button in this data window; and then click on the checkbox. Only available programs will be listed.

2. Click **Save & Continue** to save the sub-program or click **Cancel** to return without saving the sub-program.
3. Once saved, the sub-program will appear in the **Application Types** window.

4. To remove the sub-program, click **Update Application Types** and remove the checkmark; and then click **Save & Continue**.

Contact Information

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

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAM's Expiration Date *
Juan	Manning	Resident	(202) 835-9893		111	(202) 732-1812	48444844	07/30/2015



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 Entity and Program Types data window. 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.

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@appletreep...	
W9	Mitie	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503		(202) 526-1504	lony.taylor@appletreep...	
Mailing	Eddie	Callahan		415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 526-1503		(202) 526-1504	lony.taylor@appletreep...	
Master Supply List	Eddie	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503		(202) 526-1504	lony.taylor@appletreep...	
Payment Address	Arcell	Baccinila		415 Michigan Ave. NE 3rd Floor	Washington Wash...	DC	20017		(202) 526-1503			arecel.baccinila@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.

+ Add Claim Contact

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.

+ Add Claim Contact

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	Delete
Third Party Contact	Susanne John	Member at Large	(202) 555-1212	222	sjohn@gmail.com	
Third Party Contact	Olivia John	Board Member	(202) 555-1212	122	ojohn@gmail.com	
Authorized Signer	James John	President	(202) 555-1212	100	jjohn@gmail.com	

* 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**.

The changes were saved.

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?

OK

Cancel

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

Save

Cancel

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: 08/15/2017

Institution to which Public Release was/will be sent to: Andrews AFB

Upload File: Browse...

Notes: [Empty text box]

Download Link: [Empty text box]

Verification: [Empty text box]

Specialist Comments: [Empty text box]

Delete: [Delete icon]

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: Andrews AFB

Title: Brochure *

Upload File: Browse...

Notes: [Empty text box]

Download Link: [Empty text box]

Verification: [Empty text box]

Specialist Comments: [Empty text box]

Delete: [Delete icon]

Save Cancel

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: Andrews AFB

Title: Brochure

Upload File: Choose File | Meal types.xlsx

Notes: New Meal announcement

Download Link: [Empty text box]

Verification: [Empty text box]

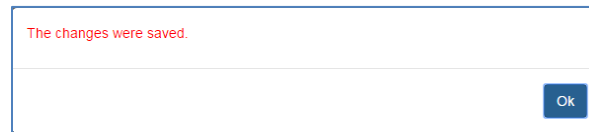
Specialist Comments: [Empty text box]

Delete: [Delete icon]

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

Save Cancel

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



8. 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.

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		

9. The State Agency DHW Specialist will review the file and enter the verification and any other comments. Sponsors/SFAs cannot edit these fields.

10. To delete an institution name, click the **Delete** icon.

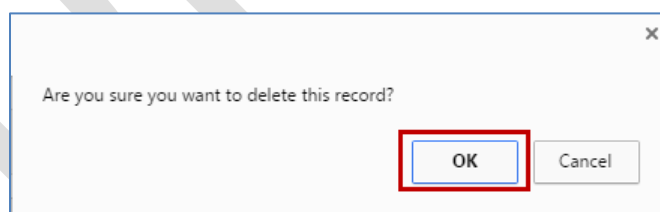
Public Notification

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 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
06/31/2017	Assessments At...	X

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



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



13. 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**. See **Attachment A** to review required SIF column information. 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 See Section C.

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. See Section **7 Application Recall** for more details.

Uploading the CACFP SIF File

1. Click the **Site Management** tab

Home Library- Nutrition Management- Help- User : [username] [password] Logoff

Application Site Management

Site Management

Complete the information on this page and then click **Save**. Continue the application by clicking the **Application** tab.

Site Information File (SIF) Upload ?

Click the **Choose File** or **Browse** button to select the document, and then click the **Upload** button. Click **Clear** to remove the selected file before upload.

Note: xls or xlsx file only.

File Name * C:\Users\linda.callahan\... Browse...

Title

Notes

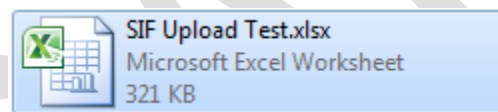
Fields marked with an asterisk(*) are required.

Load Clear

SIF Upload History ?

Data Not Available

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."

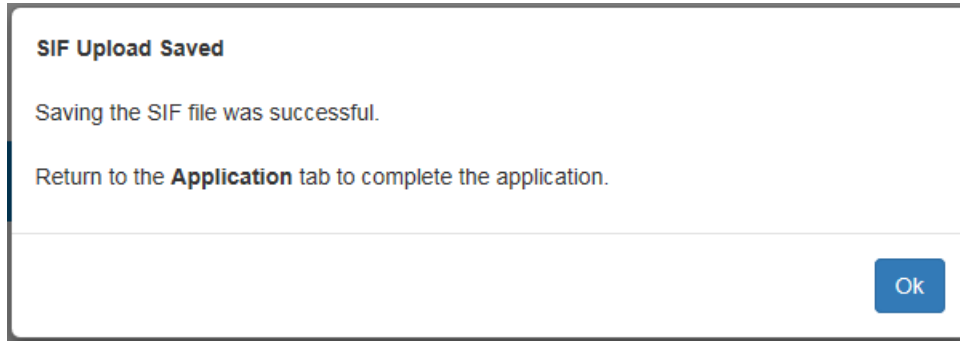


Important

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

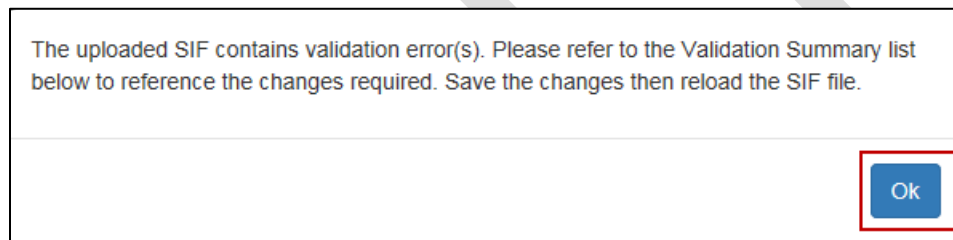


3. Add a document title and any notes relevant to the upload.
4. Click the **Load** button.
5. Orchard will display a message that the SIF file upload was successful.



6. Click the **OK** button.

7. If the file did not load, the following message will be displayed:

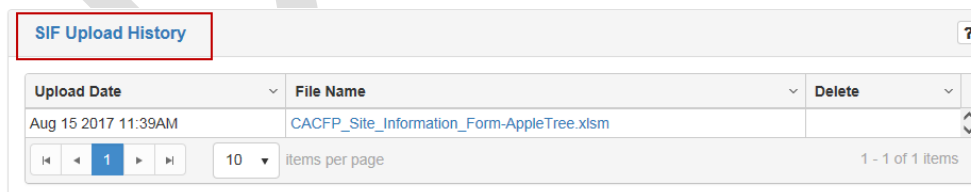


8. Click the **OK** button.

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



10. 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.

Status	Site ID	Name of Facility	Facility Physical Address	Facility City	Facility State	Facility Zip	Facility Ward	Facility Main Phone
Pending	9781	Washington Ave. - Washington	3302 18th Street NE	Washington	DC	20018		5 () 269-9331
Pending	10434	Washington Ave. - Washington	3302 18th Street NE	Washington	DC	20018		5 () 269-9331

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.

Status	Site ID	Name of Facility	Facility Physical Address	Facility City	Facility State	Facility Zip	Facility Ward	Facility Main Phone
Pending	9781	Washington Ave. - Washington	3302 18th Street NE	Washington	DC	20018		5 () 269-9331
Pending	10434	Washington Ave. - Washington	3302 18th Street NE	Washington	DC	20018		5 () 269-9331



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.

[View Previous Site](#)
[View Next Site](#)
[Site Details](#)

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

Site Type		Site Effective Date:	05/07/2015	Site Termination Date:
Data Not Available		Tax Status:	Non-Profit	Facility Affiliation Status: Affiliated
		Cash/Non Cash Agreement:		

Type	Name *	Title	DOB	Street Address *	City *	State *	Zip Code *	Ward	Phone Number	Email
Facility Owner / Executive Director	Joe Smith IV	Mr	09/14/2017		Washington	DC	435		4567362	testing@dc.gov
Facility Director / Manager	Bangkok Turner	Dr							536896	test@dc.gov
Facility Primary CACFP Contact	Adam Stocker, IV	Dr	09/14/2017						243	test
Physical	Oklahoma Ave. Campus				Washington	DC	20018	5	2699331	
Mailing					Washington	DC	20018	5		
Area Eligibility School	Right Down the Street ES				Washington	DC	20002	5		



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

Operational Information Facility Name: (9781)

USDA Program Participation

Other USDA Program Participation: Seriously Deficient: Yes

Participated under different sponsor: Yes Previous Sponsor's name: T&T 234

Hours of Operations

Start: _____ End: _____

Dates of Program Operations

Year-Round: No

Start Date: 05/07/2018 End Date: 05/07/2017

Holidays and Vacations

Closed on all Fed & District Holidays: Yes List of dates provider will not offer day care services: staff development dates

Days of Operations

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Selection	Yes	Yes	Yes	Yes	Yes	Yes	No

License Type

License Type	License Number	Issue Date	Expiration Date	Requested Renewal	Additional Information
Program Type: Adult Care Only					
DC Department of Mental Health License	931313000726		05/05/2018		
DC Office on Aging License	931313000726		09/14/2020		
Program Type: At-Risk Center Only					
Fire Inspection			01/09/2016		
Program Type: Child Care Only					
Relative Care			05/09/2017		
Program Type: Default					
Child Care License (CCL)			05/30/2017	Yes	
U.S. Military Facility			06/01/2018		
Program Type: Emergency Shelter Only					
Health Inspection		01/07/2018			Name of Certifying Agency: anything
Local Certification	Yes		05/30/2017		
Primary DOH Certified Food Manager		05/30/2017	04/30/2017		Manager Name: Joe Smith IV
Secondary DOH Certified Food Manager					

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

Meal Service Facility Name: (9781)

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			
Break fast	Yes	Yes		Yes		Yes			8:11AM	10:00AM	45
AM Snack (Supplement)	Yes		Yes	Yes					11:00AM	12:00PM	
Lunch											
PM Snack (Supplement)											
Supper											

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			
Break fast											
AM Snack (Supplement)	Yes		Yes	Yes					12:30PM	1:00PM	15
Lunch											
PM Snack (Supplement)											
Supper											

Type Of Food Preparation	Used for				Days Used						
	Breakfast	AMsnack	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	Yes				
Preparation in a central kitchen operated by the sponsoring organization	Yes					Yes	Yes	Yes			
Contract with a Food Service Management Company (FSMC) to deliver meals	Yes							Yes	Yes		
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	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		34253	123 addy	alexandria	77032					
Preparation in a central kitchen operated by the sponsoring organization	T&T 123	6345	510 same street	Washington	20002					
Contract with a Food Service Management Company (FSMC) to deliver meals	T&T 123	6345	510 same street	Washington	20002	2017-05-30	2017-07-31	First	9645	Not Passing
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	T&T 123	6345	510 same street	Washington	20002	2017-03-13	2017-03-13	First	9645	Not Passing
Contract with School Food Authority						2017-03-13	2017-03-13			

Eligibility	
Area Eligibility free and reduced %	96.00
Date of Determination	2017-03-13
Education and/or Enrichment activities	

Enrollment	
Child, outside-school-hours, and adult day care centers:	
As of	
At-risk after school programs and emergency shelters:	60
Age range of the participants	5 years to 13-18 years disabled
Institution plan to serve infants within the next year	No
Child Care and Outside-School Hours centers:	
Disabled participant older than the age of 13 years	
Disabled participant older than the age of 18 years	
Adult Day Care centers:	
Functionally impaired participants under the age of 60 years	
Functionally impaired participants under the age of 18 years	

Participant Eligibility			
Free	Reduced	Paid	Total
1	2	3	6

Record Keeping	
Function	Name of Staff Responsible and Staff Position Title
Collects Income Eligibility Statements (IES) and determines eligibility category for each enrolled participant	Tina Turner
Maintains a master enrollment list that corresponds with IES forms on file	Tina Turner
Maintains record of Title XIX and/or Title XX payments	Tina Turner
Takes daily attendance	Tina Turner
Completes the HACCP Manager's Self-Inspection Checklist each week	Tina Turner
Maintain itemized bills, invoices and receipts and/or financial information	Tina Turner
Prepares monthly claim OR submits CACFP information to sponsor for preparing the monthly claim	Tina Turner
Prepares monthly claim OR submits CACFP information to sponsor for preparing the monthly claim	Tina Turner

For-Profit Enrollment	
Eligibility determined by:	Percentage of Title XX Beneficiaries
Program Type: Adult Day Care centers	
Eligible Participants	
Title XX beneficiaries	
Title XX beneficiaries	
Percentage of Title XIX and XX	0
Program Type: Child Care, Outside-School-Hours centers and At-Risk centers	
Eligible Children	50
Title XX beneficiaries OR children eligible for FRP	1
OCL Maximum Capacity	0.02
Percentage of licensed capacity	0

CACFP Administration	
FunctionName	Name
Prepares/updates dated daily menus that meet CACFP meal pattern requirements	Joe Smith IV
Records appropriate menu substitutions as needed	Joe Smith IV
Maintains daily delivery tickets	Joe Smith IV
Prepares meals	Joe Smith IV
Record the number of meals prepared	45
Serves meals	50
Takes meal count at the point of service (i.e. when each meal/snack is served)	45

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	5	5
Asian	20	20
Black or African American	20	20
Native Hawaiian or Other Pacific Islander	0	0
White	0	0

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

Ethnicity Category		
Ethnicity	Count	Percentage
Hispanic or Latino	20	20
NOT hispanic or Latino	25	25

Participation	
Does this facility operate Head Start?	
Are participants charged a separate fee for food or meals?	No
Do different groups (e.g. age groups or classrooms) eat at different times for one or more meals?	No
Currently approved to receive HRA reimbursement? Select all that apply.	
Interested in participating in Local 5?	
Interested in participating in full day 4? Which meal?	
Will any meals be claimed through Title III	

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.

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: JC17181268
Status: Draft

Home Library- Nutrition Management- Help- User- Manage Myself- 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.

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?

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)? *

2. Depending on your selection or after making your selection there may be additional information requested.
3. After answering yes or no to the **Total Amount of Federal Funding** question the following window displays. Be sure to enter the requested information.

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

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"/>				

4. After selecting **Advance Payments** Yes, the following information is requested for your application.

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

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

5. Enter your estimated average monthly CACFP reimbursement; and then upload the **Monthly Reimbursement Calendar** document containing how this figure was calculated.

Estimated Monthly CACFP Reimbursement
Enter estimated average monthly CACFP reimbursement.

Upload CACFP Estimated Monthly Reimbursement Calculator Worksheet.

October : \$500.00

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Estimated Monthly Reimbursement Calculator *	<input type="text"/> Browse...	<input type="text"/>				

6. If the reimbursement exceeds costs, explain how the surplus funds will be used to improve food service programs.

Reimbursement Exceeding Costs
Explain how CACFP-related costs and reimbursements will be tracked and how surplus funds will be used to support and improve food service operations if CACFP reimbursements exceed costs.

7. If you have an alternate funding sources for your program enter the source and projected amount you will receive from this source.
 - a) Click Add funding source



- b) Enter the source, amount and frequency
- c) Add an additional source or click the **Save** button to save your entry.
- d) Click the **Delete** icon to delete the source.

Additional Program Funding

Source	Projected Amount	Frequency	Delete
<input type="text"/>		Weekly	<input type="button" value="Delete"/>
		Weekly	<input type="button" value="Delete"/>
		Weekly	<input type="button" value="Delete"/>

* After deleting a row, Please Save.

8. 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="button" value="Browse..."/>	<input type="text"/>	Copy of Copy of InstitutionUserReport merge with active list 6.9.17.xls	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>
Budget Narrative *	<input type="button" value="Browse..."/>	<input type="text"/>	Copy of Copy of Missing Institution Emails.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>
Estimated Monthly CACFP Food Service and Administrative Budget *	<input type="button" value="Browse..."/>	<input type="text"/>	Copy of Copy of Missing Institution Emails.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>

9. Answer the **Tax Information** questions. You must select Yes or No.

Tax Information

The organization is For-Profit?

The organization is tax-exempt under the Internal Revenue Code of 1966, as amended.

The organization shares the same tax identifiers as a church?

The organization is a government agency?

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

D. Application Tab



Application ID: 1017181268
 Status: Pending Review

Home Library- Nutrition Management- Help-

User : Denise Horsford Logoff

General Information Site Management Financial Information **Application**

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.

Site Operation

Review and ensure the **Site Operation** information is correct for this application.

Operation Name	No. Sites
Adult Day Care	0
At-Risk Afterschool	2
Before and/or After Care (Outside-School hours)	0
Child Care	0
Emergency Shelter	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	Eddie	Callahan	Pres		123 4th Street	Washington	DC	20002		ec.allahan@aaci.com	(212) 456-7899		
Authorized Representative (Owner, Executive Director, Military Commander, or Agency Director)	Eddie	Callahan	Sec		123 4th Street	Washington	DC	20002		ec.allahan@aaci.com	(202) 111-1234		
Official Designee of Authorized Representative	Eddie	Callahan	Sec		123 4th Street	Washington	DC	20002		ec.allahan@aaci.com	(202) 123-4564		
Accounting/Finance Contact	Millie	Callahan	Treas		123 4th Street	Washington	DC	20002		m.callahan@aaci.com	(202) 123-4564		

Organizational Structure

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
Center Director							AA						Select	Select	Select	

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.

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



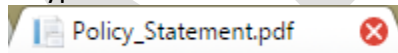
Health and Wellness Division

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. *

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.

Civil Rights Affirmation

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

Select



Health and Wellness Division

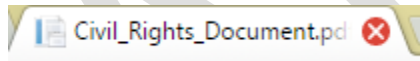
CIVIL RIGHTS AFFIRMATION STATEMENT

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 retaliation for prior civil rights

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




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

Civil Rights Affirmation

Please confirm that you have read and are in compliance with the Civil Rights Affirmation statement. *

Pre-award Civil Rights Questions

Select
Accept
Decline

 **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 2

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

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

CACFP 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="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.

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. CACFP Application Submission – Confirming the Submission

1. Click the **Submit** button.

Save Cancel **Submit** Delete

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

SUBMISSION


payment of any debts owed, and have been restored to good standing.

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:	<input checked="" type="checkbox"/>
<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 (SFSPP) / Seamless Summer • Special Milk Program • Team Nutrition Program 	
<i>If 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, do NOT initial this statement. 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.</i>	
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"/>
Comments / Notes:	
<input type="text"/>	
<input type="button" value="Accept & Submit"/> <input type="button" value="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.

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

OK

 **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. See Section 7. Application Recall.**

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.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SF16171192	2016/2017	SFSP	Pending Review	3/23/2017 6:46 AM	3/28/2017 9:22 AM			Print	

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

Action	Comments	Modified By	Modified Date
Submitted	Dates of service may change as the summer gets closer.		03/28/17 9:22:49 AM

6. Understanding Site Approvals

The application is either approved or rejected by the assigned specialist while reviewing the information provided by the sponsor and answering the State Agency Approval questions at the bottom of the application.

Each site is approved individually; and may generate several different statuses depending on variables entered by the specialist in the State Agency Approval section of each site summary.

Pending – the site has not yet been reviewed by the assigned specialist; or, the assigned specialist is waiting for additional information; or by request, the sponsor wants to update the site information.

Eligible – the site has been approved for SPSF funding

Ineligible – the site has not been approved for SPSF funding

Tentative – the site has been reviewed and additional information/documentation is required for final approval

7. Application Recall

The application can be recalled up to the point it is ratified by the State Agency. Once the recall is initiated, it displays a request for recall at the State level. To further qualify why the recall has been requested the sponsor/SFA will add detailed comments before the request is submitted.

Recall before Site Status Updates

1. Click on the **Application ID** in the dashboard. Then go to the **Application** tab.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SF16171152	2016/2017	SFSP	Pending Review	3/23/2017 6:46 AM	3/29/2017 9:22 AM			Print	

Create Application

2. Click the **Recall** button.

Tax ID: [redacted]

Recall

3. Orchard will ask if you are sure you want to recall the application.

Are you sure you want to recall the application?

Reason for recall:

Yes No

4. Enter a detailed reason for the recall.

Are you sure you want to recall the application?

Reason for recall:

Yes No

- Click **Yes** to request the recall; or click **No** to cancel the recall request.

Are you sure you want to recall the application?
Reason for recall:

Capacities have changed and updated licenses are needed.

The request will be sent to your State Agency DHW specialist or the State Agency DHW Manager (depending on where the application is in the workflow). The Application Status in the dashboard will display **“Recall Requested”**.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SF16171192	2016/2017	SFSP	Recall Requested	3/23/2017 6:46 AM	3/28/2017 9:31 AM			Print	

The State Agency DHW Specialist or Manager will either allow or not allow the recall. Once approved for recall, the Application Status in the dashboard will change to **Returned for Modification**.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SF16171192	2016/2017	SFSP	Returned for Modification	3/23/2017 6:46 AM	3/28/2017 10:25 AM	OSSE Specialist1		Print	

- Click on the **Application ID** to view the application; make the changes; and then click the **Submit** button.
- Click the **Submit** button.
- Click **Accept & Submit**.
- Click **OK** to confirm the submission.

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

- The dashboard status will return to **“Pending Review”**.

Applications Summary									
Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SF16171192	2016/2017	SFSP	Pending Review	3/23/2017 6:46 AM	3/28/2017 10:27 AM			Print	

[Create Application](#)

6. The **Application** Log at the bottom of the Dashboard page will track the recall and return. Click the Application Status hyperlink to view the log.

Action	Comments	Modified By	Modified Date
Submitted			03/28/17 10:27:23 AM
Returned for Modification			03/28/17 10:25:51 AM
Recall Requested	Capacities have changed and updated licenses are needed.		03/28/17 9:31:46 AM
Submitted	Dates of service may change as the summer gets closer.		03/28/17 9:22:49 AM

Recall after Site Status Updates

After initiating a recall and the site status is “eligible” no edits can be made to the uploaded SIF containing the “eligible” site. If edits are needed, contact your State Agency DHW Specialist to place the site back into a Pending status; then you can upload the corrected SIF.

8. Reviewing the Ratified Contract




After the contract is ratified, the dashboard will show the status “**Ratified**” with the Contract #. The Application can still be reviewed but no additional editing is permitted.




9. Attachment A – SFSP Site Information Form (SIF) Template


Site Information Form (SIF) Template


Last Updated 3/28/2017

	Facility Information Form (FIF) Child and Adult Care Food Program	a. Facility Contact Information										a. Facility Contact Information		
			Physical Address of Facility							Mailing Address of Facility <i>(if different from physical address)</i>				
Site ID	Name of Facility	Address	City	State	Zip	Ward	Main Phone	Main Fax	Address	City	State			
	Facility Information Form (FIF) Child and Adult Care Food Program	a. Facility Contact Information										a. Facility Contact Information		
					Facility Owner / Executive Director <i>(if unaffiliated facility)</i>									
Site ID	Name of Facility	Zip	Ward	Contact First Name	Contact Last Name	Title	Date of Birth	Email	Phone					
	Facility Information Form (FIF) Child and Adult Care Food Program	a. Facility Contact Information										a. Facility Contact Information		
										Facility Contact Information				
Site ID	Name of Facility	Extension	Fax	Address	City	State	Zip	Contact First Name	Contact Last Name	Title				





	Facility Information Form (FIF) Child and Adult Care Food Program	Contact Information						a. Facility Contact Info			
	Director / Manager		Facility Primary CACFP (if different from director/r								
Site ID	Name of Facility	Email	Phone	Extension	Fax	Contact First Name	Contact Last Name	Title	Date of Birth		


	Facility Information Form (FIF) Child and Adult Care Food Program	Information				General Information					
	Contact (manager)		USDA Program History								
Site ID	Name of Facility	Email	Phone	Extension	Fax	Has the facility previously participated in CACFP under another sponsor?	If yes, provide the previous Sponsor's name	List any other USDA programs participating in	Is this site seriously deficient in any USDA program?		


	Facility Information Form (FIF) Child and Adult Care Food Program	b. Facility Type					Licensing & Cer			
Site ID	Name of Facility	Facility Affiliation Status (SOC only)	Cash / Non Cash Agreement (SOC only)	Facility Tax Status	Facility CACFP Operation (check all that apply)	Child Care License (CCL) Expiration Date	CCL License No.	CCL Maximum Capacity		


	Facility Information Form (FIF)	Certification Information						Licensing & Certification			
	Child and Adult Care Food Program					Child Care (only)		Adult Day Care (only)			
Site ID	Name of Facility	Requested Renewal CCL	CCL Age Restrictions	U.S. Military Facility	U.S. Military Facility Expiration Date	Relative Care License	Relative Care Expiration Date	DC Department of Mental Health License	DC Department of Mental Health Expiration Date	DC Office on Aging License	DC Office on Aging Expiration Date


	Facility Information Form (FIF)	Certification Information						Licensing & Certification Information			
	Child and Adult Care Food Program	At-Risk Center (only)		Emergency Shelter (only)							
Site ID	Name of Facility	Passing Fire Inspection	Fire Inspection Expiration Date	Health Inspection Issue Date	Name of Certifying Agency	Local Certification	Local Certification Expiration Date	Primary DOH Certified Food Safety Manager Name	Primary DOH Certified Food Manager (Issue Date)	Primary DOH Certified Food Manager (Expiration Date)	Secondary DOH Certified Food Safety Manager Name


	Facility Information Form (FIF)	Certification Information		c. Head Start Participation		d. Total Enrollment or Participation				
	Child and Adult Care Food Program					Child, outside-school-hours, and adult day care centers:		At-risk afterschool programs and emergency shelters	Child Care, Outside-School-Hours, At-Risk, Emergency What is the age range of the participants currently participating?	
Site ID	Name of Facility	Secondary DOH Certified Food Manager (Issue Date)	Secondary DOH Certified Food Manager (Expiration Date)	Does this facility operate Head Start? <i>If yes, upload a copy of the Head Start Agreement.</i>		Number of participants currently enrolled	As of [date]:	Number of participants in attendance on an average day	From	To


	Facility Information Form (FIF)	e. Participant Ages						
	Child and Adult Care Food Program		For child and outside-school-hours care centers:				For adult day care centers:	
Site ID	Name of Facility	If infants (birth up to one year of age) are not currently enrolled or participating, does the institution plan to serve infants within the next year?	If participants older than age 13 are enrolled, do they have a disability?	If yes, how many such participants are enrolled?	If yes, how many participants with disabilities are over age 18?	If participants under age 60 are enrolled, are they functionally impaired?	If yes, how many such participants are enrolled?	If yes, how many are under age 18?

	Facility Information Form (FIF)	f. For-Profit Enrollment Information <small>Complete this sub-section (FIF, part f) if the facility is a for-profit company.</small>						
	Child and Adult Care Food Program	Child Development Centers and Outside-School-Hours Centers, Adult Day Care	For-Profit Facility Eligibility: For child development centers, outside-school-hours centers and at-risk centers				For-Profit Facility Eligibility: For adult day care centers	
Site ID	Name of Facility	How will the facility's eligibility be determined each month?	Total number of eligible enrolled children in prior calendar month	Number of Title XX beneficiaries OR children eligible for free or reduced-price meals in prior calendar month	Percentage	Percentage of licensed capacity	Total number of eligible enrolled participants in prior calendar month	Number of Title XIX beneficiaries in prior calendar month


	Facility Information Form (FIF)	Participant Eligibility for Free or Reduced-Price Meals				h. Program Operation <small>(Please attach a hours of operation form)</small>								
	Child and Adult Care Food Program	Eligibility: Centers	FRP Data				Hours of Operation		Dates of Program Operation					
Site ID	Name of Facility	Number of Title XX beneficiaries in prior calendar month	Percentage	Free	Reduced	Paid	Total	Start	End	Year-Round	Start Date <small>(if Year-Round leave blank)</small>	End Date <small>(if Year-Round leave blank)</small>	Mon	Tues


	Facility Information Form (FIF) (Holiday and vacation schedule detailing all dates and times when services will NOT be provided.)							i. Meal Service			
	Child and Adult Care Food Program	Days of Program Operation						Charges	Meal Shifts	Head Start	
Site ID	Name of Facility	Wed	Thur	Fri	Sat	Sun	Closed on all Fed and District Holidays?	List all dates and times during which the provider will NOT offer day care services (i.e. vacations, etc.):	Are participants charged a separate fee for food or meals?	Do different groups (e.g. age groups or classrooms) eat at different times for one or more meals?	Currently approved to receive HTA reimbursement? Select all that apply.


	Facility Information Form (FIF)	e Information			i. Meal Service Information						
	Child and Adult Care Food Program	Infant/Tots Reimbursements			Title III (Adult Day Care only)	Breakfast				AM Supplement	
Site ID	Name of Facility	Interested in participating in Local 5?	Interested in participating in full day 4? Which meal?	Will any meals be claimed through Title III (only for ADC)	Will Claim for Reimbursement?	Days this Schedule is Followed	Start Time	End Time	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed


	Facility Information Form (FIF)	i. Meal Service												
	Child and Adult Care Food Program	Breakfast /Snack				Lunch				PM Supplement /Snack				
Site ID	Name of Facility	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily





	Facility Information Form (FIF) Child and Adult Care Food Program	i. Meal Service Information (second shift if applicable)											
		PM Supplement /Snack					Supper					Breakfast (second shift if applicable)	
Site ID	Name of Facility	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed

	Facility Information Form (FIF) Child and Adult Care Food Program	ii. Meal Service Information (second shift if applicable)												
		Breakfast (second shift if applicable)			AM Supplement /Snack (second shift if applicable)					Lunch (second shift if applicable)				
Site ID	Name of Facility	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily


	Facility Information Form (FIF) Child and Adult Care Food Program	iii. Meal Service Information (second shift if applicable)										iv. Food Preparation Information	
		PM Supplement /Snack (second shift if applicable)					Supper (second shift if applicable)					Self-preparation in an on-site kitchen	
Site ID	Name of Facility	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Will Claim for Reimbursement?	Days this Schedule is Followed	Start	End	Est. Number of Meals to be Served Daily	Meal Type	Days Used


	Facility Information Form (FIF)	v. Food Preparation Information							
	Child and Adult Care Food Program	Preparation in a central kitchen operated by the facility							
Site ID	Name of Facility	Meal Type	Days Used	Vendor Name	Phone	Address	City	Zip	Meal Type


	Facility Information Form (FIF)	v. Food Preparation Information							
	Child and Adult Care Food Program	Preparation in a central kitchen operated by the sponsoring organization							
Site ID	Name of Facility	Days Used	Vendor Name	Phone	Address	City	Zip	Meal Type	Days Used


	Facility Information Form (FIF)	v. Food Preparation Information								
	Child and Adult Care Food Program	Contract with a Food Service Management Company (FSMC) to deliver meals								
Site ID	Name of Facility	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)





	Facility Information Form (FIF)	v. Food Preparation Information							
	Child and Adult Care Food Program	Contract with a Food Service Management Company (FSMC) to prepare meals							
Site ID	Name of Facility	Current Health Inspection (if applicable)	Meal Type	Days Used	Vendor Name	Phone	Address	City	Zip


	Facility Information Form (FIF)									
	Child and Adult Care Food Program	on-site								
Site ID	Name of Facility	FSMC contract Execution Date (if applicable)	FSMC contract Expiration Date	If using an extension year, which year?	FSMC license (if applicable)	Current Health Inspection (if applicable)	Meal Type	Days Used	Vendor Name	Phone


	Facility Information Form (FIF)	v. Food Preparation Information								
	Child and Adult Care Food Program	Contract with School Food Authority								
Site ID	Name of Facility	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)	Prepares/updates dated daily menus that meet CACFP meal pattern requirements


	Facility Information Form (FIF)	j. Facility CACFP Administration					
	Child and Adult Care Food Program	FOOD SERVICE FUNCTIONS					
		Name(s) of Staff Responsible and Staff Position Title					
Site ID	Name of Facility	Records appropriate menu substitutions as needed	Maintains daily delivery tickets (if applicable)	Prepares meals (if applicable)	Record the number of meals prepared (if applicable, for at-risk programs only)	Serves meals	Takes meal count at the point of service (i.e. when each meal/snack is served)

	Facility Information Form (FIF)	j. Facility CACFP Administration					
	Child and Adult Care Food Program	RECORD KEEPING FUNCTIONS					
		Name(s) of Staff Responsible and Staff Position Title					
Site ID	Name of Facility	Collects Income Eligibility Statements (IES) and determines eligibility category for each enrolled participant (N/A for at-risk programs)	Maintains a master enrollment list that corresponds with IES forms on file (N/A for at-risk programs)	Maintains record of Title XIX and/or Title XX payments (if applicable)	Takes daily attendance	Completes the HACCP Manager's Self-Inspection Checklist each week (if applicable, for at-risk programs only)	Maintain itemized bills, invoices and receipts and/or financial information

	Facility Information Form (FIF)	k. At-Risk Afterschool Program Information							
	Child and Adult Care Food Program	Area Eligibility							
Site ID	Name of Facility	Prepares monthly claim OR submits CACFP information to sponsor for preparing the monthly claim	Maintains all CACFP records for three (3) years plus the current year. Records must be in a central location and accessible upon request.	Area Eligibility School	Address	City	State	Zip	Ward

	Facility Information Form (FIF)					Actual Participants' Race and Ethnicity Information				
	Child and Adult Care Food Program					Race & Ethnicity Information	Race			
						Race Count for the actual participants enrolled				
Site ID	Name of Facility	Area Eligibility free and reduced %	Date of Determination	Educational and/or Enrichment Activities	Total number enrolled or in attendance	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

	Facility Information Form (FIF)				Race and Ethnicity Information for the Eligible Population					
	Child and Adult Care Food Program	Ethnicity			Eligible Population Data & Population Source			Race		
		Ethnic Count for the actual participants enrolled						Race Number or Percentage for		
Site ID	Name of Facility	Hispanic or Latino	NOT Hispanic or Latino	Data Source	Population	Specify Population (if selected population in previous column indicates to specify)	Indicate whether data is being provided by Number or Percentage	American Indian or Alaskan Native	Asian	Black or African A

	Facility Information Form (FIF)	on			
	Child and Adult Care Food Program	ble population		Ethnicity	
		Ethnic Number or Percentage for the eligible population			
Site ID	Name of Facility	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	NOT Hispanic or Latino



10. Attachment B – CACFP Validation Errors (TBD)

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