



Orchard

Child and Adult Care Food Programs

Supplement 1

Completing the Sponsor of Centers (SOC) Application

Version 1.0

August 2017



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1. Summary

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

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

2. Using the Orchard CACFP Supplemental Documents

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

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

3. Completing Sponsor of Center (SOC) Application

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

The screenshot shows the Orchard system dashboard. At the top left is the Orchard logo. At the top right is the District of Columbia Office of the State Superintendent of Education logo. Below the navigation bar, the breadcrumb trail reads: Home > Library > Nutrition Management > Help > Applications. The main content area is titled "Dashboard" and contains an "Applications Summary" section. This section includes a table with the following data:

Application ID	Program Year	Program Name	Sub Programs	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
SD17181270	2017/2018	SOC		Draft	8/16/2017 8:00 AM	8/16/2017 8:00 AM	Denise Horstford			

A. General Information Tab

The screenshot shows the Orchard system with the "General Information" tab selected. The breadcrumb trail reads: Home > Library > Nutrition Management > Help > Application > SOC. A pop-up window displays the application details: Application ID: SD17181270, Status: Draft.



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 SOC application, click on the **Update Application Types** button in this data window.

The screenshot shows a window titled "Application Types" with a subtitle "These are the sub programs chosen for the application:". Below this, the text "SOC" is displayed. On the right side of the window, there is a button labeled "Update Application Types" which is highlighted with a red box.

2. Then click on the checkbox. Only available programs will be listed.

The modal window is titled "CACFP Application Types" and contains the text "Please choose allowable program combinations from the below options." Below this, the sub-program "SOC" is listed. Under "SOC", there are three checkboxes:

- Adult Day Care Center
- At Risk Center (Application Already Exists)
- Family Day Care Home

 At the bottom right of the modal, there are two buttons: "Save & Continue" and "Cancel".

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

The screenshot shows the "Application Types" window with the subtitle "These are the sub programs chosen for the application:". Below this, the text "SOC" is displayed. Under "SOC", the text "Adult Day Care Center" is listed and highlighted with a red box. On the right side of the window, there is a button labeled "Update Application Types".

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

Contact Information




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

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

Contact Information									
Enter the name of the primary contact for this organization. Click DUNS and SAMS if additional information or clarification is needed when entering these field values.									
First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *	
Linda	Callahan	Owner	(202) 526-1503		(202) 526-1504	linda.callahan@appletreeep.org	123456789	11/30/2017	

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

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

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

Entity and Program Types

Validate the 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
Alter School Program
Public Charter School

Contacts and Addresses

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

Contacts and Addresses													
Type	First Name	Last Name	Title	Address Line 1 *	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	Linda	Callahan		415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 526-1503		(202) 526-1504	lony.taylor@appletreeep...	
W9	Mitie	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503		(202) 526-1504	lony.taylor@appletreeep...	
Mailing	Eddie	Callahan		415 MICHIGAN AVENUE NE	WASHINGTON	DC	20017	5	(202) 526-1503		(202) 526-1504	lony.taylor@appletreeep...	
Master Supply List	Eddie	Callahan		415 Michigan Ave. NE	Washington, DC	DC	20017		(202) 526-1503		(202) 526-1504	lony.taylor@appletreeep...	
Payment Address	Arcelli	Baccinila		415 Michigan Ave., NE 3rd Floor	Washington Wash...	DC	20017		(202) 526-1503			arcelli.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.

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

* After deleting a row, Please Save.

2. Select the contact type from the dropdown.

Claims Authorized Signatures / Third Party Authorizations

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

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

* After deleting a row, Please Save.

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



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

Claims Authorized Signatures / Third Party Authorizations

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?

7. Confirm **Yes** or **No**.
8. To delete a contact name, click the **Delete** icon.

Claims Authorized Signatures / Third Party Authorizations							
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.

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

Are you sure you want to delete this record?

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

Public Notification

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

Public Notification

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

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

Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Delete
08/15/2017	Andrews AFB	

August 2017

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Tuesday, August 15, 2017

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

- 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	Institution to which Public Release was/will be sent to	Delete
08/31/2017	Andrews AFB	

Title: Brochure

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

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



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

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

Public Notification

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

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

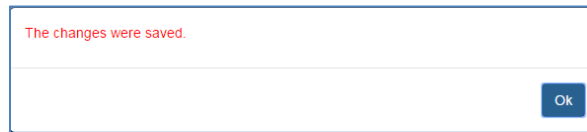
Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Delete
08/31/2017	Andrews AFB	

Title: Brochure

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

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

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

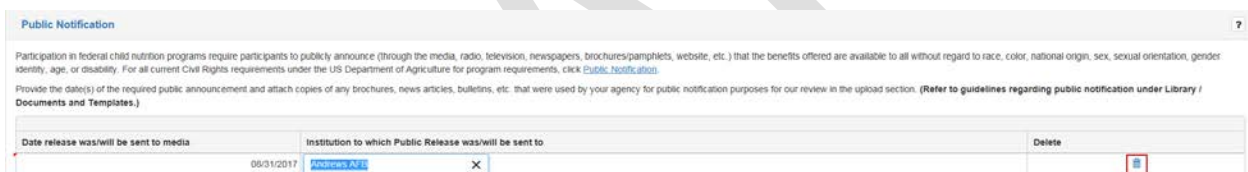


8. Once saved, the file can be viewed by clicking on the **Download Link** hyperlink of the file name.

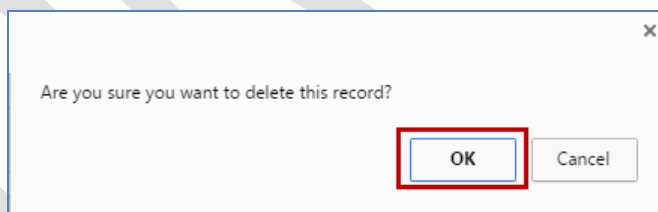


9. The State Agency DHW Specialist will review the file and enter the verification and any other comments. Sponsors/SFAs cannot edit these fields.

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



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.



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

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**. The information once uploaded is not editable by the sponsor/SFA. If changes are needed, a new upload will be required.



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



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

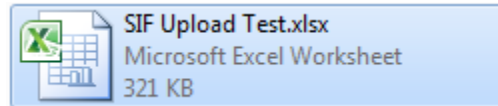
Orchard tracks the history of all “saved” uploaded files. Site information can be changed and re-uploaded before submission of the application or during a recall. However, once the site is approved by the state agency, no further changes can be made to the site information.

Uploading the CACFP SIF File

1. Click the **Site Management** tab

The screenshot shows the Orchard application interface with the Site Management tab selected. The main content area displays the 'Site Information File (SIF) Upload' form. The form includes a 'File Name' field with a 'Browse...' button, a 'Title' field, and a 'Notes' text area. Below the form are 'Load' and 'Clear' buttons. To the right of the form is a 'SIF Upload History' section showing 'Data Not Available'. The top navigation bar and sub-menu are visible, with 'Site Management' highlighted.

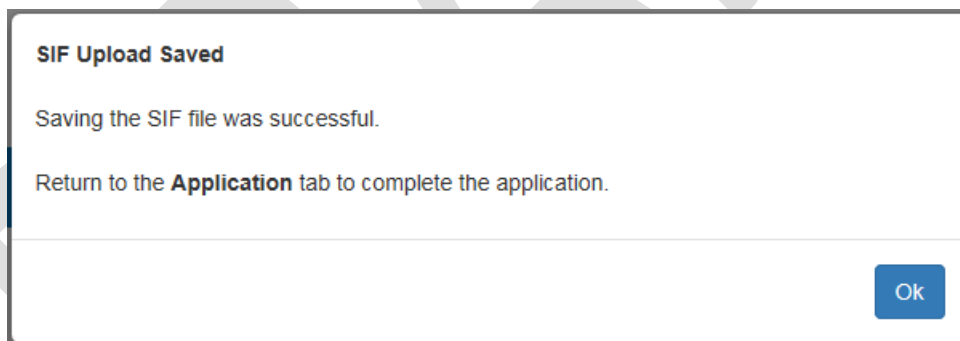
2. Select a file from your computer. The file must be the Excel template downloaded from **Library/Download/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."



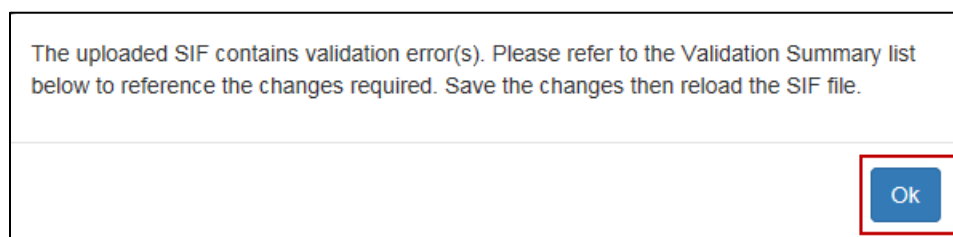
The file Tab Name "SIFDATA" must not change. If the Tab name is changed, the SIF files WILL NOT upload.



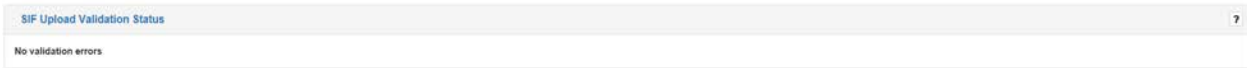
3. Add a document title and any notes relevant to the upload.
4. Click the **Load** button.
5. Orchard will display a message that the SIF file upload was successful.



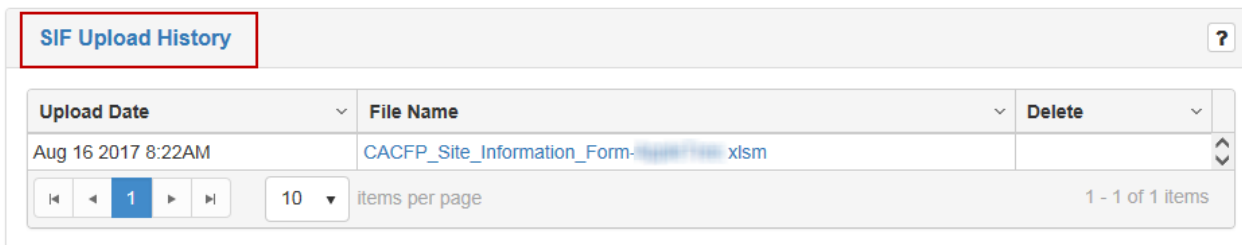
6. Click the **OK** button.
7. If the file did not load, the following message will be displayed:



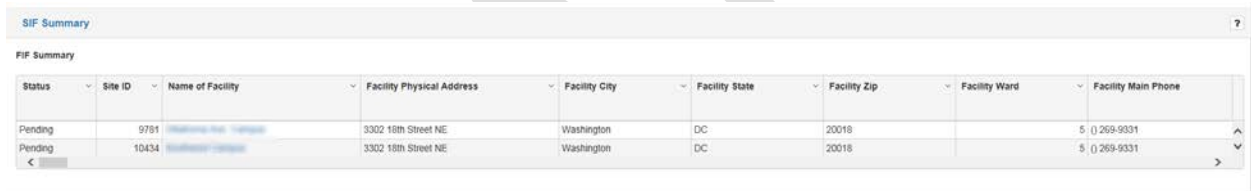
8. Click the **OK** button.
9. Review the SIF Upload Validation Status window, make the corrections noted; and then try uploading the file again.



10. The file is added to the **SIF Upload History** table.

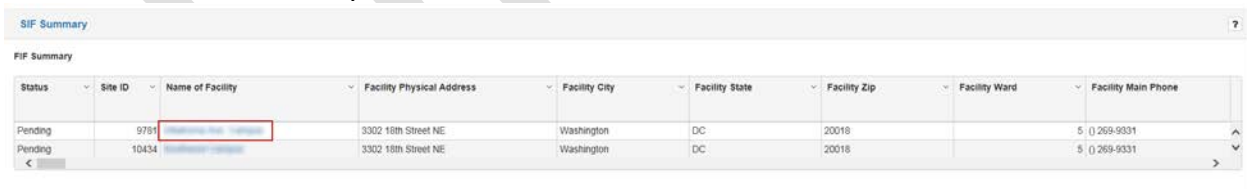


11. The sites and SIF information are added to the **SIF Summary** window. Use the scroll bar to view all information in this table or to view a formatted copy of the information, click on the Site Name.



Reviewing the SIF File Details

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



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

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

[Site Details](#)

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

Facility Information Facility Name: (9781)

Site Type: Data Not Available
 Site Effective Date: 08/07/2016
 Site Termination Date:

Tax Status: Non-Profit
 Facility Affiliation Status: Affiliated
 Cash/Non Cash Agreement:

Addresses ?

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		4567382	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: Participated under different sponsor: Yes
 Seriously Deficient: Yes
 Previous Sponsor's name: T&T 234

Hours of Operations

 Start: End:
 Dates of Program Operations

 Year-Round: No
 Start Date: 08/07/2018
 End Date: 08/07/2017

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 ?

Licensing & Certification Information	License Number	Issue Date	Expiration Date	Requested Renewal	Additional Information
Program Type: Adult Care Only					
DC Department of Mental Health License	991313000726		08/08/2018		
DC Office on Aging License	991313000726		09/14/2020		
Program Type: At-Risk Center Only					
Fire Inspection			01/09/2016		
Program Type: Child Care Only					
Relative Care			06/09/2017		
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				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											

Food Preparation Information

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			

Food Preparation Personnel

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	9845	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	9845	Not Passing
Contract with School Food Authority						2017-03-13	2017-03-13			

Eligibility

Area Eligibility fee 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	60
At-risk after school programs and emergency shelters:	5 years to 13-18 years disabled
Age range of the participants	No
Institution plan to serve infants within the next year	
Child Care and Outside-School Hours centers:	
Disabled participant older than the age of 13 years	
Disabled participant older than the age of 16 years	
Adult Day Care centers:	
Functionally impaired participants under the age of 60 years	
Functionally impaired participants under the age of 16 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 XIX 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
CCL Maximum Capacity	0.02
Percentage of licensed capacity	0

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	90
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	Ethnicity Category																											
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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

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State Agency Site Approvals

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

State Agency Approval	Facility Name: (9781)																																																											
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Click the **Site Management** button when you are finished reviewing the sites.

C. Financial Information Tab



Application ID: SOC17181276
Status: Draft

Home Library- Nutrition Management- Help- User: Thomas Handford Logoff

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

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

Budget and Financial Information

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

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

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

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

Commodities
I understand that the institution will receive cash-in-lieu of commodity payments for each lunch and support served.

I understand that cash-in-lieu of commodity payments must be used to purchase food for Program use.

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

Budget Document Uploads

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

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

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

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

* After deleting a row, Please Save

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

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

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

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

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"/>	Copy of Remainder EntailList 042517.xlsx	Pending Review	<input type="text"/>	<input type="button" value="Delete"/>

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

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

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

Commodities
I understand that the institution will receive cash-in-lieu of commodity payments for each lunch and support served.

- The **Sponsoring Organization Accounting System** must be selected from the dropdown list.

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

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

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

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

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

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

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

October : \$0.00 November : \$0.00

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

- 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.
 - Browse for the document
 - Click **Save** to save the upload
 - View the document through the download link
 - Click the **Delete** icon to delete the document

Budget Document Uploads

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Budget *	<input type="text"/> Browse...	<input type="text"/>	Copy of Copy of InstitutionUserReport merge with active list 6.9.17.xls	Pending Review	<input type="text"/>	<input type="text"/>
Budget Narrative *	<input type="text"/> Browse...	<input type="text"/>	Copy of Copy of Missing Institution Emails.xlsx	Pending Review	<input type="text"/>	<input type="text"/>
Estimated Monthly CACFP Food Service and Administrative Budget *	<input type="text"/> Browse...	<input type="text"/>	Copy of Copy of Missing Institution Emails.xlsx	Pending Review	<input type="text"/>	<input type="text"/>

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

Tax Information ?

The organization is For-Profit? Select ▼

The organization is tax-exempt under the Internal Revenue Code of 1986, as amended. Select ▼

The organization shares the same tax identifiers as a church? Select ▼

The organization is a government agency? Select ▼

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

D. Application Tab



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

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

Site Operation

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

Site Operation ?

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	Linda	Callahan	President		123 4th Street	washington	DC	20002		lcallahan@gmail.com	(123) 456-7891		
Authorized Representative [Owner, Executive Director, Military Commander, or Agency Director]	Eddie	Callahan	Owner		123 4th Street	Washington	DC	20002		ecallahan@gmail.com	(123) 456-7891		
Official Designee of Authorized Representative	Millie	Callahan	Auth Rep		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(123) 456-7891		
Accounting/Finance Contact	Millie	Callahan	Treasurer		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(123) 456-7891		

Organizational Structure

1. Select a contact type from the dropdown
2. Add the information as requested in this table (note the required fields).

Organization Structure

+ Add new Contact

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	

Center Director

Program Director

Executive Director

Board Chairman

Board Member

Military Commander

Owner

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

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.

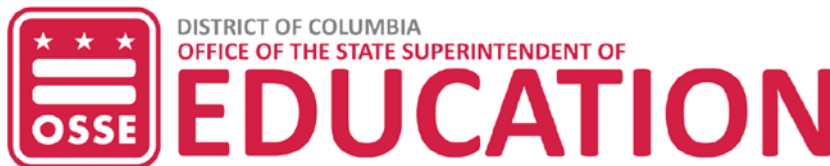
Policy Statement Confirmation

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



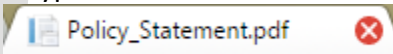
Health and Wellness Division

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

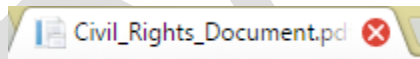
CIVIL RIGHTS AFFIRMATION STATEMENT

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 reprisal or retaliation for prior civil rights

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



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

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

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 ?

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.

Pre-Approval and Monitoring ?

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

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

Forms & Uploads

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



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

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

Forms & Uploads

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

How to Upload Orchard Forms and Documents

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

Document Uploads

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



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

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

Document Uploads

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

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



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

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

State Agency Application Approvals

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

Questions	Confirmation	Verified Date	Requested Amount	Approved Amount	Advance Recovered Months	Comments
Date of NDL Verification for Institution						
Date of NDL Verification for Owner:						
Date of NDL Verification for CACFP Primary Contact:						
Date of NDL Verification for Board Chair:						
Date of NDL Verification for Executive Director:						
Is this sponsor seriously deficient in any USDA program?	No					
Seriously deficient date verification?						
Does this Sponsor receive Intra-District funds?	No					
Has this Sponsor been approved by the State Agency to receive advanced payment for October? (provided approved amount)	Select		\$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. SOC Tab



Sponsor of Centers (SOC) requires additional information to satisfy application requirements. Click on the SOC tab to complete the information requested.

Sponsor Type

1. Click on the field in the data window and select each type of sponsor. Both affiliated and unaffiliated facilities can be chosen.

Sponsor Type

Select Sponsor Type(s) *

- Affiliated Facilities
- Unaffiliated Facilities

2. If **Unaffiliated Facilities** is chosen, you must indicate the type of agreement with these facilities.

Sponsor Type

Select Sponsor Type(s) *

Please indicate the type of agreement that will be executed between the sponsoring organization and each unaffiliated facility.

- Unaffiliated Facilities
- Affiliated Facilities
- Select
 - Cash Agreements
 - Non-Cash Agreements

Facility Sponsorship Administrative Procedures

Facility Sponsorship Administrative Procedures

Answer the questions posed in this section in the text fields provided.

Facility Sponsorship Administrative Procedures ?

If sponsoring facilities, describe the sponsoring organization's procedures for the following administrative tasks:

Determining the eligibility of for-profit facilities. This applies to both affiliated and unaffiliated facilities. Write "N/A" if the sponsor will operate in only affiliated non-profit centers.

Determining a facility's eligibility to operate the at-risk afterschool program. Write "N/A" if the sponsor does not intend to operate the at-risk afterschool meal program.

Collecting data from facilities (ex. enrollment, daily attendance, meal counts, menus, etc.) Include procedures for collecting records, storing records and addressing incomplete or suspicious records.

Annually collecting and documenting civil rights information.

Disbursement and Collection of Funds

Answer the questions posed in this section in the text fields provided.

Disbursement and Collection of Funds ?

Affiliated Facilities and Unaffiliated Facilities with Non-Cash Agreements
Complete this section if the sponsoring organization is applying to sponsor **affiliated facilities** and/or if the sponsoring organization is applying to execute **non-cash agreements** with **unaffiliated facilities**

Monitoring Administrative Expenses
Describe the sponsoring organization's system for monitoring CACFP-related administrative expenses and ensuring that no more than 15 percent of meal reimbursements are allocated for administrative expenses.

Monitoring Food Service and Overall CACFP-Related Expenses
Describe the sponsoring organization's system for monitoring the food service and overall CACFP-related expenses.

Reimbursement Exceeding Costs
Describe the sponsoring organization's system for ensuring that reimbursements in excess of costs are reinvested in food service operations. Provide examples of how such funds would be used.

Facility Monitoring Schedule

Enter the information required in the Facility Monitoring Schedule. Click the Add Facility Monitoring Schedule button to begin. Enter the information for all sites.

Facility Monitoring Schedule ?

+ Add Facility Monitoring Schedule

Facility Name	Date of Pre-Approval Visit	Date of 1st Monitoring Visit	Date of 2nd Monitoring Visit	Date of 3rd Monitoring Visit	Delete
Lincoln Park Campus	08/02/2017	08/09/2017	08/23/2017	09/01/2017	
Columbia Heights Campus	08/01/2017	08/05/2017	08/10/2017	08/15/2017	

* After deleting a row, Please Save.

Sponsored Facilities

Review the information for correctness.

Sponsored Facilities ?

Total Facilities :3

Program	No Of Sites
Adult Day Care Center	0
At-risk after school /supper program	0
Child Care Center	0
Emergency Shelter	0
For-Profit Adult Day Care	1
Non-Profit At-Risk Afterschool	1
Outside-school hours care centers	0
TOTAL	3

Program	No Of Sites
For Profit adult care center	0
For Profit At-risk after school /supper program	0
For Profit emergency shelter	0
For Profit outside-school hours care centers	0
For-Profit Child Care	0
Non Profit Adult care center	0
Non Profit At-risk after school /supper program	0
Non Profit Emergency shelter	0
Non Profit outside-school hours care centers	0
Non-Profit child care center	0
TOTAL	0

Unaffiliated Facilities with Non-Cash Agreements

Review the information for correctness.

Unaffiliated Facilities with Non-Cash Agreements

Program	No Of Sites
For Profit adult care center	0
For Profit At-risk after school /supper program	0
For Profit emergency shelter	0
For Profit outside-school hours care centers	0
For-Profit Child Care	0
Non Profit Adult care center	0
Non Profit At-risk after school /supper program	0
Non Profit Emergency shelter	0
Non Profit outside-school hours care centers	0
Non-Profit child care center	0
TOTAL	0

F. SOC Application Submission – Confirming the Submission

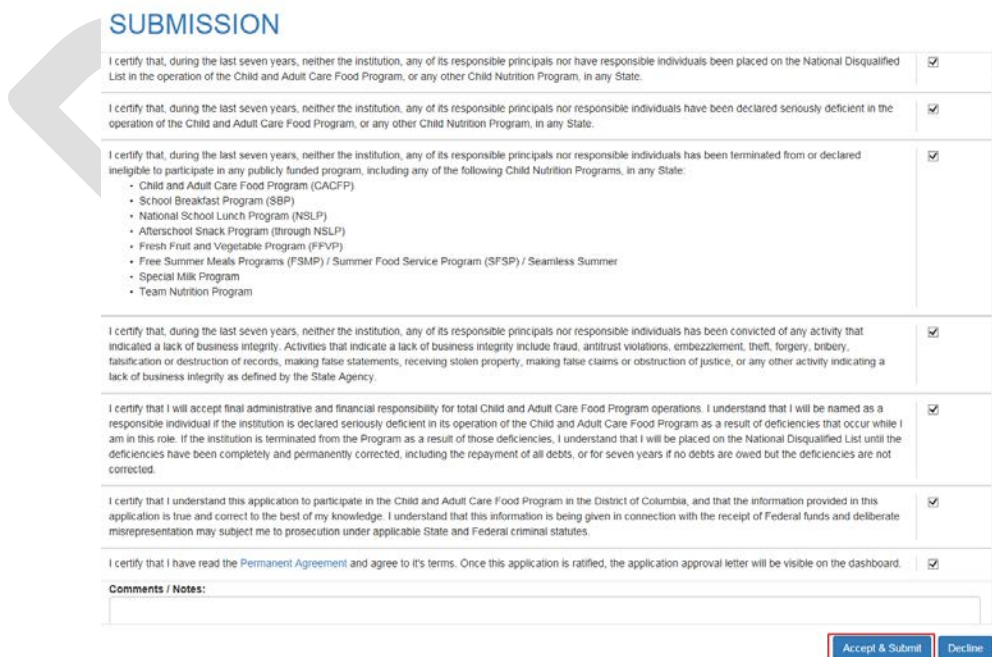
1. Click the **Application** tab.



2. Click the **Submit** button.

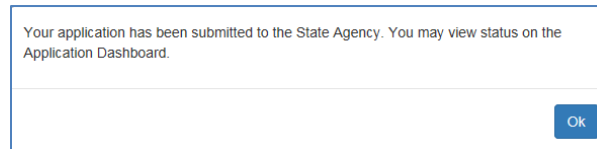



3. Checkmark all certifications in the **Submission** window. Each certification must be checked or the submission will fail.



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

5. Click **Accept & Submit**.
6. Click **OK** to confirm the submission.



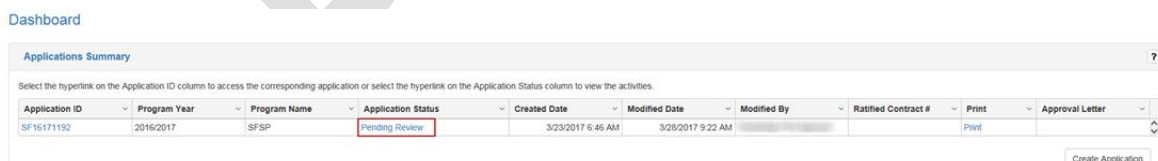
 **Note:** Once the application is submitted, no further editing is allowed by the Sponsor/SFA. If corrections need to be made, the application is available for **RECALL** up to the time it is ratified by the Manager.

Applications Summary Statuses

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

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

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



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

