



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**Child and Adult Care Food Program (CACFP)
Start-Up and Expansion Funds
Request Form**

Applying for: ___ Start-up Funds ___ Expansion Funds

Institution Type:

- ___ New FDCH applicant
___ Current Family Daycare Home (FDCH) sponsor with 49 or less family day care
___ Current CACFP institution applying to become a FDCH sponsor

_____ Organization Name	
_____ Contact Persons Name	_____ Title
_____ Address	_____ City, State Zip
_____ Email	_____ Phone

Please respond the following questions and provide the requested information. Attach responses to this document.

1. Select which months the funds requested will be utilized in.

_____	October	_____	April
_____	November	_____	May
_____	December	_____	June
_____	January	_____	July
_____	February	_____	August
_____	March	_____	September

2. Describe the geographical boundaries of the areas, which will be served by your organization?

3. Provide data to document the number of family day care homes that are licensed in the area, which will be served by your organization?

4. Indicate the number of family day care homes, which you have contacted to date as part of your expansion or start-up outreach efforts.



5. Explain how your organization's recruitment strategy to reach homes that are currently not under another organization's sponsorship?

6. Indicate the estimated number of family day care homes for which you propose to use these funds. Explain how this number was determined.

7. Estimated number of personnel in each position title, estimated hours per day spent on CACFP, wages per hour and specific administrative duties.

8. Estimate the administrative budget needed to implement your organization's plan to recruit family day care homes to participate in the CACFP. Include the following costs in your budget: administrative, labor, supplies, transportation, communication, any other costs deemed necessary.

9. List all of the public or private programs, which your sponsoring organization has currently or previously administered. For example, child care subsidy or Summer Food Service Program.

10. Has your organization received an independent audit in the past three years?

_____ Yes _____ No

If yes, attached a copy of the audit.

11. Has your organization has ever been terminated from a state or federally funded program?

_____ Yes _____ No

If yes, provide the program name, and explain the reason for the termination.

I certify _____ that the information provided as part of this application is true to the best of my knowledge; that I will accept final administrative and financial responsibility for implementing a food service program at family day care homes under my administration; that expansion payments shall be used for administrative costs incurred in expanding a food service program at family day care homes under my administration; and that the Child and Adult Care Food Program shall be made available to all children without regard to race, color, sex, national origin, age or disability. In the event that every reasonable effort is not taken to expand program operations at family day care homes, the administrative payments received for expansion activities shall be refunded upon demand to the OSSE. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statute

Signature (Authorized Representative)

Date

