

Child & Adult Care Food Program (CACFP) Program Initiation Application

Organization Identification

Organization's Name: _____

Federal Employer Identification Number (FEIN): _____

DUNS Number (required): _____

For instructions, go to: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>

Check one:

- Nonprofit (Secular) Organization
- Nonprofit (Faith-based) Organization
- Private For Profit Organization
- Unit of Local, County, Municipal, State or Federal Government
- Public or Private Non-Profit College or University
- Educational

Yes No Is this organization exempt from Federal Income Tax under Section 501c(3) of the Internal Revenue Code of 1986? If yes, attach a copy of the letter from the IRS granting tax exempt status.

Yes No Has this organization or its principals ever been declared seriously deficient in its operation of a federal Child Nutrition Program?

Describe the primary purpose of the organization?

How many sites does the Organization plan to sponsor? _____

Complete a Center Site Application for each site that the organization plans to sponsor.

Mailing Address

Address: _____

Address (continued): _____

City: _____

State: _____ Zip: _____

County: _____

Street Address

Address: _____

Address (continued): _____

City: _____

State: _____ Zip: _____

County: _____

Check if the street address is the same as the mailing address.

Contact Person

Will the following person be the Authorized Representative for the CACFP? Yes No

Name: _____

Title: _____

Phone: _____ Ext: _____

Alternate Phone: _____ Ext: _____

E-mail: _____

Civil Rights Review

- Yes No Has any lawsuit filed been filed against the organization alleging discrimination on the basis of race, color or national origin?
If yes, attach a separate sheet of paper detailing the specifics circumstances of the lawsuit.
- Yes No Have any complaints been received by the organization alleging discrimination on the basis of race, color or national origin?
If yes, attach a separate sheet of paper detailing the specifics circumstances of these complaints.
- Yes No Does the applicant have any pending applications to other Federal agencies for assistance?
If yes, list the pending applications for Federal assistance in the space below.

List any Federal assistance the organization currently receives.

Describe any civil rights compliance reviews conducted of the organization during the prior two years. Specify the agency or organization conducting the review.

- Yes No Does the program organization agree to compile and maintain records required by the USDA Food and Nutrition Service’s civil rights guidelines or other directives received from KSDE or FNS?

Racial/Ethnic Information

List the percentage of people in your surrounding geographical area and percentage of your total enrollment by ethnicity and racial category. The surrounding geographical area is the county(ies) where the site(s) is located and you can use the census information available on the Internet (www.census.gov, select “Kansas” in the **QuickFacts**. Select your county and Race and Hispanic Origins).

	Hispanic or Latino	Non Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Native Pacific Islander	White	Two or More Races
Surrounding Area (percentage)								
Estimated Participants (percentage)								

Child & Adult Care Food Program (CACFP) Initial Center Site Application

Please complete a separate Initial Center Site Application form for each additional site.

Site Name: _____

Mailing Address	Street Address
Address: _____ Address (continued): _____ City: _____ State: _____ Zip: _____ County: _____	Address: _____ Address (continued): _____ City: _____ State: _____ Zip: _____ County: _____
<input type="checkbox"/> Check if the street address is the same as the mailing address.	
Site Contact	
Name: _____ Phone: _____ Ext: _____ Email: _____	

Site Operation

Check one: Nonprofit For-profit

Program Type (Choose one)

- Summer Food Service
- Child Care Center
- Head Start
- Outside School Hours Care
- At-Risk Afterschool Meals/Snacks

Is this site organized primarily to provide care for children after school or on weekends, holidays, or school vacations during the regular school year? Yes No

Is this site located in an attendance area of a school where at least 50% or more of the children are eligible for free or reduced price meals? Yes No

Will the site claim meals/snacks during summer vacation? Yes No

If YES, is the site located in the attendance area of a school operating on a year-round calendar?
 Yes No

Adult Day Care Center

Does the site provide nonresidential care services to functionally impaired adults or persons 60 years of age or older in a group setting? Yes No

Does the site provide a structured, comprehensive program that provides a variety of health, social and related support services? Yes No

Does the site have an individual plan of care for each participant? Yes No

Describe how the plans of care are created for each participant?

Emergency Shelter

Does this site provide temporary shelter and food services to homeless children? Yes No

Child Care Licensing

Type of License: KDHE DCF Military Tribal Dept. of Aging Exempt

License Number: _____ Capacity: _____

Effective Date: _____ Expiration Date: _____

Type of Food Service

Meal Preparation: On-Site Central Kitchen School Vendor Commercial Vendor

If School or Commercial Vendor, list vendor name: _____

Does this site have a Kansas Food Establishment License? Yes No

If yes, license number: _____ If yes, date of last inspection: _____