

Those contracting entities that do not use TX-UNPS use this form to apply and reapply to participate in the Child and Adult Care Food Program – Centers.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. Name of Contracting Entity		2. DBA Name		3. CE ID	4. Version
5. Texas Identification Number (TIN)		6. County	7. Congressional District	8. DUNS Number	
9. Type of Agency			10. Type of CACFP – Centers Organization		

SECTION II – CONTRACTING ENTITY DESCRIPTION

1. Are all of your organization’s CACFP participating sites located in the same building? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does your organization operate the CACFP in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter the name of those state(s)					
3. Which would your organization prefer to receive? <input type="checkbox"/> Cash payment in lieu of commodities <input type="checkbox"/> USDA-donated commodities of equal value					
4. Street Address – Address Line 1		Address Line 2	5. City	6. State	Zip+4
					+
Mailing Address of Contracting Entity - Same as Street Address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter mailing address)					
7. Mailing Address (Street or P.O. Box) – Address Line 1		Address Line 2	8. City	9. State	Zip+4
					+
10. Contracting Entity Administrator (The Contracting Entity Administrator must be an individual who has been authorized to act on behalf of the Contracting Entity by agreeing to and signing the Certificate of Authority.)					
Salutation	First Name	Last Name	11. Email Address		
12. Facility Phone (include area code)		Extension	Fax (include area code)		
13. Cell/Alt Phone (include area code)		14. Title			
Claim Preparer – Same as Contracting Entity Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter Claim Preparer information)					
15. Claim Preparer					
Salutation	First Name	Last Name	16. Email Address		
17. Facility Phone (include area code)		Extension	Fax (include area code)		
18. Cell/Alt Phone (include area code)		19. Title			

Authorized Individual 1 – Same as Contracting Entity Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter Authorized Individual 1 information)			
An Authorized Individual is an individual who has been authorized to act on behalf of the Contracting Entity by agreeing to and signing the Certification of Authority.			
20. Name of Authorized Individual 1			
Salutation	First Name	Last Name	21. Email Address
22. Facility Phone (include area code)		Extension	Fax (include area code)
23. Cell/Alt Phone (include area code)		24. Title	
Authorized Individual 2 – Same as Contracting Entity Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter Authorized Individual 2 information)			
An Authorized Individual is an individual who has been authorized to act on behalf of the Contracting Entity by agreeing to and signing the Certification of Authority.			
25. Authorized Individual 2			
Salutation	First Name	Last Name	26. Email Address
27. Facility Phone (include area code)		Extension	Fax (include area code)
28. Cell/Alt Phone (include area code)		29. Title	

SECTION III – UNMET NEED

30. Are you applying as a sponsoring organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are you currently participating in the CACFP as a sponsoring organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Indicate if the sites you sponsor are affiliated and/or unaffiliated: <input type="checkbox"/> Affiliated <input type="checkbox"/> Unaffiliated (you may check both types)
Affiliated means the sites are part of the Contracting Entity organization. Unaffiliated means the sites are not part of the Contracting Entity organization.
33. Have any of the unaffiliated sites you propose to sponsor participated in the CACFP within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – GENERAL QUESTIONS

34. Do you engage in any business or activities not related to CACFP during normal business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:
35. Does the Contracting Entity have less than three years of Administrative and Financial history? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do you sponsor 25 or more sites? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Will you be averaging your monitor reviews? <input type="checkbox"/> Yes <input type="checkbox"/> No

38. Do you want to receive advance payments if funds are available? Yes No

If Yes, what percentage would you like to receive? 50% 75% 100%

If Yes, you are agreeing to the following certification statement. "I certify, by accepting advance payments, that the contracting entity and all responsible principals/individuals will comply with all applicable Federal and State laws, regulations, rules and policies related to the acceptance and use of advance payments. I understand that if advance payments are not used in compliance with all applicable Federal and State laws, regulations, and policies that the contracting entity and all responsible principals/individuals, when legally permitted, will be liable for the repayment of all advance payments that were not properly paid. If the contracting entity and responsible principals/individuals become liable for the repayment of advance payments, TDA may recover all outstanding advance payments from our current and future CACFP reimbursement or take other legal action against the contracting entity and responsible principals/individuals to recover the debt."

39. Have all sites complied with training requirements? Yes No

If no, explain:

40. Do you subcontract for any CACFP functions? Yes No

SECTION V - CERTIFICATION

41. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:

1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years?
 Yes No

NOTE: Principal means any individual who holds a management position within or is an officer of the contracting entity, including all members of the contracting entity's board of directors.

Publicly funded means money that is received from a local, state or federal governmental agency.

If Yes, as part of your management plan, submit a listing of the publicly funded programs in which the contracting entity and its principals have participated in the past seven years and currently participate in.

2. Within the past seven years, has the contracting entity or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements? Yes No

If Yes, answer question #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed? Yes No

If Yes, as part of your management plan, submit documentation of reinstatement, including proof of payment of debts, if applicable.

If No, as part of your management plan, attach a detailed explanation.

4. Has the contracting entity or any of the contracting entity's principals been convicted on any activity that occurred within the past seven years that indicated a lack of business integrity? Yes No

NOTE: A lack of business integrity includes 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.

If Yes, as part of your management plan, attach a detailed explanation.

42. I hereby certify that neither the Contracting Entity nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Contracting Entity, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the Texas Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Signature – Authorized Representative of Contracting Entity

Date

Name (please type or print)

Title

This document becomes public record and is subject to disclosure. With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Agriculture (TDA) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask TDA to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request corrections, please contact your Food and Nutrition Community Operations office.

For TDA Use Only

Effective Date: _____

Signature —TDA Representative

Date

Title of the TDA Representative