Contracting Entity Application – Day Care Homes

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 – Day Care Homes.

SECTION I – CONTRACTING ENTITY (CE) INFORMATION

1. Contracting Entity Name	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

SECTION II – CONTRACTING ENTITY DESCRIPTION

1. Does your organization operate the CACFP in any other state(s)? ☐ Yes ☐ No
If Yes, enter the name of those state(s)

2. Street Address – Address Line 1	Address Line 2	3. City	4. State	Zip+4
				+

Mailing Address of Contracting Entity - Same as Street Address? ☐ Yes ☐ No (If no, enter mailing address)

5. Mailing Address (Street or P.O. Box) – Address Line 1	Address Line 2	6. City	7. State	Zip+4
				+

8. 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	9. Email Address

10. Facility Phone (include area code)	Extension	Fax (include area code)

11. Cell/Alt Phone (include area code)	12. Title

Claim Preparer – Same as Contracting Entity Administrator? ☐ Yes ☐ No (If no, enter Claim Preparer information)

13. Claim Preparer

Salutation	First Name	Last Name	14. Email Address

15. Facility Phone (include area code)	Extension	Fax (include area code)

16. Cell/Alt Phone (include area code)	17. Title

Authorized Individual 1 – Same as Contracting Entity Administrator? ☐ Yes ☐ 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.

18. Authorized Individual 1

Salutation	First Name	Last Name	19. Email Address

20. Facility Phone (include area code)	Extension	Fax (include area code)

21. Cell/Alt Phone (include area code)	22. Title

Authorized Individual 2 – Same as Contracting Entity Administrator? ☐ Yes ☐ 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.

23. Authorized Individual 2

Salutation	First Name	Last Name	24. Email Address

25. Facility Phone (include area code)	Extension	Fax (include area code)

26. Cell/Alt Phone (include area code)	27. Title

SECTION III – TIERING

28. Contracting Entities must submit current information on the total number of:

A. Tier I providers:
B. Tier II providers:
C. Children enrolled with Tier I providers:
D. Children enrolled with Tier II providers:
E. Children enrolled with Tier II providers that have been identified as eligible for Tier I reimbursement:

29. Which of the following procedures will be used to make Tier I determinations? (check all that apply)

☐ Use school data to determine if site is located in a low-income area
☐ Use census data, after consulting school data first, to determine if site is located in a low-income area
☐ Obtain and verify family size and income/categorical eligibility information form the Provider

30. Which of the following methods will be used to notify Tier II providers of their options for reimbursement? (check all that apply)

☐ Group training or workshops
☐ Individual notification (e.g., at monitoring or renewal visits)
☐ Mail materials (e.g., flyers or brochures)
☐ Other method, please describe:

31. Which of the following procedures will be used to distribute and collect income eligibility forms from households of children enrolled with Tier II providers which elect to claim meals at both reimbursement rates? (check all that apply)

☐ Contracting entity will directly distribute and obtain applications
☐ The provider will distribute applications and instruct parents to return them directly to the contracting entity
☐ Other method, please describe:

32. Describe how information on the income eligibility forms of providers and/or children will be kept confidential.

SECTION IV – GENERAL QUESTIONS

33. Are you currently participating in the CACFP (Centers) as a sponsoring organization? ☐ Yes ☐ No

34. Have any of the providers you propose to sponsor participated in the CACFP within the past 12 months? ☐ Yes ☐ No

35. Do you engage in any business or activities not related to CACFP during normal business hours? ☐ Yes ☐ No
If Yes, explain:

36. Does the Contracting Entity have less than three years of Administrative and Financial history? ☐ Yes ☐ No

37. Do you sponsor 50 or more providers? ☐ Yes ☐ No

38. Will you be averaging your monitor reviews? ☐ Yes ☐ No

39. Do you want to receive advance payments if funds are available? ☐ Yes ☐ No
If Yes, indicate advance types and percentage

DCH Operating ☐ Yes ☐ No ☐ Percentage Requested: ☐ 50% ☐ 75% ☐ 100%

DCH Administrative ☐ Yes ☐ No ☐ Percentage Requested: ☐ 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."

40. Have all providers complied with training requirements? ☐ Yes ☐ No
If no, explain:

41. Do you subcontract for any CACFP functions? ☐ Yes ☐ No

SECTION V – CERTIFICATION

42. 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.

43. 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