

See the Site Application – Centers Instructions for information on the completion, submittal and maintenance of this form.

CONTRACTING ENTITY (CE) AND SITE INFORMATION

1. Name of Contracting Entity		2. CE ID	3. Version
4. Site Name		5. Site ID	6. County

LICENSE/REGISTRATION INFORMATION

A1. Site Type: (check all that apply)

Adult Care Center
 Child Care Center – Regular Child Care
 Child Care Center – Head Start
 Child Care Center – Outside School Hours
 At Risk Afterschool Care Center
 Emergency Shelter

A2. Tax Status: (check only one box)

For Profit
 Non Profit
 Public
 Other, please explain:

If For Profit, select all that apply (eligibility status):

Title XIX/XX (Adult Care Center)
 Title XX (Child Care Center)
 Free and Reduced Price

A3. Licensed by: (check only one box)

DFPS (Child Care Center)
 DADS (Adult Care Center)
 Exempt
 Not required (operate less than 2 hours per day)
 Other, please explain:

A4. License Number:

A5. License Effective Date:

A6. License Expiration Date:

A7. License Capacity:

A8. Age Range of Participants: From: Yrs Mos To: Yrs Mos

A9. Do you provide child care for infants under 12 months old? Yes No

A10. Enter the elementary, middle or high school a child would attend if he/she lived next door to this center:

Name:

Address:

STREET ADDRESS

A11. Street Address – Address Line 1:	Address Line 2:	A12. City:	A13. State:	Zip+4:
				+

MAILING ADDRESS				
Mailing Address - Same as Street Address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter mailing address)				
A14. Mailing Address (Street or P.O. Box) – Address Line 1:	Address Line 2:	A15. City:	A16. State:	Zip+4: +
CENTER INFORMATION				
A17. Affiliation: (check only one box)				
<input type="checkbox"/> Affiliated				
<input type="checkbox"/> Unaffiliated				
Affiliated means the sites are part of the Contracting Entity organization. Unaffiliated means the sites are not part of the Contracting Entity organization.				
A18. Has this site previously participated in the CACFP under a sponsoring organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide previous Sponsor(s) name:				
Dates of participation with previous Sponsor(s):				
A19. Date of Pre-Approval visit:				
A20. Unaffiliated site will make meal counts and menu records available to the Contracting Entity by the following date of each month:				
CENTER CONTACT – PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS				
B1. Salutation	First Name	Last Name	B2. Email Address	
B3. Facility Phone (include area code)		Extension	Fax (include area code)	
B4. Cell/Alt Phone (include area code)			B5. Title	
ADDITIONAL CENTER CONTACT – ALTERNATE PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS				
B6. Salutation	First Name	Last Name	B7. Email Address	
B8. Facility Phone (include area code)		Extension	Fax (include area code)	
B9. Cell/Alt Phone (include area code)			B10. Title	
SCHEDULE				
C1. A. Months of Operation (Check all that apply)				
All: <input type="checkbox"/> Jan: <input type="checkbox"/> Feb: <input type="checkbox"/> Mar: <input type="checkbox"/> Apr: <input type="checkbox"/> May: <input type="checkbox"/> Jun: <input type="checkbox"/> Jul: <input type="checkbox"/> Aug: <input type="checkbox"/> Sep: <input type="checkbox"/> Oct: <input type="checkbox"/> Nov: <input type="checkbox"/> Dec: <input type="checkbox"/>				
B. Days of Operation (Check all that apply)				
Mon-Fri: <input type="checkbox"/> Mon: <input type="checkbox"/> Tue: <input type="checkbox"/> Wed: <input type="checkbox"/> Thu: <input type="checkbox"/> Fri: <input type="checkbox"/> Sat: <input type="checkbox"/> Sun: <input type="checkbox"/>				

Regular Schedule				
C2. Normal Hours of Operations: Time Open:		Time Close:		
C3. Regular Meals				
Meal Types	First Shift		Second Shift	
<input type="checkbox"/> Breakfast	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> AM Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Lunch	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> PM Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Supper	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Evening Snack	Start Time:	End Time:	Start Time:	End Time:
C4. At Risk Meals				
Meal Types	First Shift		Second Shift	
<input type="checkbox"/> Breakfast	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Lunch	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Supper	Start Time:	End Time:	Start Time:	End Time:
Weekend Schedule				
C5. Weekend Hours of Operations: Time Open:		Time Close:		
C6. Regular Meals				
Meal Types	First Shift		Second Shift	
<input type="checkbox"/> Breakfast	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> AM Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Lunch	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> PM Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Supper	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Evening Snack	Start Time:	End Time:	Start Time:	End Time:
C7. At Risk Meals				
Meal Types	First Shift		Second Shift	
<input type="checkbox"/> Breakfast	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Snack	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Lunch	Start Time:	End Time:	Start Time:	End Time:
<input type="checkbox"/> Supper	Start Time:	End Time:	Start Time:	End Time:
C8. Anticipated Closures:				

Food Service

C9. How are meals prepared? (Check all that apply)

- Prepared on site
- Prepared at Central Facility and Delivered
- Contracted with a Public School
- Purchased from a food service vendor
- Other, please explain:

C10. How are meal served? (Check all that apply)

- Unit (Cafeteria)
- Family

C11. Check all meals that are purchased through a food service vendor: (Check all that apply)

- Breakfast
- Lunch
- Supper
- Snacks

C12. Do you have a food service contract? Yes No

C13. Name of Food Service Vendor:

C14. Contract Period: From: To:

Adult Care Centers Only (questions C15 and C16)

C15. Does the site receive Title III-C funds or Title III-C commodities for meals served at the site? Yes No

C16. Which meal types does offer vs. serve apply? (Check all that apply)

- Breakfast
- Lunch
- Supper
- None

PARTICIPANTS

D1. Number of enrolled participants in each income eligibility category:

- A. Free Category:
- B. Reduced-Price Category:
- C. Paid Category:
- D. Total Enrolled:

D2. Number of enrolled children receiving Title XX:

D3. Number of enrolled participants (Adult Care Center) receiving Title XIX/XX:

SIGNATURE DATE ON AGREEMENT

If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:

If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:

CERTIFICATION

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 – Site Representative

Date

Signature – Authorized Representative of Contracting Entity

Date

Name (please type or print)

Title