

TX-UNPS CACFP Training Packet for Child & Adult Application Packet New or Renewal Applications



Food and Nutrition

Child and Adult Care Food Program: Application Packet for Centers



**Have questions about CACFP forms, claims and applications?
Contact your local Community Operations Office for assistance.**

- Technical Assistances are locally available to help you with questions you have about the Child and Adult Care Food Program and the forms it requires.
- To contact a Technical Assistant, contact the closest Community Operations Office in your area, and request to speak to a Technical Assistant.
 - El Paso Field Office (915) 834-7506
 - Dallas/Fort Worth Metroplex Field Office (817) 321-8101
 - Houston Field Office (713) 921-8201
 - San Antonio Field Office (210) 820-0288
 - Austin Satellite Office (877) 839-6325
 - San Juan Office (956) 787-8866

**Have questions about issues, such as errors or warnings, in TX-UNPS?
Contact the TX-UNPS Help Desk for TX-UNPS software issues.**

- The Help Desk is available to Contracting Entities (CEs) who need assistance with TX-UNPS.
- The TX-UNPS Help Desk specializes in helping you, the CE, correct errors and warnings issued by TX-UNPS, in order to get your application or claim ready for submission.
- The TX-UNPS Help Desk can be reached at: **1-877-TEX-MEALS**

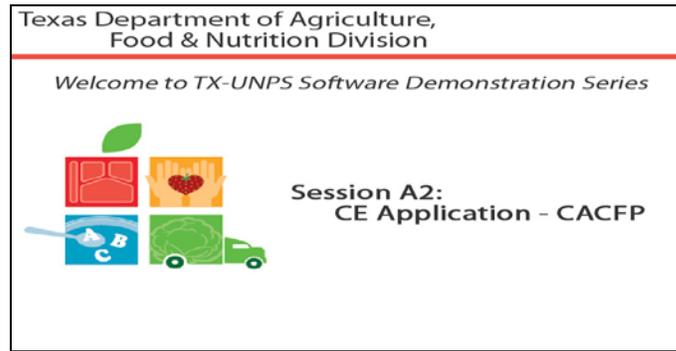
Food and Nutrition Division

3E'S OF HEALTHY LIVING
Education, Exercise and Eating Right

TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER TODD STAPLES

The Texas Department of Agriculture's Food and Nutrition Division is funded by the
U.S. Department of Agriculture, Food and Nutrition Service.

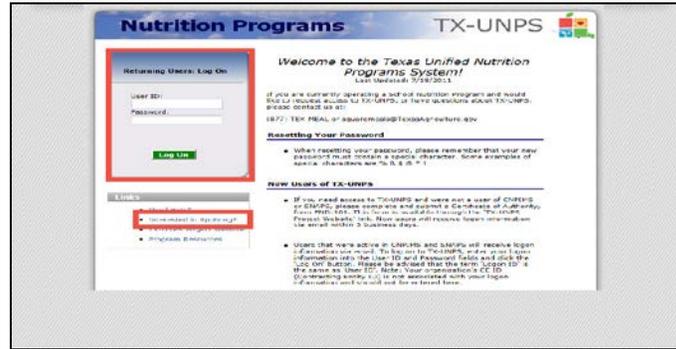
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866-632-9992 (toll free), or 202-401-0216 (TTD). USDA is an equal opportunity provider and employer.



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Centers Contracting Entity Application section of the Application Packet.

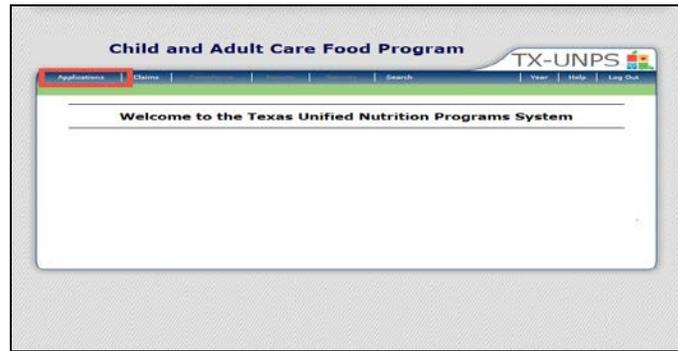


Slide 6 – First Center CE Slide

To create a new CACFP application, or to renew your CACFP application, you will have to go to the TXUNPS website. You will need a user id and password.

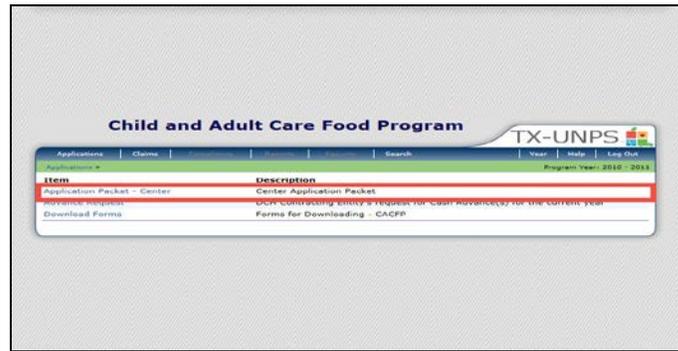
If you are an existing Contracting Entity, you will receive two emails. One email will have your user id. The second email will have your password. This information is this way to make it harder for malicious others to steal your information.

If you want to create a new application, select the request TXUNPS ID link.



Slide 7 - CCC1

Once you have logged in to TXUNPS, select Applications.



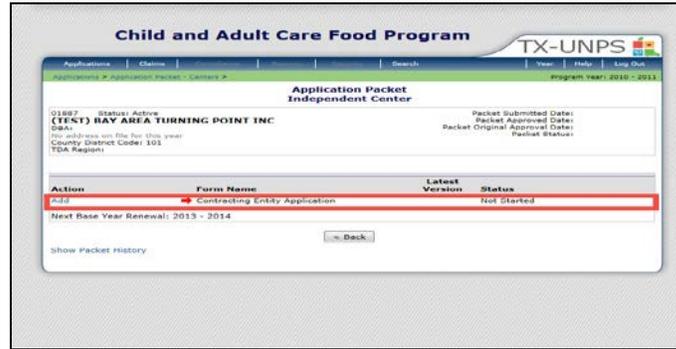
Slide 8 - CCC2

For child care and adult care, select application packet – center.



Slide 9 - CCC3

Select the year you are applying for, or renewing. For the purpose of this training we will work in 2010-2011.



Slide 10 - CCC4

You will then click on the Add link to begin an application packet.

Child and Adult Care Food Program TX-UNPS

Applications # Applications Packet / Orders * Search * Year: | Add | Add Date

Program Year: 2010 - 2011
VIEW | MODIFY | DELETE

Child & Adult Care Food Program
Contracting Entity Application for 2010 - 2011

01887 Status: Active
(EET) BAY AREA TURNING POINT INC
CE#:
For address on file, see screen:
County District Code: 101
TDA Region: Version: Original

Contracting Entity Description

TIN	Type of Agency	Type of CACFP - Centers Organization
3050530580	Private Non Profit Organization	Independent Center

1. Are all of your organization's CACFP participating sites located in the same building? Yes No

2. Does your organization operate the CACFP in any other state(s)? Yes No
Name of State(s):

3. Which would your organization prefer to receive? Cash payment in lieu of commodities USDA-donated commodities of equal value

Slide 11 - CCC5

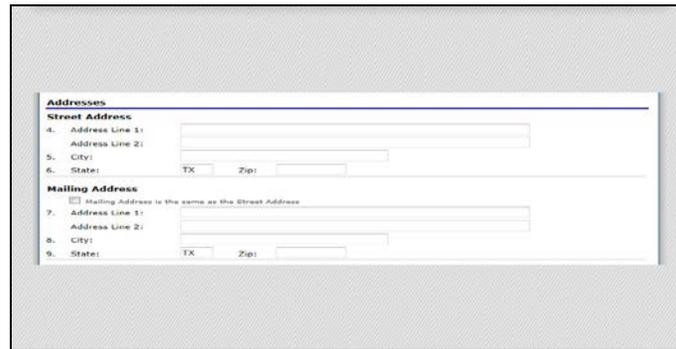
You have been directed to the CE application. If you are a new contracting entity, almost all of the questions/fields will be blank. If you are renewing, you will see that some questions/fields have answers and that others are blank.

It is the CE's responsibility to review all information that is already in the application, and to fill in all blanks, unless told otherwise through the process of this training.

Question 1 asks if all of your organizations sites are located in the same building.

Question 2 asks if you operate the CACFP program in other states. If the answer is yes, you must list the states in the text box provided.

Question 3 asks if your organization would prefer to receive cash payment in lieu of commodities.



The screenshot shows a form titled "Addresses" with two main sections: "Street Address" and "Mailing Address".

Street Address

- 4. Address Line 1: [Text input field]
- Address Line 2: [Text input field]
- 5. City: [Text input field]
- 6. State: [Dropdown menu with "TX" selected] Zip: [Text input field]

Mailing Address

- Mailing Address is the same as the Street Address
- 7. Address Line 1: [Text input field]
- Address Line 2: [Text input field]
- 8. City: [Text input field]
- 9. State: [Dropdown menu with "TX" selected] Zip: [Text input field]

Slide 12 - CCC6

The next section requires addresses for your contracting entity location. Questions 4-6 requires that you input the physical street address that you are located.

Questions 7-9 requires you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

Contacts

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.

10. Name:

11. Email Address:

12. Facility Phone: Ext: Fax:

13. Cell/Air phone:

14. Title:

Claim Preparer

Claim Preparer is the same as the Contracting Entity Administrator

15. Name:

16. Email Address:

17. Facility Phone: Ext: Fax:

18. Cell/Air Phone:

19. Title:

Slide 13 - CCC7

The next section requires contact information for key people in your organization. The information you provide in regards to email and phone should be the contact information that allows TDA to contact the individuals any time during business hours.

Fields 10-14 require that you input the contact information for the Contracting Entity Administrator. The CE Administrator is the same person who signs the Certificate of Authority.

Fields 15-19 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.

Authorized Individual 1
An Authorized Individual is an individual who has been authorized to act on behalf of the Contracting Entity by agreeing to and signing the Certificate of Authority.
 Authorized Individual 1 is the same as the Contracting Entity Administrator.

Salutation: First Name: Last Name:

20. Name:

21. Email Address:

22. Facility Phone: Ext: Fax:

23. Cell/Alt Phone:

24. Title:

Authorized Individual 2
 Authorized Individual 2 is the same as the Contracting Entity Administrator.

Salutation: First Name: Last Name:

25. Name:

26. Email Address:

27. Facility Phone: Ext: Fax:

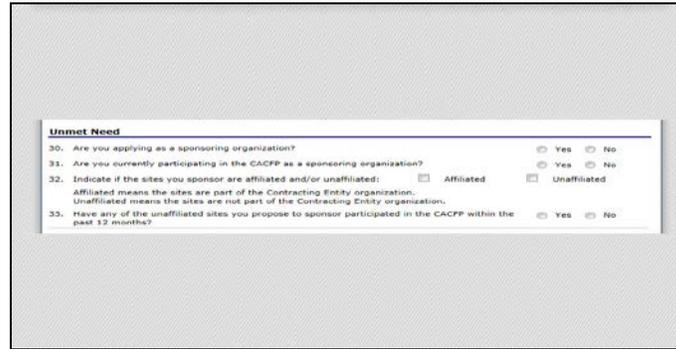
28. Cell/Alt Phone:

29. Title:

Slide 14 - CCC8

Fields 20-29 require that you input the contact information for 2 authorized individuals who can act on behalf of the Contracting Entity. These two contacts would have signed the Certificate of Authority. These two sections may be the same as the Contracting Entity Administrator.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.



The screenshot shows a survey form titled "Unmet Need" with three questions. Question 30 asks if the user is applying as a sponsoring organization, with radio buttons for "Yes" and "No". Question 31 asks if the user is currently participating in the CACFP as a sponsoring agency, with radio buttons for "Yes" and "No". Question 32 asks to indicate if the sites are affiliated or unaffiliated, with checkboxes for "Affiliated" and "Unaffiliated". Below question 32, there is a note: "Affiliated means the sites are part of the Contracting Entity organization. Unaffiliated means the sites are not part of the Contracting Entity organization." Question 33 asks if any of the unaffiliated sites proposed for sponsorship participated in the CACFP within the past 12 months, with radio buttons for "Yes" and "No".

Slide 15 - CCC9

The next section covers Unmet Need.

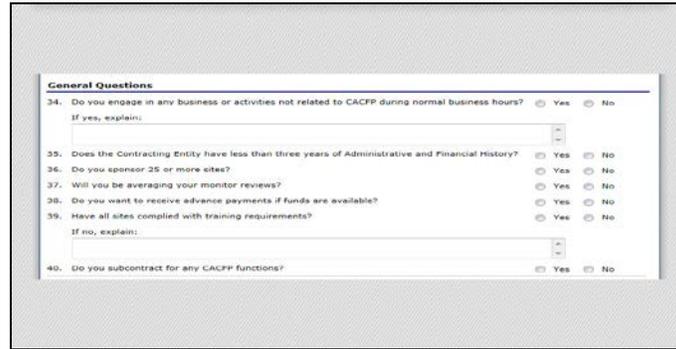
Question 30 wants to know if you are applying as a sponsoring organization. If you are only operating one center than the answer is no. If you are operating more than one center the answer would be yes.

Question 31 wants to know if you are already participating in the CACFP as a sponsoring agency.

Question 31 asks whether the sites you sponsor are affiliated or unaffiliated. Affiliated means that the sites are part of the CE organization. Unaffiliated means that the sites are not part of the CE organization. If you are an Independent Center, you should select affiliated on this question in order to continue.

Question 33 asks if any of the unaffiliated sites you wish to sponsor have participated in the CACFP in the past 12 months. If you are an Independent Center, you should select no on this question in order to continue.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.



The screenshot shows a 'General Questions' section of a form. It contains the following questions and options:

- 34. Do you engage in any business or activities not related to CACFP during normal business hours? Yes No
If yes, explain: [Text box]
- 35. Does the Contracting Entity have less than three years of Administrative and Financial History? Yes No
- 36. Do you sponsor 25 or more sites? Yes No
- 37. Will you be averaging your monitor reviews? Yes No
- 38. Do you want to receive advance payments if funds are available? Yes No
- 39. Have all sites complied with training requirements? Yes No
If no, explain: [Text box]
- 40. Do you subcontract for any CACFP functions? Yes No

Slide 16 - CCC10

The next section is General Questions

Question 34 asks if you engage in any business or activities not related to CACFP during normal business hours. If you answer yes, you are required to explain in the text box provided.

Question 35 asks if the CE has less than three years of administrative and financial history.

Next question 36 asks if you sponsor 25 or more sites.

You will then be asked in question 37 if you will be averaging your monitoring reviews. Unless you have had your Applications & Management Plan Change approved, you must enter NO on this question.

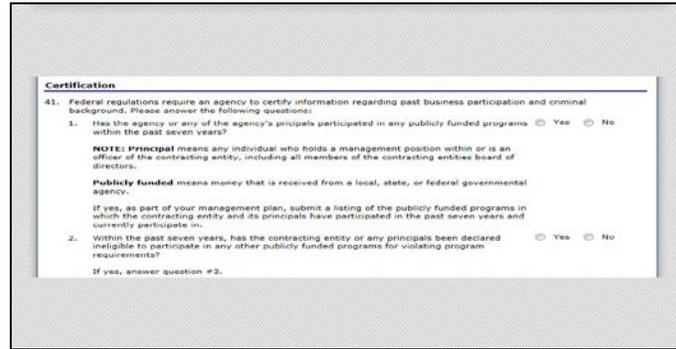
Question 38 asks if you would like to get advance payments if the funds are available.

Question 39 asks if you have complied with training requirements. Remember that if you are a new CE you are required to attend training, and that as a CE you are required to ensure that your organization has trained all of your sites.

If you answered no to complying with training requirements, you will be required to explain in the text box provided.

Question 40 wants to know if you subcontract for any CACFP functions. Please remember that there are specific portions of the CACFP that are not allowed to be subcontracted.

If you are unsure of any of this information, please review your CACFP Handbook or call your local Community Operations Office.



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 Yes No within the past seven years?

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.

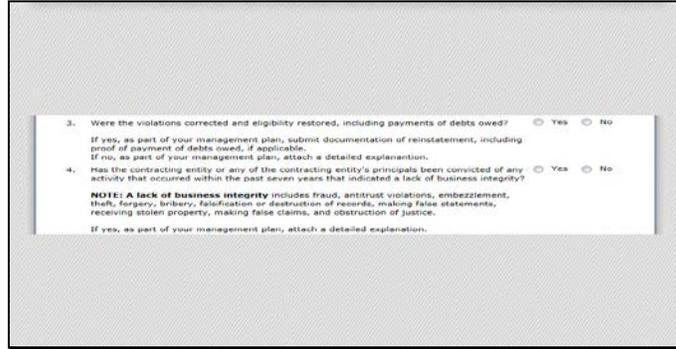
2. Within the past seven years, has the contracting entity or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements? Yes No

If yes, answer question #3.

Slide 17 - CCC11

Certification

Federal regulations require that TDA certify information regarding past participation and any potential criminal issues. Read the questions thoroughly in Field 41, and answer accurately in regards to your organization.



Slide 18 - CCC12

Question 41.3 can be skipped if you answered NO to question 41.2.

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.

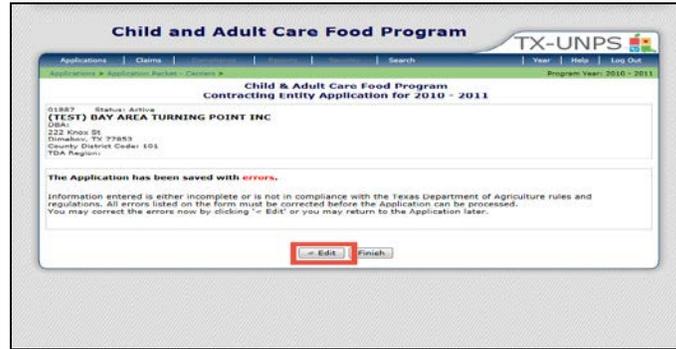
I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt 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.

VIEW | MODIFY | DELETE

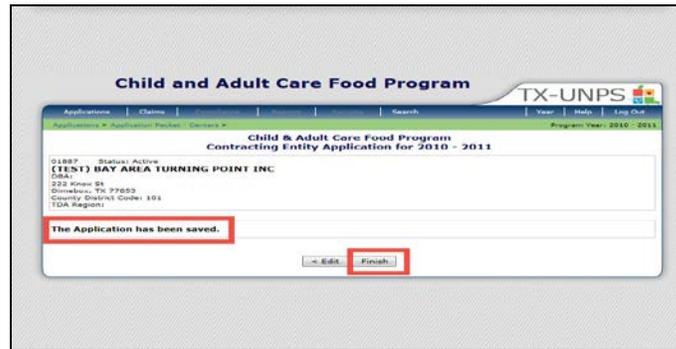
Slide 19 - CCC13

Read the certification statement for number 42. After you have read the entire statement, check off the box if you agree and understand. Then click on the red Save button.



Slide 20 - CCC14

If there were any errors in your CE application, you will see a screen like this. In order to later submit your application packet, the CE Application must be free of errors. Select Edit to return to the application, and correct the errors now shown in red.



Slide 21 - CCC15

Once you have corrected your errors, and resaved the application. You will see a screen telling you your application has been saved.

Please note: SAVED does NOT mean it has been SUBMITTED. You must complete the entire application packet prior to being able to submit your application.

Select Finish to continue.



Slide 22 - CCC16

You will see your application packet screen. Green checkmarks show you sections that have been successfully saved, and the red arrows show you sections still needing attention.

The next section of the application packet we have to complete is the Board of Directors.

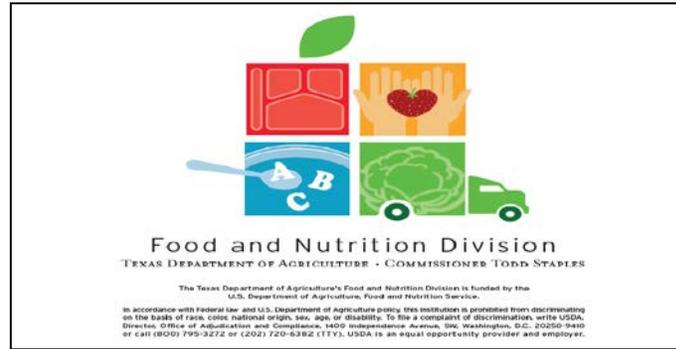


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

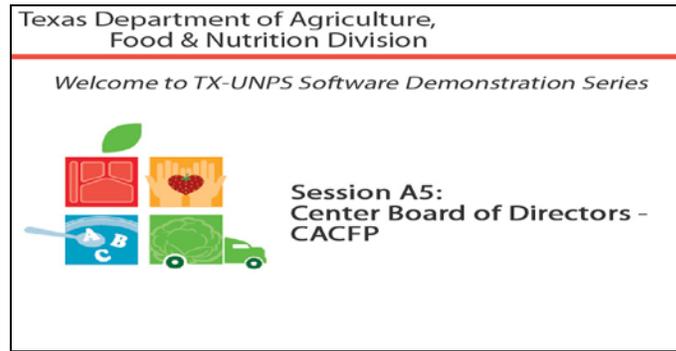
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 44 - Help desk



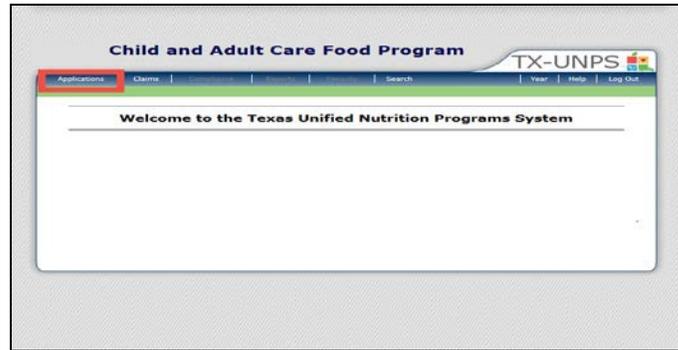
Slide 45 - Legal Screen



Welcome

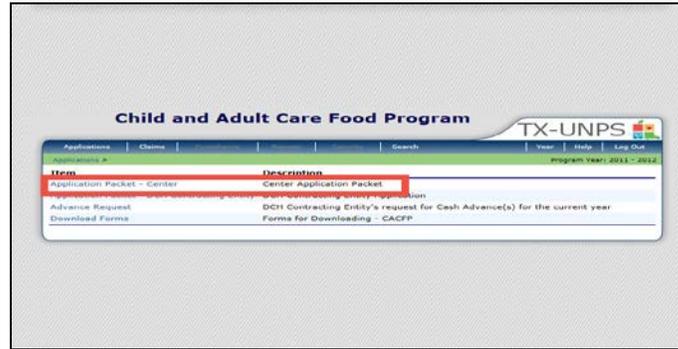
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Board of Directors for Centers Section of the Application Packet.



Slide 5-First TXUNPS Slide

Once you have logged in to TXUNPS, select Applications.



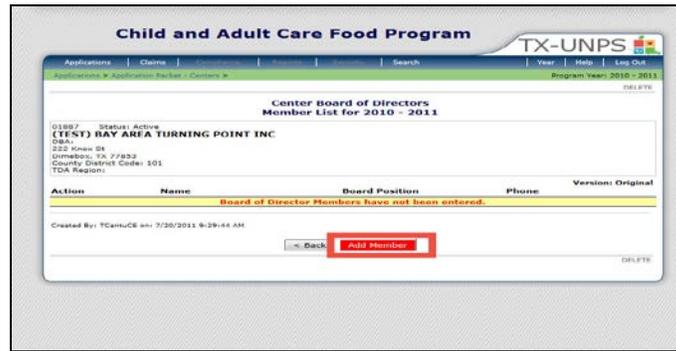
Slide 6

Select Application Packet Center



Slide 7

You will now be looking at your Application Packet. You will see a red arrow next to the Board of Director section.



Slide 8

Once you have clicked on the Board of Directors, select Add Members.

The screenshot shows a web application interface for the 'Child and Adult Care Food Program' (TX-UNPS). The page title is 'Center Board of Directors - Member Information'. The form contains the following fields:

- 1. Board member type: (Chairman of the Board)
- 2. Length of time on board: 6 years
- 3. Name: (Mr. [] Title [] Last Name [] Given [])
- 4. Date of birth: 04/05/1977 (mm/dd/yyyy)
- 5. Email Address: tcantu@email.com
- 6. Phone: (979) 323-5522 Ext: [] Fax: []
- 7. Occupation: Director
- 8. Current employer: Bay Area Turning Point

Slide 9

Question 1 asks that you select the appropriate title for this board member

Input the length of time on the Board on question 2.

Question 3 asks that you input the name of the board member. Please use the legal name of the person and not a nickname.

The date of birth for the board member is required in Question 4.

Question 5 asks for a valid email address that the board member checks frequently.

Provide a phone number where the board member can be reached during business hours Monday – Friday in question 6.

Question 7 asks for the board members occupation, and question 8 asks for their current employer. If board member is unemployed or retired please note that here.

The screenshot shows a web form with the following fields and options:

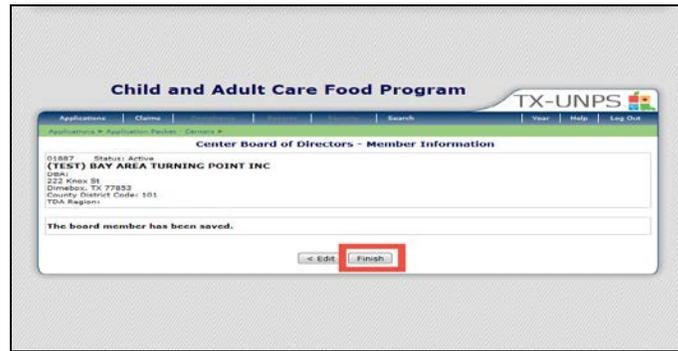
- Current Employer Address:**
 - 9. Address 1: 222 Knox St
 - 10. Address 2: [empty]
 - 11. City: [empty] Dime Box: [empty]
 - 12. State: TX Zip: 77053
- Home Address:**
 - 13. Address 1: 157 Main St
 - 14. Address 2: [empty]
 - 15. City: [empty] Dime Box: [empty]
 - 16. State: TX Zip: 77053
- 17. Is this member related to other board members or staff of this organization?
 Yes No
- If Yes, please specify name and position held: [empty]
- You must submit documentation that confirms your organization's governing body is aware of the organization's responsibilities and liabilities associated with participation in the CACFP.
- Created By: TCAHUCE en: 7/20/2011 9:29:39 AM Modified By: TCAHUCE en: 7/20/2011 9:27:44 AM
- Buttons: Save (red), Cancel, VIEW | MODIFY | DELETE

Slide 10

Questions 9 -12 require the mailing address of the board members current employer. In fields 13-16 input the home address of the board member. If it was noted in Question 7&8 that the board member is retired or unemployed, please input home address in both sections.

Question 17 asks if the board member is related to any staff of the Contracting Entity. If yes, you must input the name and family relation in the text box. For example, Jane Doe, daughter.

Once all fields are filled in, click the red Save button to continue.



Slide 11

You will now be taken to this screen which confirms that the information you just inputted has been saved.

Click on the Finish button to continue.



Slide 12

You will now be on the Board of Directors Member List screen. You will see a summary of the board member you just completed, and will be able to add more board members at this point.

To add more board members, click on the red Add Member button, and repeat the process we just reviewed to complete the next board member.

If you have finished adding board members, select the Back button to return to the application packet.



Slide 13

On the application packet screen you will notice that the red arrow by board of directors has been replaced with a green checkmark.

You are now ready to continue on to the next section of the application packet: contracting entity budget detail.

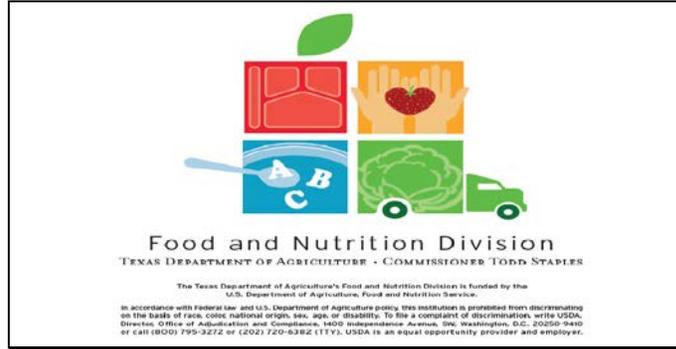


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

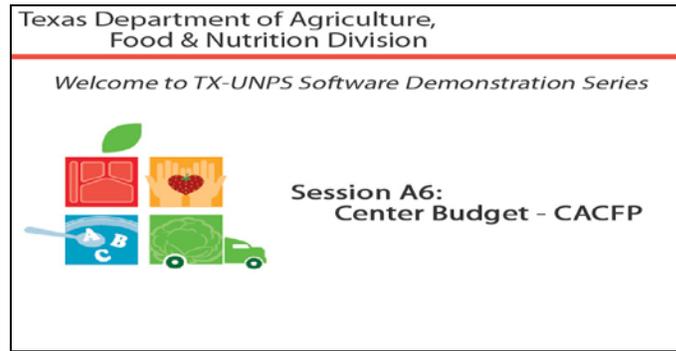
The Help Desk is available:
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You may also email:
SquareMeals@TexasAgriculture.gov

Slide 14 - Help desk



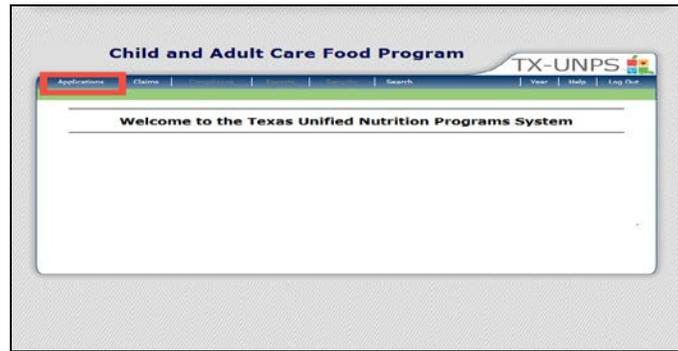
Slide 15 - Legal Screen



Welcome

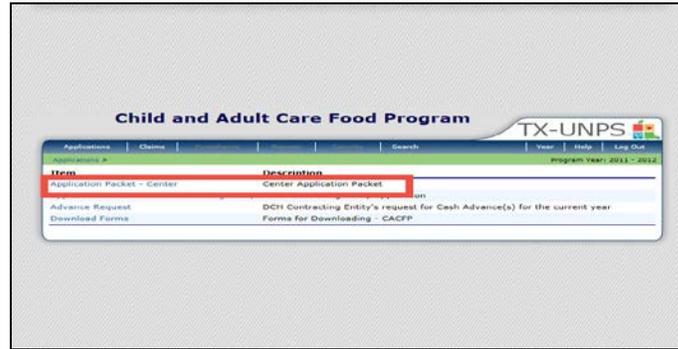
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Center Budget Section of the Application Packet.



Slide 5 – First TXUNPS Screen

Once you have logged in to TXUNPS, select Applications.



Slide 6

Select Application Packet - Center



Slide 7

You will now be looking at your Application Packet. You will see a red arrow next to the Center Budget Detail section.

Child and Adult Care Food Program
Contracting Entity Budget for 2010 - 2011

01887 (TEST) RAY AREA TURNING POINT INC
222 Knox St
Donalson, TX 77853
County District Code: 101
TDA Region:

Budget Version: Original

A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT	CE Complete This Column	FOR STATE USE ONLY Approved
Number of sites anticipated for sponsorship		
1. Projected Total Annual Revenue	\$	\$0.00

Slide 8

Now that you are in the CE Budget Detail, let's review all of the fields.

Section A Anticipated Annual CACFP Reimbursement

Enter the number of sites you plan on sponsoring. If you are an independent center, that number would be 1.

Question 1 asks that you input how much revenue you expect to receive from your meal reimbursement for the entire program year from CACFP for all of your sites.

Remember: revenue is the money that your business earns. Profit is what is left of your revenue after you have paid all of your expenses.

B. OPERATING EXPENSES		
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	\$0.00
2. Total Food Expenses	\$	\$0.00
3. Facilities and Space	\$	\$0.00
4. Supplies and Equipment	\$	\$0.00
5. Purchased Services	\$	\$0.00
6. Financial Costs	\$	\$0.00
7. Media Costs	\$	\$0.00
8. Contracting Organization Cost	\$	\$0.00
9. Unaffiliated Facility Cost	\$	\$0.00
10. Other	\$	\$0.00
Total Operating Costs		\$0.00
C. NET OPERATING AMOUNT		
1. Difference (A-B)		\$0.00

Slide 9

Section B. Operating Expenses

Question B1 asks for the total labor cost you will incur running the CACFP program at your centers.

B2 wants to know how much money you expect to spend on total qualifying food expenses for CACFP

B3 wants you to in input how much money you expect to spend on facilities and space used for CACFP.

B4 wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.

B5 wants you to in input how much money you expect to spend on purchased services used for CACFP.

B6 wants you to in input how much money you expect to use on financial costs for CACFP.

B7 wants you to in input how much money you expect to use on media costs for CACFP.

B8 wants you to in input how much money you expect to use on contracting organization cost for CACFP.

B9 wants you to in input how much money you expect to use on unaffiliated facility cost for CACFP.

B10 wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.

D. ADMINISTRATIVE EXPENSES		
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	\$0.00
2. Facilities and Space	\$	\$0.00
3. Supplies and Equipment	\$	\$0.00
4. Purchased Services	\$	\$0.00
5. Financial Costs	\$	\$0.00
6. Media Costs	\$	\$0.00
7. Contracting Organization Cost	\$	\$0.00
8. Unaffiliated Facility Cost	\$	\$0.00
9. Other	\$	\$0.00
Total Administrative Costs		\$0.00

Slide 10

Section D Administrative Expenses

Please note: Administrative Expenses are to be equal to or less than 15% of your meal reimbursements.

D1 wants you to in input how much money you expect to spend on total labor costs for CACFP.

D2 wants you to in input how much money you expect to spend on facilities and space used for CACFP.

D3 wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.

D4 wants you to in input how much money you expect to spend on purchased services used for CACFP.

D5 wants you to in input how much money you expect to use on financial costs for CACFP.

D6 wants you to in input how much money you expect to use on media costs for CACFP.

D7 wants you to in input how much money you expect to use on contracting organization cost for CACFP.

D8 wants you to in input how much money you expect to use on unaffiliated facility cost for CACFP.

D9 wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.

E. TOTAL ADMINISTRATIVE EXPENSES
7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimbursements.

Allowed Administrative Costs	\$15,000.00	15.00 %
Calculated Administrative Costs	\$0.00	0.00 %

Waiver Requested?

Source of Funds for Operating Costs (including food costs):

Slide 11

Section E. Total Administrative Expenses double checks that your administrative costs are equal to or less than 15% of your meal reimbursements.

If you went over the 15%, and you feel that the cost is justifiable, you may request a waiver, and justify your request to TDA in the text box provided.

If you are unsure of what criteria qualifies for a waiver, please review your CACFP Handbook or call your local Community Operations Office.

F. SUMMARY			
1.	Total Expenses (Operating and Administrative)	\$0.00	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$	\$0.00
3.	Total Other Income	\$	\$0.00
Explanation of Source of Other Income			
4.	Total Income (F2 + F3)	\$0.00	\$0.00

Slide 12

Section F Summary

F1 will be entered by the TXUNPS software.

F2 wants you to input what you expect your meal reimbursement for the year from CACFP will be for all of your sites.

F3 asks for you to input any additional income you will receive. If you are receiving additional income, you will be required to explain where and who the income is coming from in the text box provided.

F4 will be entered by the TXUNPS software.



Slide 13

The CE is to read and review the certification which explains that projected reimbursement is an estimate, and that the CE will be reimbursed the lesser of the following: actual costs or actual reimbursements.

Document Attachments

Contracting Entities must account for the cost of operating a nonprofit food service.
Attach a detailed budget itemizing each cost item.

Contracting Entities are required to disclose and identify any financial information that inhibits TDA from making an informed assessment of the allowability of a particular cost.
If you have any expenses that require disclosure, attach a detailed explanation.

Actions	Notes	Version	Uploaded By
Add an attachment			

Created by: TCantule on: 7/20/2011 9:41:09 AM Modified by: TCantule on: 7/20/2011 9:41:10 AM

VIEW | MODIFY | DELETE

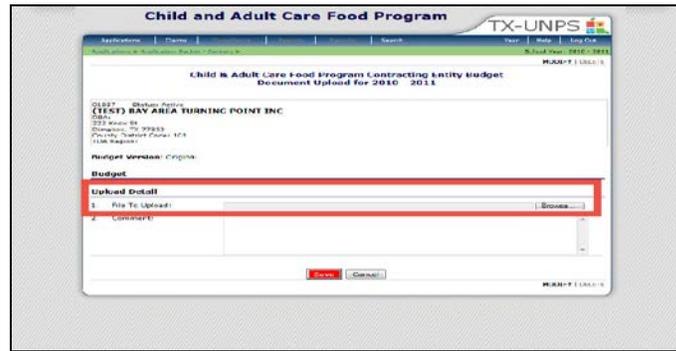
Slide 14

After inputting your budget estimates, and certifying the budget detail, you will be required to upload the Budget Justification and Disclosure Document. This document is a detailed justification of the larger numbers that were inputted above.

This document can be found on the CACFP Program Forms website. Make sure you have already gone to the CACFP Programs form webpage, and downloaded, completed & saved the document on your computer.

Let's walk through how we would upload this document to our TXUNPS Budget Detail.

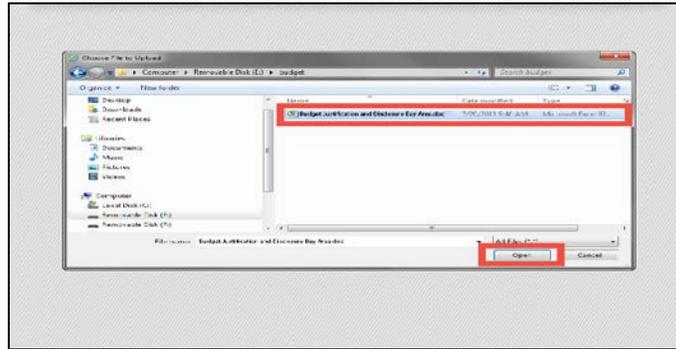
Click on Add an attachment



Slide 15

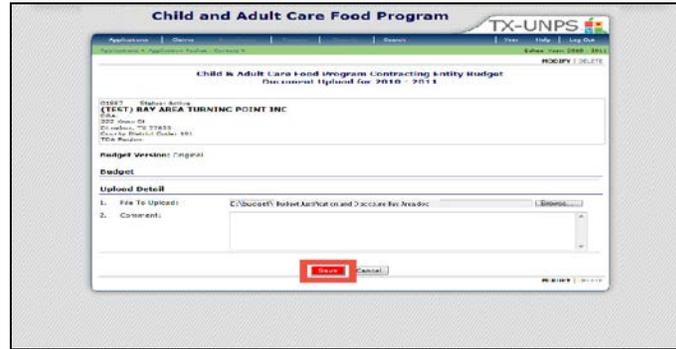
Once you have been clicked on add an attachment, you will be directed to this upload screen.

To upload your completed Budget Justification and Disclosure form to the system go to Upload Detail Field 1 and click on browse.



Slide 16

A pop up box will appear, select the Budget Justification and Disclosure Document you have already completed, and click Open.



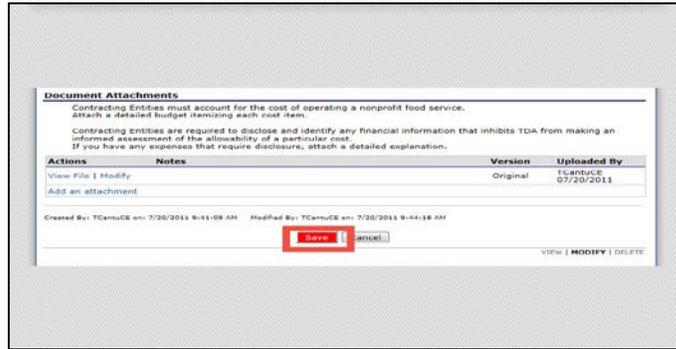
Slide 17

Once you see this screen showing that your document was selected for upload. Click the red Save button.



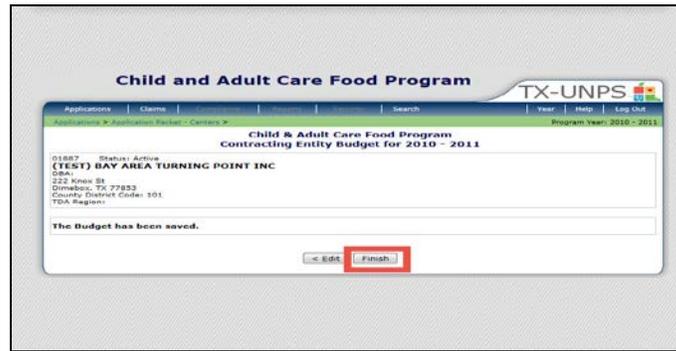
Slide 18

You will then be directed to a screen that will tell you your budget file upload has been processed. Once seeing that message, you can click the Finish button and proceed with finalizing your Budget Detail in TXUNPS.



Slide 19

You have been brought back to the Budget Detail screen in TXUNPS, and click the red Save button.



Slide 20

If there were no errors on your contracting entity budget detail, you will see this message telling you that your budget has been saved.

Click Finish to continue.



Slide 21

You have now been brought back to the Application Packet screen. You will see that the red arrow has changed to a green checkmark next to Contracting Entity Budget Detail.

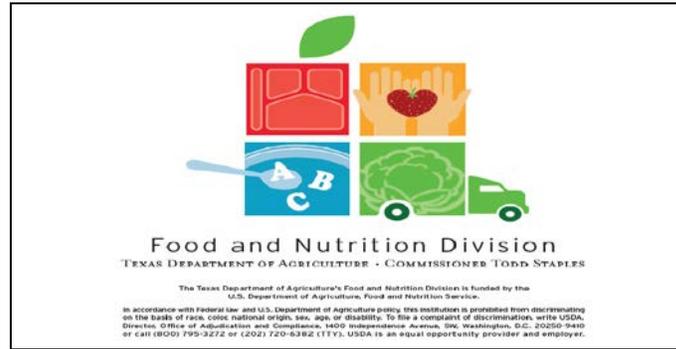


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

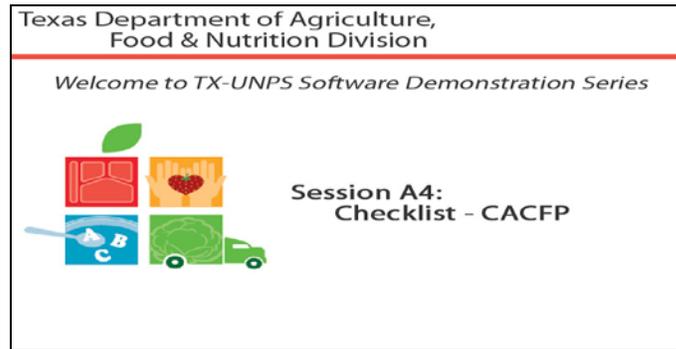
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 22 - Help desk



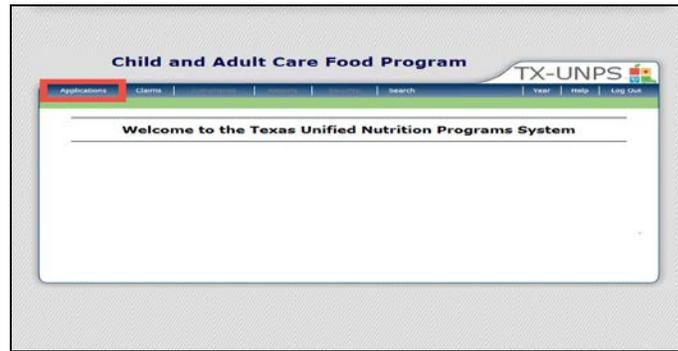
Slide 23 - Legal Screen



Slide 1 - Welcome

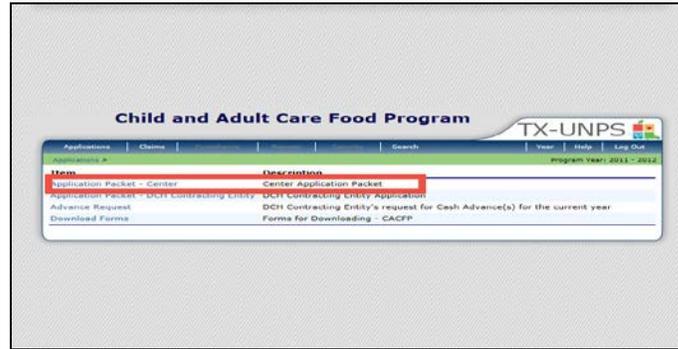
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Checklist Section of the Application Packet.



Slide 6 – First Checklist Slide for TXUNPS

Once you have logged in to TXUNPS, select Applications to go to the Checklist.



Slide 7

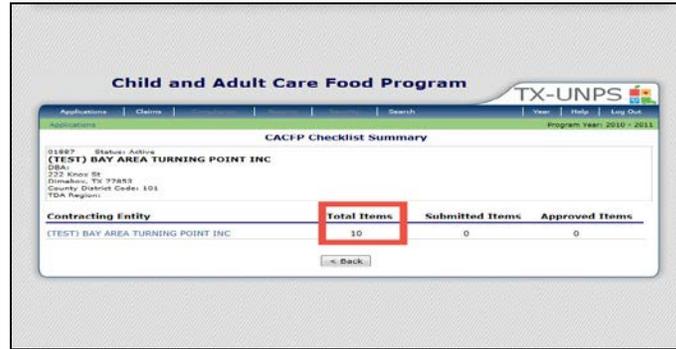
Select Applications Packet - Center



Slide 8

You will now be looking at your Application Packet. You will see a red arrow next to the Checklist section.

Click on the Details link in the Checklist section of the Application Packet.



Slide 9

You will be directed to the checklist summary page. If you have checklist items that need to be submitted, you will see the 1 or more under Total Items.

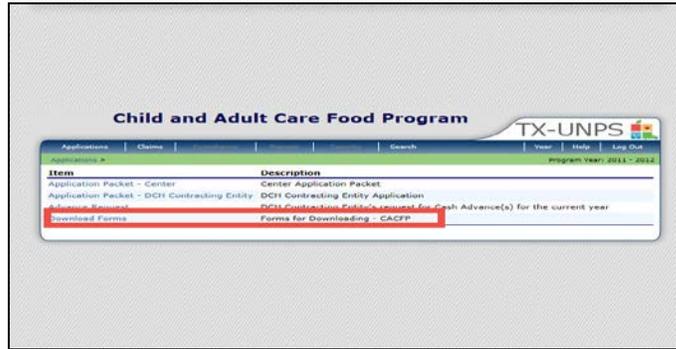
Click on the name of the entity that has 1 or more showing under total items.



Slide 10

After clicking on the entity name, you will be sent to the checklist screen.

This screen lists all of the documents you will need to send to TDA to complete your application. These documents can be found under the Download Forms section, which we will see on the next screen.



Slide 11

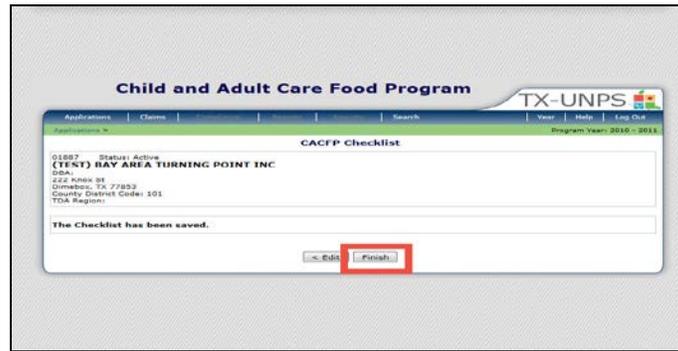
You can need to download copies of the documents you can go back to the main Application screen and select Download Forms, or you can go to: <http://netx.squaremeals.com/SNP/forms.html>



Slide 12

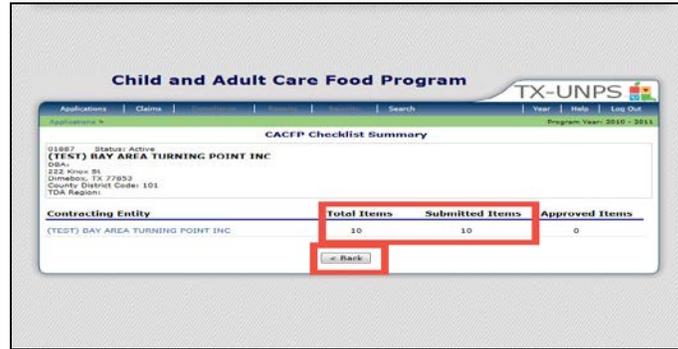
Once you have downloaded and completed the forms, mail or fax them to TDA. Once you have completed that step, select the check box stating that you have submitted the documents to TDA. A date will auto-populate in the date submitted field. At this point you would select Save.

By doing this you let TDA know that we need to be looking for your documents to review. Once TDA has the documents and completes the review, we will check the box stating documents received and the status will change to approved or returned.



Slide 13

Once your checklist has been saved for that entity, you will see a confirmation screen. You will now click Finish to return to the Checklist Summary Screen.



Slide 14

If you have any additional sites with items showing under Total Items and zero under Submitted Items, you must click on each entities' name and repeat the same process we just reviewed.

Once all entities and sites have the same number showing under total items and submitted items, you can then select the Back button to return to the Application Packet.



Slide 15

You are now back to the application packet, and if you completed your checklist section correctly, you will see a green checkmark next to Checklist.

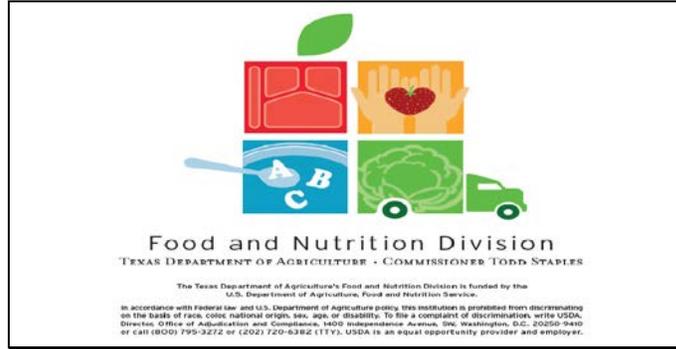


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

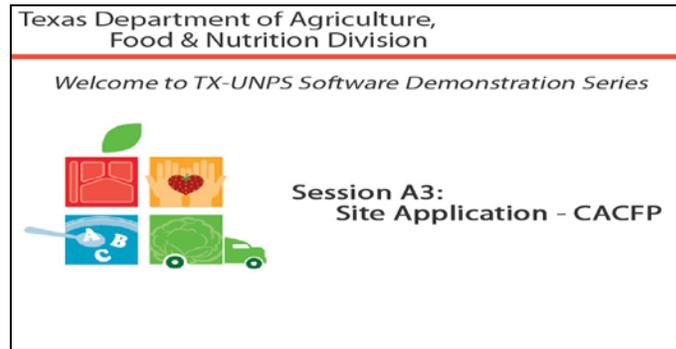
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Help desk



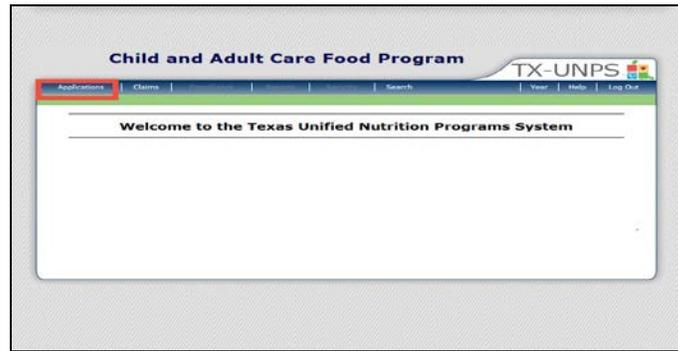
Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Site Application section of the Application Packet.



Slide 6 – First Center Slide

Once you have logged in to TXUNPS, select Applications.



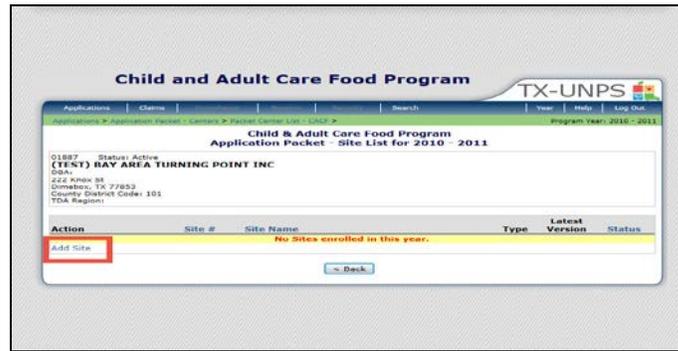
Slide 7

Select Application Packet - Center



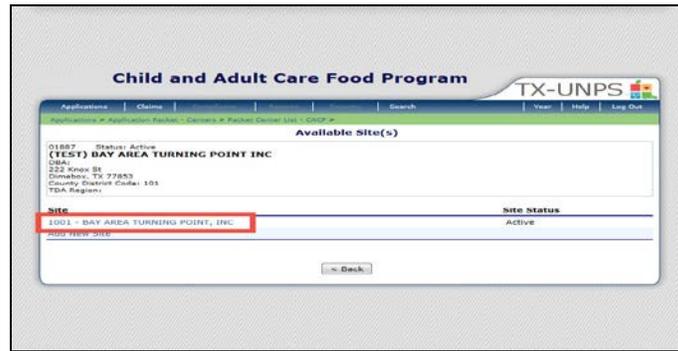
Slide 8

You will now be looking at your Application Packet. Toward the bottom of the Application Packet you will see a link for Site Applications.



Slide 9

If there are no sites listed, or you wish to add a brand new site, select Add Site.



Slide 10

If you see a screen like this select the site you wish to submit an application for, or add a new site by selecting the Add New Site link.

We will select our site that is already listed.

Child and Adult Care Food Program TX-UNPS

Applications | Claims | Search | Year: 2010 - 2011 | Log Out

Child & Adult Care Food Program
Site Application for 2010 - 2011

01857 Status: Active 1011 Status: Active
(TEST) BAY AREA TURNING POINT INC **BAY AREA TURNING POINT, INC**
 224 The address as-is for this year
 444 West St
 Greenwood, TX 77023
 County: Brazoria County 103
 TUSA Region: Versions: Original

License / Registration Information

A1. Site Type:

Adult Care Center

Child Care Center

Child Care Outside School Hours Emergency Shelter

Head Start At-Risk After-school Care Center

A2. Tax Status:

For Profit (eligibility status):
 Non Profit
 Public
 If For Profit, select Public (eligibility status):
 Title XIX/XX (ADULT CARE CENTER) Title XX (CHILD CARE CENTER)
 Free and Reduced Price

Slide 11

You will then be directed to the site application for that location.

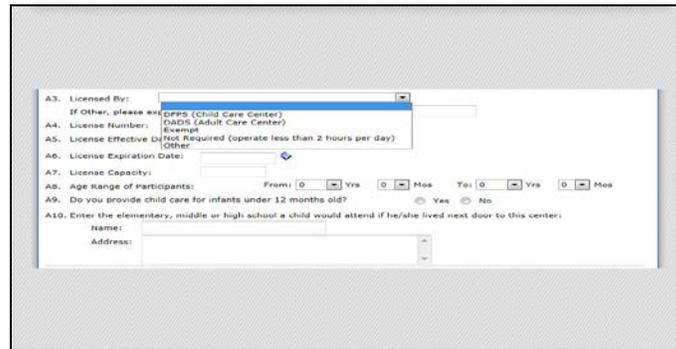
Please note: some sites will already have information in the application, you must review that information to make sure it is correct, and you must fill any additional blank questions on the application.

With that stated, let's review our Center site application.

A1 asks what type of site you are operating. You must select whether you are an:

- Adult Care Center
- Child Care Center
- Child Care Center Head Start
- Child Care Center Outside School Hours
- Child Care Center At Risk
- Child Care Center Emergency Shelter.

A2 asks what your tax status is: For Profit, Non Profit, Public or Other. If you select Other, you must explain in the text box. If you are **For** Profit, you must select which of the following apply to your site: Title XIX/XX if you're an Adult Center, Title XX if you're a Child Care Center or Free and Reduced Price. All others can skip the additional information.



A3. Licensed By:
If Other, please explain:

A4. License Number:
Examples: DFPS (Child Care Center), DADS (Adult Care Center)

A5. License Effective Date:
Not Required (operate less than 2 hours per day), Other

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:

Slide 12

A3 asks who your Center is licensed by: DFPS (Child Care Centers), DADS (Adult Day Care Centers), Exempt, Not Required (operate less than 2 hours a day), Other. If you choose Other, you must provide an explanation in the text box.

A4 requires all licensed Centers to provide their License Number.

A5 requires all licensed Centers to provide the effective date of their license.

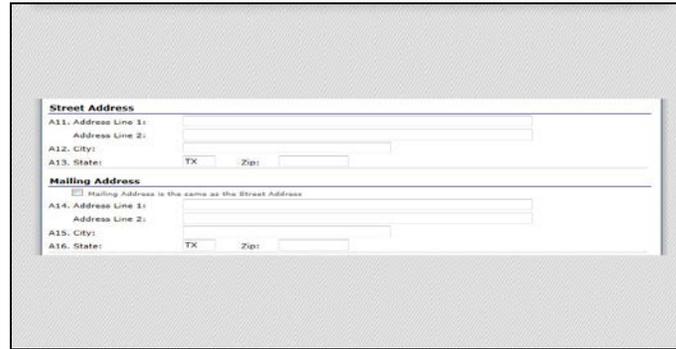
A6 requires all licensed Centers to provide the expiration date of their license.

A7 requires all licensed Centers to provide the license capacity. If you do not have a license, due to not being required, you are exempt or you selected other, you can leave questions A4-A7 blank.

Question A8 wants you tell TDA the age range of those your site cares for. You will provide the youngest age and the oldest age you provide for. AN example would be that you care for 2 month olds through 7 year olds. You would select **From:** 0yrs 2 mos **To:** 7yrs 0mos.

A9 You are required to inform TDA if you provide for infants under 12 months old.

A10 Please list the either the elementary, middle or high school that a child would go to if they lived next door to your center. Provide the name of the school along with the street address of the school.



The screenshot shows a form with two main sections: "Street Address" and "Mailing Address".

Street Address

A11. Address Line 1: [text input]
Address Line 2: [text input]
A12. City: [text input]
A13. State: TX [dropdown] Zip: [text input]

Mailing Address

Mailing Address is the same as the Street Address

A14. Address Line 1: [text input]
Address Line 2: [text input]
A15. City: [text input]
A16. State: TX [dropdown] Zip: [text input]

Slide 13

The next section requires addresses for your site. A11-A13 requires that you input the physical street address that your site is located at.

A14-A16 requires you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.



The screenshot shows a form titled "Center Information" with the following content:

Center Information

A17. Affiliation: Affiliated 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? Yes No

If yes, provide previous Sponsor(s) name and participating dates:

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:

Slide 14

Question A17 asks if this site is affiliated or 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 wants to know if this site has previously been in the CACFP under a sponsor. If yes, the sponsor's name and the participation date must be listed in the text box.

A19 requires you to input that date of the pre-approval visit.

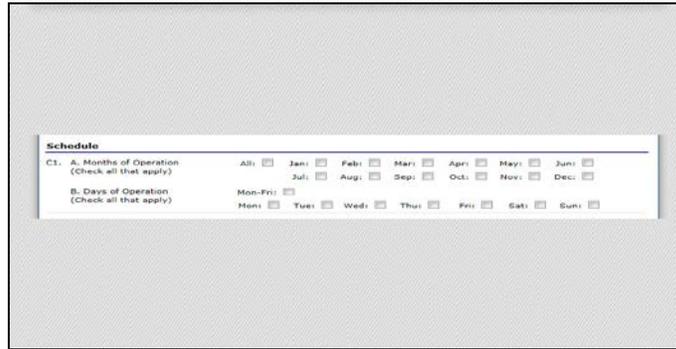
A20 if this is an unaffiliated site, you must provide by what day each month the site will submit your meal counts and menu records to the CE. For example, the 3rd of every month would be a valid input in this field.

The image shows a screenshot of a form with two main sections. The first section is titled "Center Contact - Person in charge of this center on a daily basis" and contains five questions: B1. Name (with sub-fields for Salutation, First Name, and Last Name), B2. Email Address, B3. Facility Phone (with sub-fields for Ext. and Fax), B4. Cell/Alt Phone, and B5. Title. The second section is titled "Additional Center Contact - Alternate person in charge of this center on a daily basis" and contains five questions: B6. Name (with sub-fields for Salutation, First Name, and Last Name), B7. Email Address, B8. Facility Phone (with sub-fields for Ext. and Fax), B9. Cell/Alt Phone, and B10. Title. All input fields are empty.

Slide 15

Questions B1-B5 requires that you input the Contact information of the person in charge of this center on a daily basis.

Questions B6-B10 requires that you input contact information of an alternate person who would be in charge of the center on a daily basis if the 1st contact person was office for out of any reason.



Slide 16

C1.A requires that you check each month you operate this site.

C1.B requires that you check each day that this site is open and operating

Regular Schedule

C2. Normal Hours of Child Care Operations: Time Open: [] :00 [] Time Close: [] :00 []

C3. Regular Meals

Meals	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> AM Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Lunch	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> PM Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Supper	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Evening Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []

Slide 17

C2 Requires that you input your hours of operation.

C3 requires that you select which reimbursable meals you serve and what their start and end times are. If you have a second shift of reimbursable meals, you will input the second shift start and stop times here as well. If you do not have a second shift, leave the times blank.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Meals	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	:00	:00	:00	:00
<input type="checkbox"/> Snack	:00	:00	:00	:00
<input type="checkbox"/> Lunch	:00	:00	:00	:00
<input type="checkbox"/> Supper	:00	:00	:00	:00

Slide 18

C4 is only for those serving At Risk Meals. Select the reimbursable meals you serve and what their start and end times are.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Weekend Schedule

C5. Weekend Hours of Operations: Time Open: : Time Close: :

C6. Regular Meals

Meals	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	<input type="text" value=""/> : <input type="text" value="00"/>			
<input type="checkbox"/> AM Snack	<input type="text" value=""/> : <input type="text" value="00"/>			
<input type="checkbox"/> Lunch	<input type="text" value=""/> : <input type="text" value="00"/>			
<input type="checkbox"/> PM Snack	<input type="text" value=""/> : <input type="text" value="00"/>			
<input type="checkbox"/> Supper	<input type="text" value=""/> : <input type="text" value="00"/>			
<input type="checkbox"/> Evening Snack	<input type="text" value=""/> : <input type="text" value="00"/>			

Slide 19

If you operate on the weekend, you are required to answer questions C5 & C6.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Meals	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Supper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

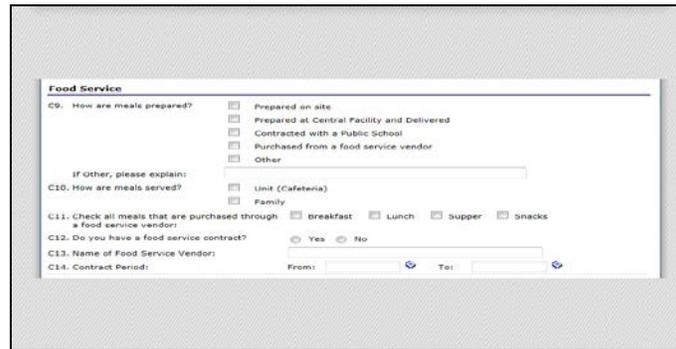
C8: Anticipated Closures:

Slide 20

If you serve At Risk Meals on the weekend, you are required to answer question C7.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

If you have any anticipated closures, for example you are closed the 2nd week of June every year in order to perform a heavy cleaning on your site, please list those dates in the text box.



The screenshot shows a form titled "Food Service" with the following questions and options:

- C9. How are meals prepared?**
 - Prepared on site
 - Prepared at Central Facility and Delivered
 - Contracted with a Public School
 - Purchased from a food service vendor
 - Other
- if Other, please explain:** [Text input field]
- C10. How are meals served?**
 - Unit (Cafeteria)
 - Family
- C11. Check all meals that are purchased through a food service vendor:**
 - breakfast
 - Lunch
 - supper
 - snacks
- C12. Do you have a food service contract?**
 - Yes
 - No
- C13. Name of Food Service Vendor:** [Text input field]
- C14. Contract Period:**
 - From: [Date picker]
 - To: [Date picker]

Slide 21

Question C9 asks how meals are prepared. Select one of the options. If you select Other, you will have to explain in the text box.

C10 asks how the food is served; unit/cafeteria style of family style.

C11 If you purchase meals through a food service vendor for this site, you have to select which meals are purchased: breakfast, lunch, supper and/or snacks.

C12 asks if you have a food service vendor

C13 If you said yes in question C12, you have to provide the name of your food service vendor, and

In C14 you have to input the dates of the contract as well.



Adult Care Centers Only

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? Breakfast Lunch Supper None

Slide 22

If you are a Child Care Center SKIP questions C15 through C16.

If you are an Adult Care Center, you must answer C15 & C16.

Question C15 asks if the site receives Title III-C funds or commodities.

C16 which if any meals do this site use offer vs. serve?

Please note: If you are unsure of what either question is asking, please review your CACFP Handbook or call your local Community Operations Office.

The screenshot shows a form titled "Participants" with the following fields:

Participants	
D1: Number of enrolled participants in each income eligibility category:	A. Free Category: <input type="text"/>
	B. Reduced-Price Category: <input type="text"/>
	C. Paid Category: <input type="text"/>
	D. Total Enrolled: <input type="text"/>
D2: Number of enrolled children receiving Title XX:	<input type="text"/>
D3: Number of enrolled participants (Adult Child Care) receiving Title XIX/XX:	<input type="text"/>

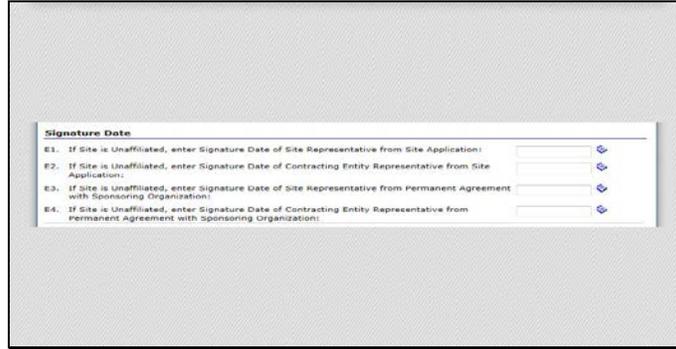
Slide 23

In question D1, input the number of enrolled participants (enrolled means number of children and/or adults registered to attend the site) in each of the categories: free, reduced-free, and paid.

D2 if you are a Child Care Center enter the number of enrolled children who receive Title XX. The number could be zero or higher. Adult Care Centers enter zero for D2.

D3 if you are an Adult Care Center enter the number of enrolled participants receiving Title XIX/XX. The number could be zero or higher. Child Care Centers enter zero for D2.

If you are unsure of where to get this information, please review your CACFP Handbook or call your local Community Operations Office.



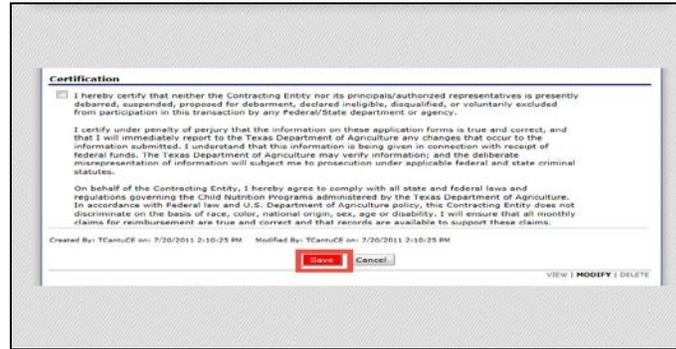
The screenshot shows a form titled "Signature Date" with four questions, each followed by an input field and a blue question mark icon:

- E1. If Site is Unaffiliated, enter Signature Date of Site Representative from Site Application:
- E2. If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Site Application:
- E3. If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:
- E4. If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:

Slide 24

Questions E1-E4 asks for unaffiliated site information in regards to signature dates on program documents. If this site is affiliated, skip questions E1-E4.

If you are unsure of how to get this information, please review your CACFP Handbook or call your local Community Operations Office.



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.

Created By: TCannuCE on: 7/20/2011 2:10:25 PM Modified By: TCannuCE on: 7/20/2011 2:10:25 PM

VIEW | MODIFY | DELETE

Slide 25

Certification.

All site applications require the Contracting Entity read the certification statement, click the check box certifying that they agree to the statement.

At this point, the person inputting the information can select Save.

Child and Adult Care Food Program TX-UNPS

Applications > Application Packet > Centers > Packet Status > LMS > Search Year: Help Log Out

Program Year: 2010 - 2011

**Child & Adult Care Food Program
Site Application for 2010 - 2011**

01887 Status: Active (TEST) RAY AREA TURNING POINT INC DBA: 232 Hwy 04 Dimeboro, TX 77833 County District Code: 101 TDA Region:	1001 Status: Active RAY AREA TURNING POINT, INC 232 Hwy 04 Dimeboro, TX 77833
--	---

The Site Application has been saved with errors.

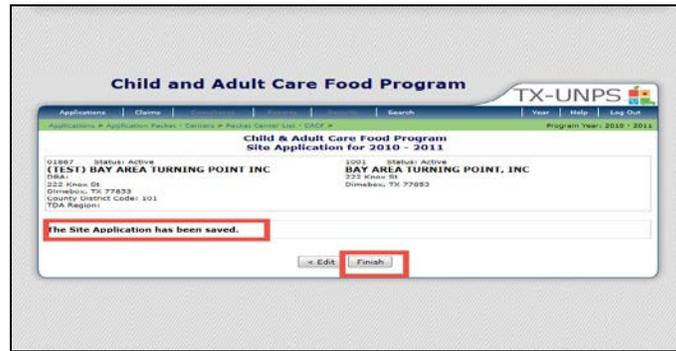
Information entered is either incomplete or is not in compliance with the Texas Department of Agriculture rules and regulations. All errors listed on the form must be corrected before the Site Application can be processed. You may correct the errors now by clicking "< Edit" or you may return to the Site Application later.

< Edit Finish

Slide 26

If errors exist in the application, you will see this screen after clicking Save. You must correct all errors prior to being able to submit an Application Packet.

If you get this screen, select Edit and correct all the errors and warnings listed on the application screen, and then resave the application to proceed.



Slide 27

When all the errors have been corrected and you have resaved the corrected application, you will see this screen telling you that your Site Application has been saved. You can now click on the Finish button.



Slide 28

You will be directed back to your site list. If you have additional site applications to complete, you will select the next one in the list and complete it the same way that was just reviewed.

If you have no more sites in your list, and you do not wish to add new sites, select the Back button now.



Slide 29

You are now at the Application Packet Screen. We can see that the CE Application, Board of Directors, Contracting Entity Budget Detail and Checklist all have Green Checkmarks next to them. We can also see that we have a Site Application in the Pending Status at the bottom of the Application Packet.

We now have all of the necessary parts of the Application Packet correctly completed and saved, and we are ready to submit our Application Packet to TDA for approval.

Click the red Submit for Approval button to instantly submit your Application Packet to TDA.

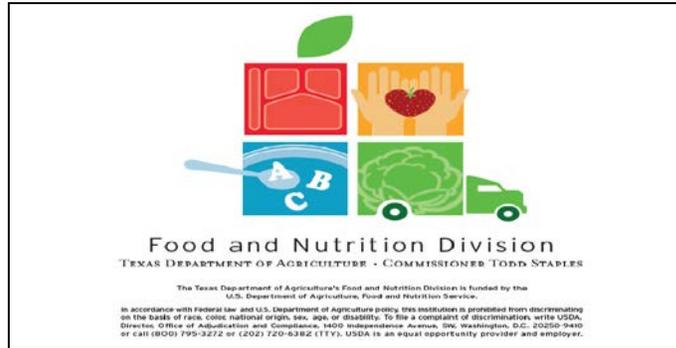


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Help desk



Legal Screen

TX-UNPS CACFP Training Packet for Day Care Home Application Packet New or Renewal Applications



Food and Nutrition

Child and Adult Care Food Program: Application Packet for Day Care Homes



**Have questions about CACFP forms, claims and applications?
Contact your local Community Operations Office for assistance.**

- Technical Assistances are locally available to help you with questions you have about the Child and Adult Care Food Program and the forms it requires.
- To contact a Technical Assistant, contact the closest Community Operations Office in your area, and request to speak to a Technical Assistant.
 - El Paso Field Office (915) 834-7506
 - Dallas/Fort Worth Metroplex Field Office (817) 321-8101
 - Houston Field Office (713) 921-8201
 - San Antonio Field Office (210) 820-0288
 - Austin Satellite Office (877) 839-6325
 - San Juan Office (956) 787-8866

**Have questions about issues, such as errors or warnings, in TX-UNPS?
Contact the TX-UNPS Help Desk for TX-UNPS software issues.**

- The Help Desk is available to Contracting Entities (CEs) who need assistance with TX-UNPS.
- The TX-UNPS Help Desk specializes in helping you, the CE, correct errors and warnings issued by TX-UNPS, in order to get your application or claim ready for submission.
- The TX-UNPS Help Desk can be reached at: **1-877-TEX-MEALS**

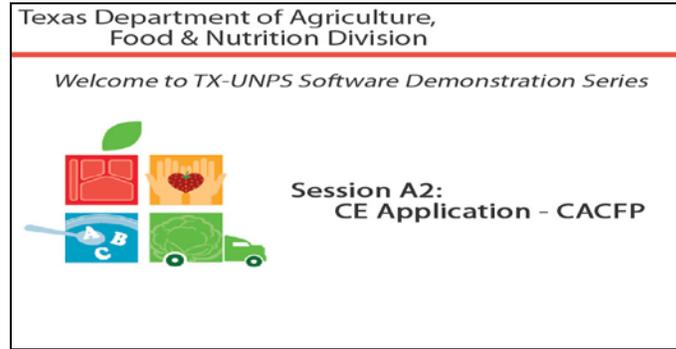
Food and Nutrition Division

3E'S OF HEALTHY LIVING
Education, Exercise and Eating Right

TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER TODD STAPLES

The Texas Department of Agriculture's Food and Nutrition Division is funded by the
U.S. Department of Agriculture, Food and Nutrition Service.

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on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director,
Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call 202-260-1026,
866-632-9992 (toll free), or 202-401-0216 (TTD). USDA is an equal opportunity provider and employer.



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Day Care Home Contracting Entity Application section of the Application Packet.

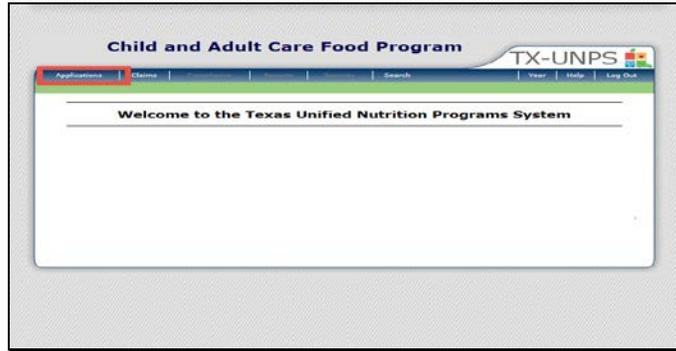


Slide 23 – First Day Care Home Slide for TXUNPS

To create a new CACFP application, or to renew your CACFP application, you will have to go to the TXUNPS website. You will need a user id and password.

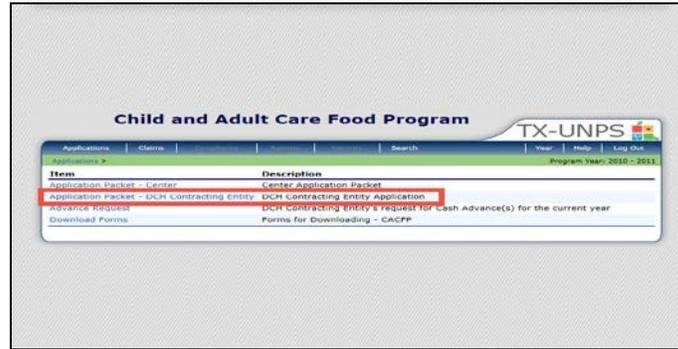
If you are an existing Contracting Entity, you will receive two emails. One email will have your user id. The second email will have your password. This information is this way to make it harder for malicious others to steal your information.

If you want to create a new application, select the request TXUNPS ID link.



Slide 24 - DCH002

Once you have logged in to TXUNPS, select Applications.



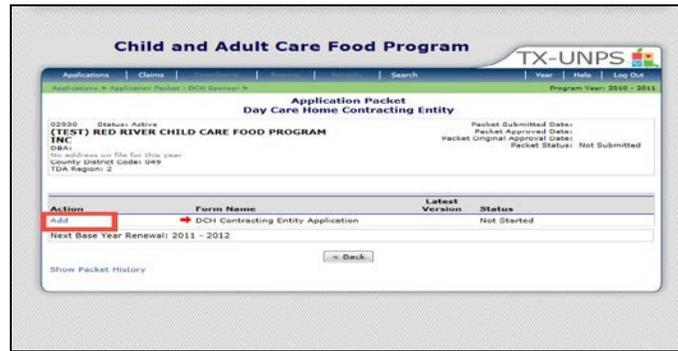
Slide 25 - dch003

For child care and adult care, select application packet – DCH Contracting Entity.



Slide 26 - DCH004

Select the year you are applying for, or renewing. For the purpose of this training we will work in 2010-2011.



Slide 27 - DCH005

You will then click on the Add link to begin an application packet.

Child and Adult Care Food Program TX-UNPS

Applications | Claims | Disbursements | Reports | Search | Year | Help | Log Out

Application: Application Details - DCH Renewal

VIEW | MODIFY | DELETE

Day Care Home Contracting Entity Application for 2010 - 2011

02930 Status: Active
(TEST) RED RIVER CHILD CARE FOOD PROGRAM INC
DCA
File address on file for this year:
County District Code: 049
TDA Region: 2

Contracting Entity Description Version: Original

TIN	Type of Agency
17523	Private Non Profit Organization

1. Does your organization operate the CACFP in any other state(s)? Yes No

Name of State(s):

Slide 28 - DCH006

You have been directed to the CE application. If you are a new contracting entity, almost all of the questions/fields will be blank. If you are renewing, you will see that some questions/fields have answers and that others are blank.

It is the CE's responsibility to review all information that is already in the application, and to fill in all blanks, unless told otherwise through the process of this training.

Question 1 asks if you operate the CACFP program in other states. If the answer is yes, you must list the states in the text box provided.

The screenshot shows a form titled "Addresses" with two main sections: "Street Address" and "Mailing Address".

Street Address

- 2. Address Line 1: [Text input field]
- Address Line 2: [Text input field]
- 3. City: [Text input field]
- 4. State: [Dropdown menu with "TX" selected] Zip: [Text input field]

Mailing Address

- Mailing Address is the same as the Street Address
- 5. Address Line 1: [Text input field]
- Address Line 2: [Text input field]
- 6. City: [Text input field]
- 7. State: [Dropdown menu with "TX" selected] Zip: [Text input field]

Slide 29 - DCH007

The next section requires addresses for your contracting entity location. Questions 2-4 require that you input the physical street address that you are located.

Questions 5-7 require you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

Contacts

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.

8. Name: Salutation First Name Last Name

9. Email Address:

10. Facility Phone: Ext.: Fax:

11. Cell/Alt Phone:

12. Title:

Slide 30 - DCH008

The next section requires contact information for key people in your organization. The information you provide in regards to email and phone should be the contact information that allows TDA to contact the individuals any time during business hours.

Fields 8-12 require that you input the contact information for the Contracting Entity Administrator. The CE Administrator is the same person who signs the Certificate of Authority.

Fields 15-19 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.

The screenshot shows a form titled "Claim Preparer" with a checkbox option: "Claim Preparer is the same as the Contracting Entity Administrator". Below this, there are several input fields:

- 13. Name: A dropdown menu for "Solution" and two text boxes for "First Name" and "Last Name".
- 14. Email Address: A text box.
- 15. Facility Phone: A text box, followed by "Ext:" and another text box, and "Fax:" and another text box.
- 16. Cell/Alt Phone: A text box.
- 17. Title: A text box.

Slide 31 - DCH009

Fields 13-17 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.

Authorized Individual 1
An Authorized Individual is an individual who has been authorized to act on behalf of the Contracting Entity by agreeing to and signing the Certificate of Authority.
 Authorized Individual 1 is the same as the Contracting Entity Administrator

18. Name:
19. Email Address:
20. Facility Phone: Ext: Fax:
21. Cell/Alt Phone:
22. Title:

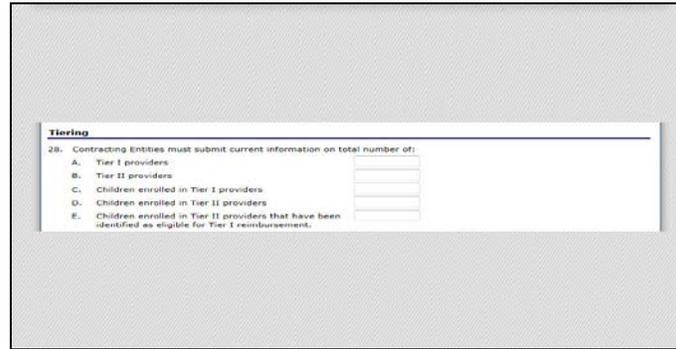
Authorized Individual 2
 Authorized Individual 2 is the same as the Contracting Entity Administrator

23. Name:
24. Email Address:
25. Facility Phone: Ext: Fax:
26. Cell/Alt Phone:
27. Title:

Slide 32 - DCH010

Fields 18-27 require that you input the contact information for 2 authorized individuals who can act on behalf of the Contracting Entity. These two contacts would have signed the Certificate of Authority. These two sections may be the same as the Contracting Entity Administrator.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.



Tiering

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

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

Slide 33 - DCH011

As a Day Home sponsor, the Tiering section requests that you break down you provider counts, along with child eligibility.

Question 28.A requires you input how many Tier I providers you are sponsoring

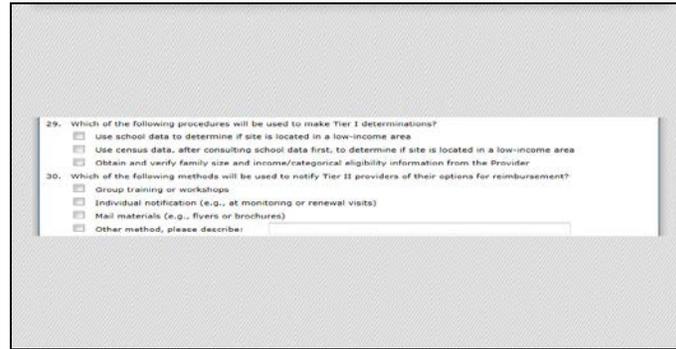
Question 28.B requires you input how many Tier II providers you are sponsoring

Question 28.C requires that you input how many children are enrolled in Tier I providers you sponsor

Question 28.D requires that you input how many children are enrolled in Tier II providers you sponsor

Question 28.E requires that you input how many children are enrolled in Tier II providers that are eligible for Tier I reimbursement.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.



29. Which of the following procedures will be used to make Tier I determinations?

- 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 from the Provider

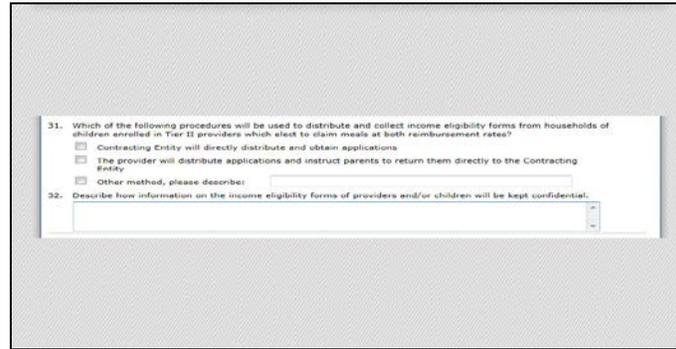
30. Which of the following methods will be used to notify Tier II providers of their options for reimbursement?

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

Slide 34 - DCH012

Question 29 requires you to select the approved method you will use to determine Tier I status.

Question 30 asks how you will notify your Tier II providers of the reimbursement options. If you select other, you will be required to explain in the text box provided.



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

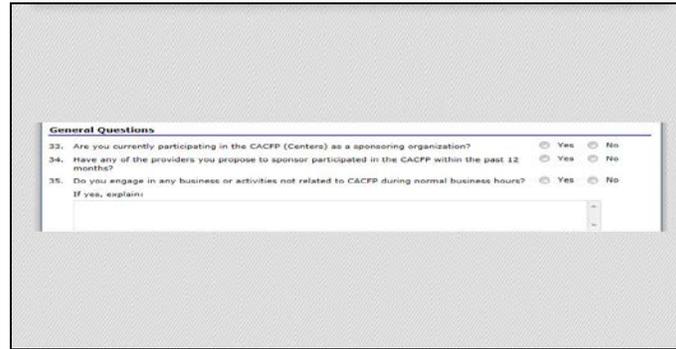
- Contracting Entity will directly distribute and obtain applications
- The provider will distribute applications and instruct parents to return them directly to the Contracting Entity
- Other method, please describe:

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

Slide 35 - DCH013

Question 31 asks you to inform TDA of the procedure you will use to distribute and collect income eligibility forms from the children's households in Tier II providers claiming at both reimbursement rates. If you choose other, you are required to explain in the text box provided.

Question 32 requires you to provide how you will keep the information on the income eligibility forms confidential.



The screenshot shows a survey form titled "General Questions" with three questions and a text box. Question 33 asks if the respondent is currently participating in the CACFP (Centers) as a sponsoring organization, with radio buttons for "Yes" and "No". Question 34 asks if any of the providers they propose to sponsor participated in the CACFP within the past 12 months, with radio buttons for "Yes" and "No". Question 35 asks if they engage in any business or activities not related to CACFP during normal business hours, with radio buttons for "Yes" and "No". Below question 35 is a text box labeled "If yes, explain:" with a vertical scrollbar on the right side.

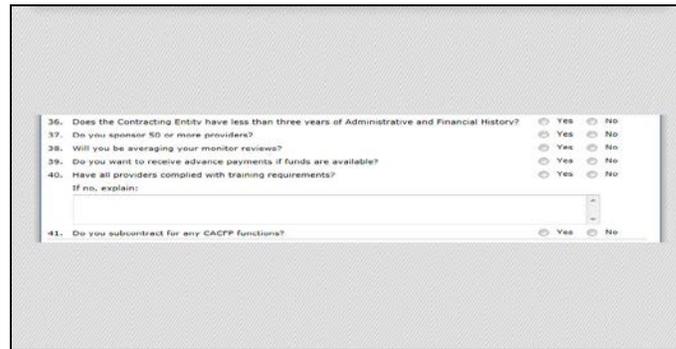
Slide 36 - DCH014

The next section is General Questions.

Question 33 asks if you are currently participating in CACFP as a sponsoring organization.

Question 34 asks if any of the providers you are going to sponsor have participated in CACFP in the past 12 months.

Question 35 asks if you engage in any business or activities not related to CACFP during normal business hours. If you answer yes, you are required to explain in the text box provided.



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

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

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

Slide 37 - DCH015

Question 36 asks if the CE has less than three years of administrative and financial history.

Next question 37 asks if you sponsor 50 or more providers.

You will then be asked in question 38 if you will be averaging your monitoring reviews. Unless you have had your Applications & Management Plan Change approved, you must enter NO on this question.

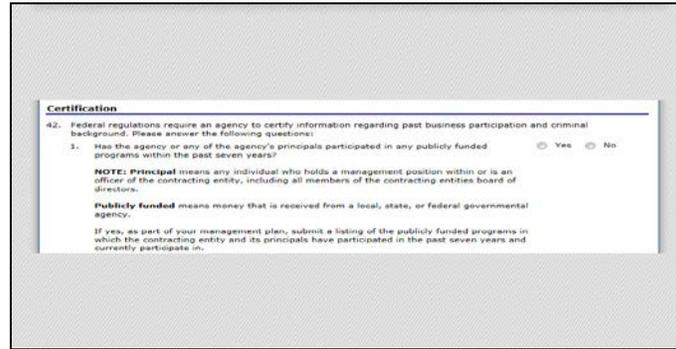
Question 39 asks if you would like to get advance payments if the funds are available.

Question 40 asks if you have complied with training requirements. Remember that if you are a new CE you are required to attend training, and that as a CE you are required to ensure that your organization has trained all of your sites.

If you answered no to complying with training requirements, you will be required to explain in the text box provided.

Question 41 wants to know if you subcontract for any CACFP functions. Please remember that there are specific portions of the CACFP that are not allowed to be subcontracted.

If you are unsure of any of this information, please review your CACFP Handbook or call your local Community Operations Office.



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 entities 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.

Slide 38 - DCH016

Certification

Federal regulations require that TDA certify information regarding past participation and any potential criminal issues. Read the questions thoroughly in Field 42, and answer accurately in regards to your organization.

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 owed, 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 of 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, and obstruction of justice.
If yes, as part of your management plan, attach a detailed explanation.

Slide 39 - DCH017

Question 42.3 can be skipped if you answered NO to question 42.2.

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.

VIEW | MODIFY | DELETE

Slide 40 - DCH019

Read the certification statement for number 43. After you have read the entire statement, check the box if you agree and understand. Then click on the red Save button.



Slide 41 - DCH020

If there were any errors in your CE application, you will see a screen like this. In order to later submit your application packet, the CE Application must be free of errors. Select Edit to return to the application, and correct the errors now shown in red.



Slide 42 - DCH021

If you have correctly inputted your application, you will see a screen telling you your application has been saved.

Please note: SAVED does NOT mean it has been SUBMITTED. You must complete the entire application packet prior to being able to submit your application.

Select Finish to continue.



Slide 43 - ADC19

You have been directed back to the Application Packet screen to complete the next portion of your packet.

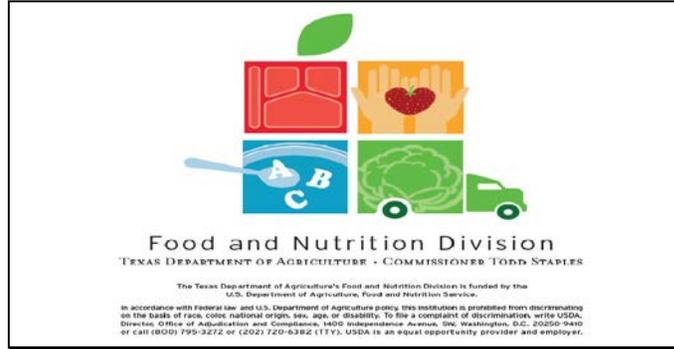


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

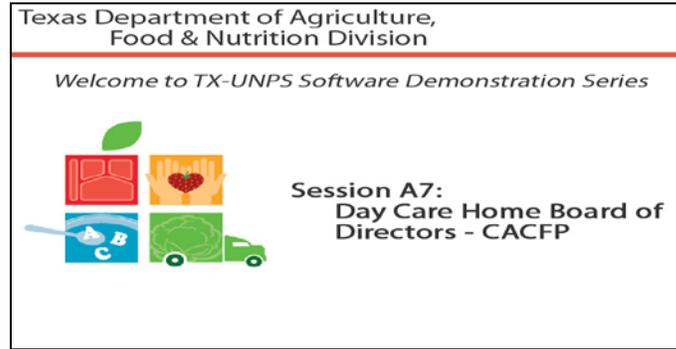
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 44 - Help desk



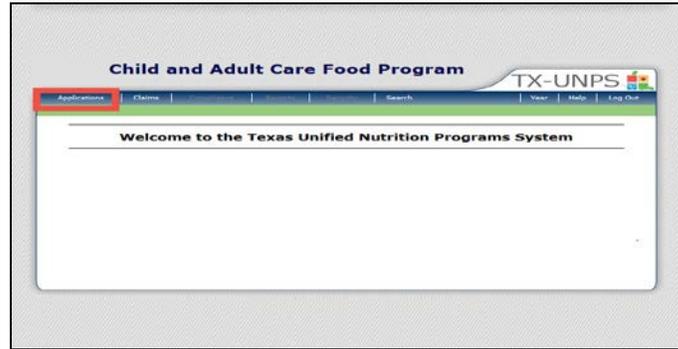
Slide 45 - Legal Screen



Slide 1 - Welcome

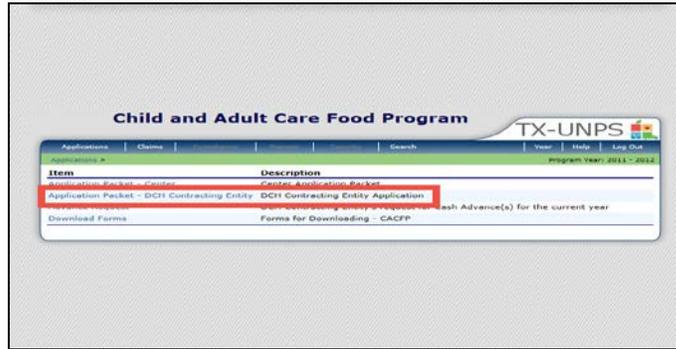
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Board of Directors for Day Homes Section of the Application Packet.



Slide 2 - DCH001

Once you have logged in to TXUNPS, select Applications.



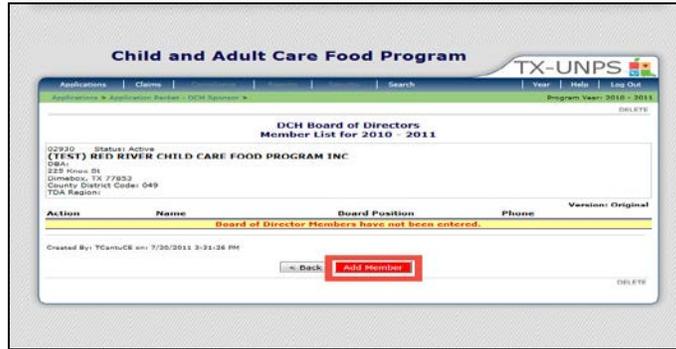
Slide 3

Select Application Packet DCH Contracting Entity



Slide 4

You will now be looking at your Application Packet. You will see a red arrow next to the Board of Director section.



Slide 5

Once you have clicked on the Board of Directors, select Add Members.

The screenshot displays a web application interface for the 'Child and Adult Care Food Program' (TX-UNPS). The page title is 'DCH Board of Directors - Member Information'. The form contains the following fields and sections:

- Organization Information:**
 - ID: 02930, Status: Active
 - Organization: (RIST) RED RIVER CHILD CARE FOOD PROGRAM INC
 - Address: 228 W. Ave. S, Dumas, TX 77850
 - County District Code: 049
 - TDA Region:
- Board Member Information:**
 - 1. Board Member type: [Dropdown menu]
 - 2. Length of time on Board: [Text input field]
 - 3. Name: [Text input field] (Includes sub-fields for Salutation, First Name, and Last Name)
 - 4. Date of Birth: [Text input field] (Format: mm/dd/yyyy)
 - 5. Email Address: [Text input field]
 - 6. Phone: [Text input field] (Includes sub-fields for EXT and FAX)
 - 7. Occupation: [Text input field]
 - 8. Current employer: [Text input field]

Slide 6

Question 1 asks that you select the appropriate title for this board member

Input the length of time on the Board on question 2.

Question 3 asks that you input the name of the board member. Please use the legal name of the person and not a nickname.

The date of birth for the board member is required in Question 4.

Question 5 asks for a valid email address that the board member checks frequently.

Provide a phone number where the board member can be reached during business hours Monday – Friday in question 6.

Question 7 asks for the board members occupation, and question 8 asks for their current employer. If board member is unemployed or retired please note that here.

The screenshot shows a web form with the following sections:

- Current Employer Address**
 - 9. Address 1: [text box]
 - 10. Address 2: [text box]
 - 11. City: [text box]
 - 12. State: [dropdown menu with 'TX' selected] Zip: [text box]
- Home Address**
 - 13. Address 1: [text box]
 - 14. Address 2: [text box]
 - 15. City: [text box]
 - 16. State: [dropdown menu with 'TX' selected] Zip: [text box]
- 17. Is this member related to other board members or staff of this organization? Yes No
 - If **Yes**, please specify name and position held: [text box]
 - You must submit documentation that confirms your organization's governing body is aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

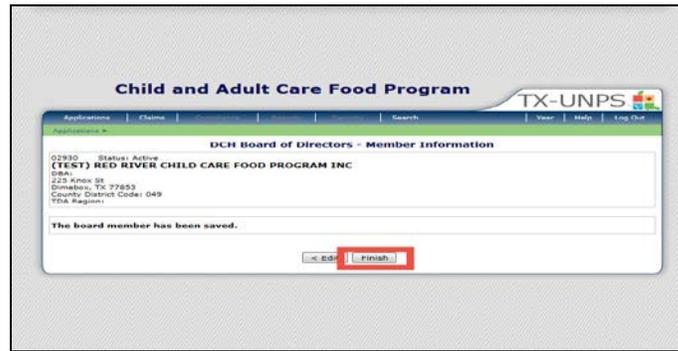
At the bottom of the form, there is a red 'Save' button and a 'Cancel' button. A footer line contains the text 'VIEW | MODIFY | DELETE'.

Slide 7

Questions 9 -12 require the mailing address of the board members current employer. In fields 13-16 input the home address of the board member. If it was noted in Question 7&8 that the board member is retired or unemployed, please input home address in both sections.

Question 17 asks if the board member is related to any staff of the Contracting Entity. If yes, you must input the name and family relation in the text box. For example, Jane Doe, daughter.

Once all fields are filled in, click the red Save button to continue.



Slide 8

You will now be taken to this screen which confirms that the information you just inputted has been saved.

Click on the Finish button to continue.



Slide 9

You will now be on the Board of Directors Member List screen. You will see a summary of the board member you just completed, and will be able to add more board members at this point.

To add more board members, click on the red Add Member button, and repeat the process we just reviewed to complete the next board member.

If you have finished adding board members, select the Back button to return to the application packet.



Slide 10

On the application packet screen you will notice that the red arrow by board of directors has been replaced with a green checkmark.

You are now ready to continue on to the next section of the application packet: contracting entity budget detail.

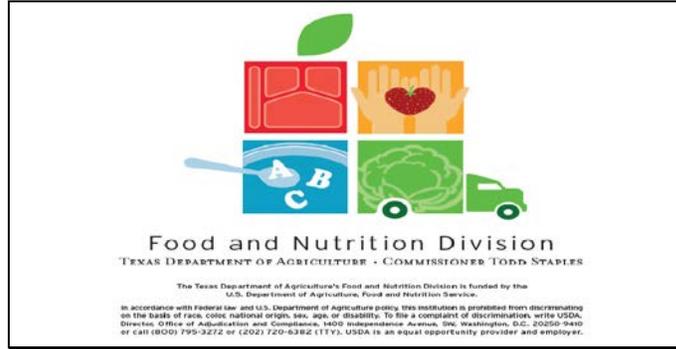


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

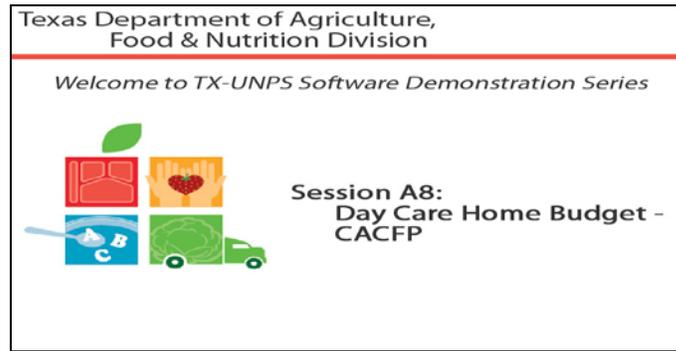
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 11 - Help desk



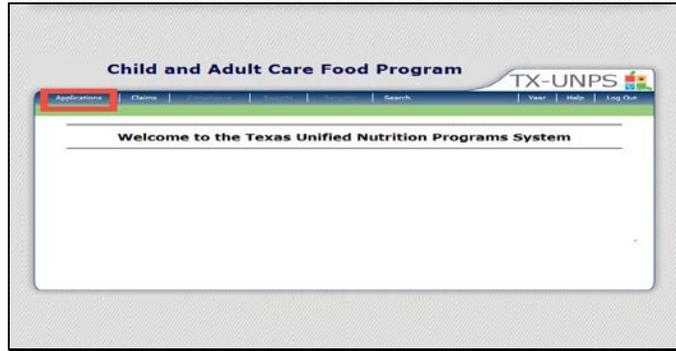
Slide 12 - Legal Screen



Slide 1 - Welcome

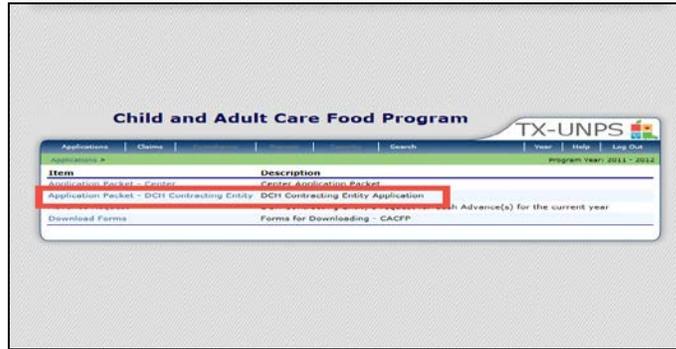
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In this session, we will be reviewing the Budget Detail for Day Homes Section of the Application Packet.



Slide 2 - DCH001

Once you have logged in to TXUNPS, select Applications



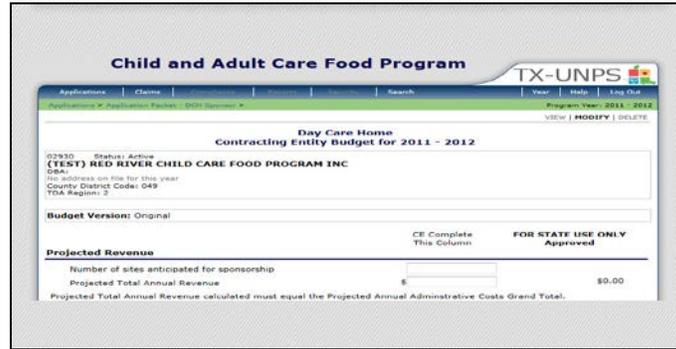
Slide 3

Select Application Packet DCH Contracting Entity.



Slide 4

You will now be looking at your Application Packet. You will see a red arrow next to the Center Budget Detail section.



Slide 5

Now that you are in the CE Budget Detail, let's review all of the fields.

Section A Anticipated Annual CACFP Reimbursement

Enter the number of sites you plan on sponsoring.

The next field asks that you input how much revenue you expect to receive from your meal reimbursement for the entire program year from CACFP for all of your sites.

Remember: revenue is the money that your business earns. Profit is what is left of your revenue after you have paid all of your expenses.

Projected Annual Administrative Costs		
A. Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	\$0.00
B. Facilities and Space	\$	\$0.00
C. Supplies and Equipment	\$	\$0.00
D. Purchased Services	\$	\$0.00
E. Financial Costs	\$	\$0.00
F. Media Costs	\$	\$0.00
G. Sponsoring Organization Cost	\$	\$0.00
H. Other	\$	\$0.00
Total Administrative Costs		\$0.00

Slide 6

Next is the section on Projected Annual Administrative Expenses

A wants you to in input how much money you expect to spend on total labor costs for CACFP.

B wants you to in input how much money you expect to spend on facilities and space used for CACFP.

C wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.

D wants you to in input how much money you expect to spend on purchased services used for CACFP.

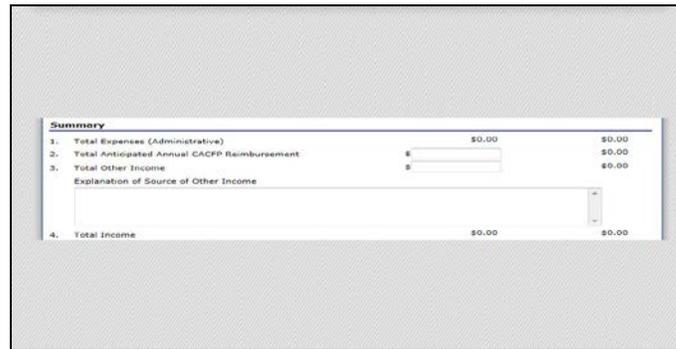
E wants you to in input how much money you expect to use on financial costs for CACFP.

F wants you to in input how much money you expect to use on media costs for CACFP.

G wants you to in input how much money you expect to use on sponsoring organization cost for CACFP.

H wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.



The screenshot shows a 'Summary' form with the following items:

Summary		
1.	Total Expenses (Administrative)	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$ <input type="text"/>
3.	Total Other Income	\$ <input type="text"/>
Explanation of Source of Other Income		
<input type="text"/>		
4.	Total Income	\$0.00

Slide 7

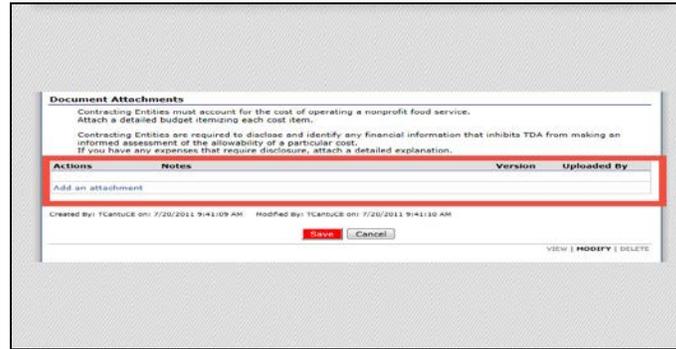
The next section is the Summary

Question 1 will be populated by the TXUNPS system.

Question 2 asks that you input the amount of money you anticipate to get from your annual CACFP reimbursements.

Question 3 asks for the dollar amount of any other income that you receive. You will have to explain any other income in the text box required.

Question 4 will be calculated by TXUNPS based off of the number entered in the Summary section.



Document Attachments

Contracting Entities must account for the cost of operating a nonprofit food service.
Attach a detailed budget itemizing each cost item.

Contracting Entities are required to disclose and identify any financial information that inhibits TDA from making an informed assessment of the allowability of a particular cost.
If you have any expenses that require disclosure, attach a detailed explanation.

Actions	Notes	Version	Uploaded By
Add an attachment			

Created by: TCANUCE on: 7/20/2011 9:41:09 AM Modified by: TCANUCE on: 7/20/2011 9:41:10 AM

VIEW | MODIFY | DELETE

Slide 8

The next section is Certification.

The CE is to read and review the certification which explains that projected reimbursement is an estimate, and that the CE will be reimbursed the lesser of the following: actual costs or actual reimbursements.

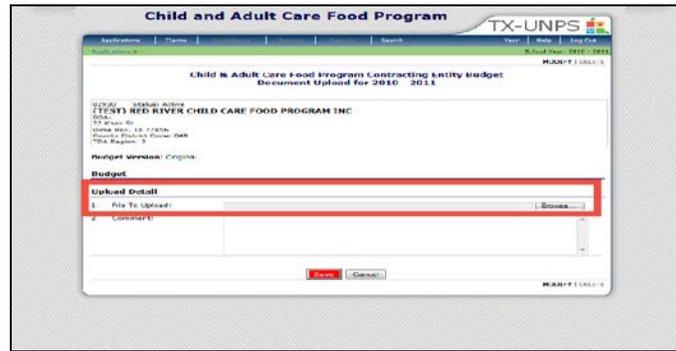
Lastly, we will review the Document Attachments.

After inputting your budget estimates, and certifying the budget detail, you will be required to upload the Budget Justification and Disclosure Document. This document is a detailed justification of the larger numbers that were inputted above.

This document can be found on the CACFP Program Forms website. Make sure you have already gone to the CACFP Programs form webpage, and downloaded, completed & saved the document on your computer.

Let's walk through how we would upload this document to our TXUNPS Budget Detail.

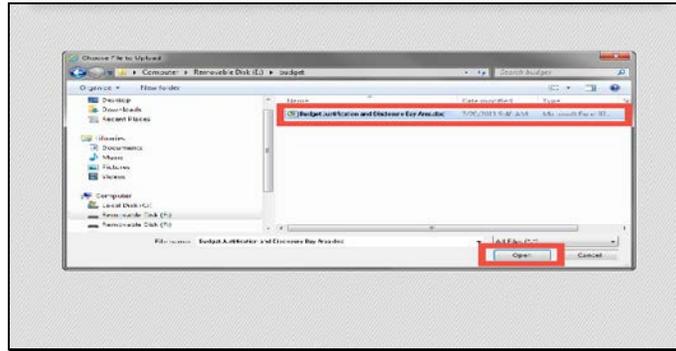
Click on Add an attachment



Slide 9

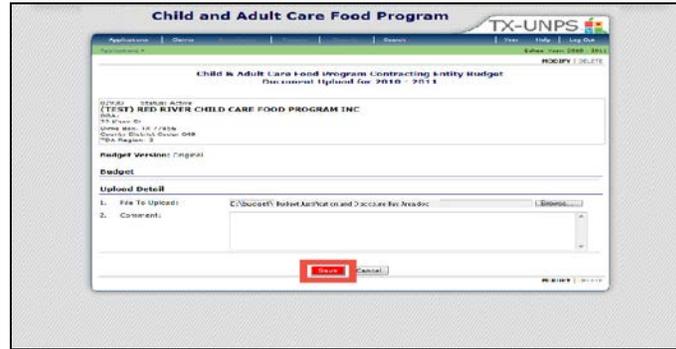
Once you have been clicked on add an attachment, you will be directed to this upload screen.

To upload your completed Budget Justification and Disclosure document to the system go to Upload Detail Field 1 and click on browse.



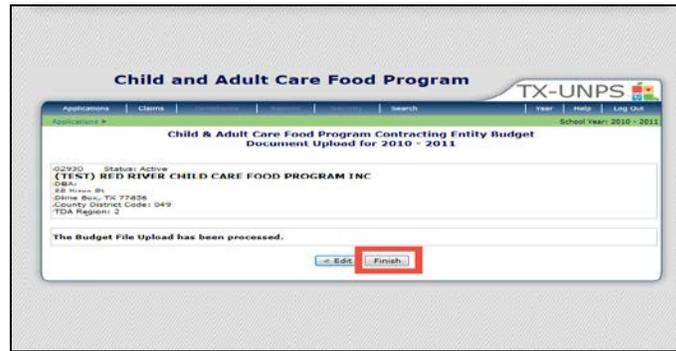
Slide 10

A pop up box will appear, select the Budget Justification and Disclosure Document you have already completed, and click Open.



Slide 11

Once you see this screen showing that your document was selected for upload. Click the red Save button.



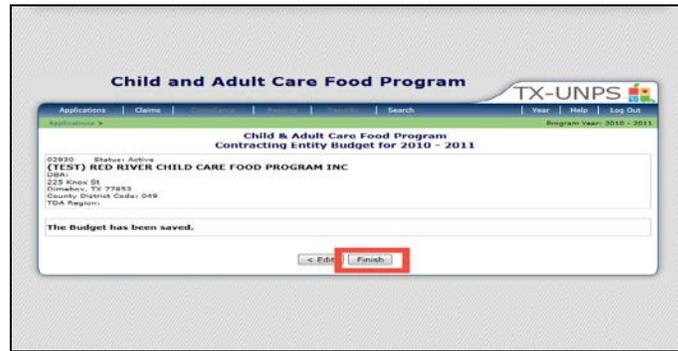
Slide 12

You will then be directed to a screen that will tell you your budget file upload has been processed. Once seeing that message, you can click the Finish button and proceed with finalizing your Budget Detail in TXUNPS.



Slide 13

You have been brought back to the Budget Detail screen in TXUNPS, and click the red Save button.



Slide 14

If there were no errors on your contracting entity budget detail, you will see this message telling you that your budget has been saved.

Click Finish to continue.



Slide 15

You have now been brought back to the Application Packet screen. You will see that the red arrow has changed to a green checkmark next to Contracting Entity Budget Detail.

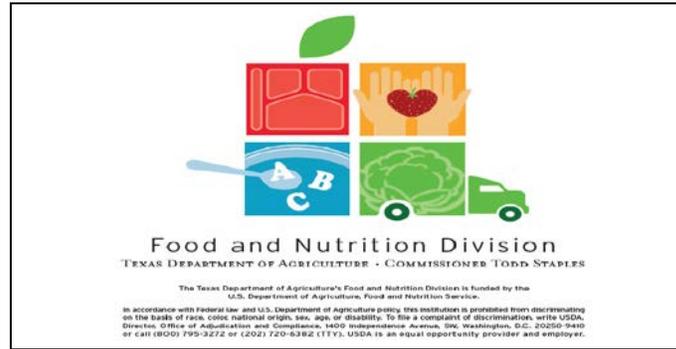


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

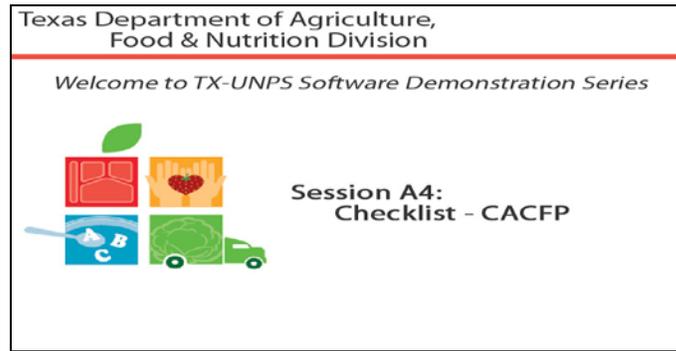
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 16 - Help desk



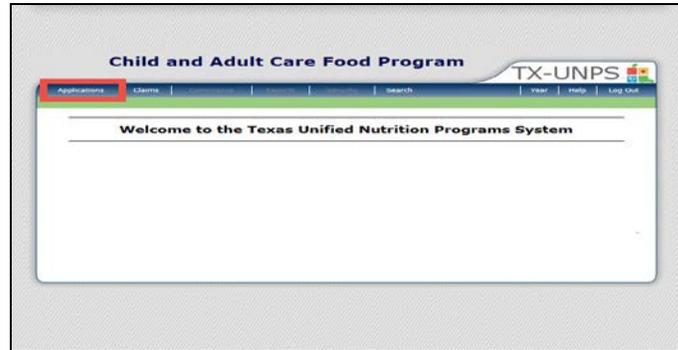
Slide 17 - Legal Screen



Slide 1 - Welcome

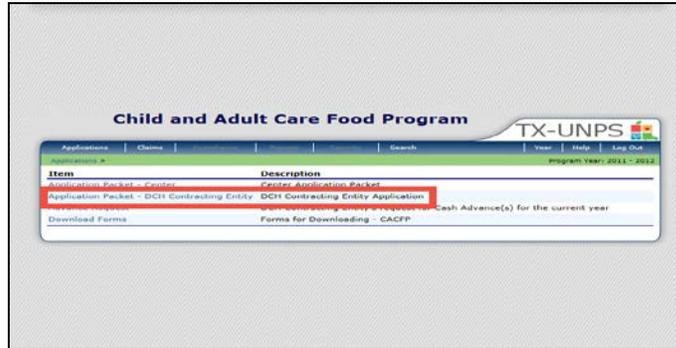
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Checklist Section of the Application Packet.



Slide 16 - DCH1

Once you have logged in to TXUNPS, select Applications to go to the Checklist.



Slide 17

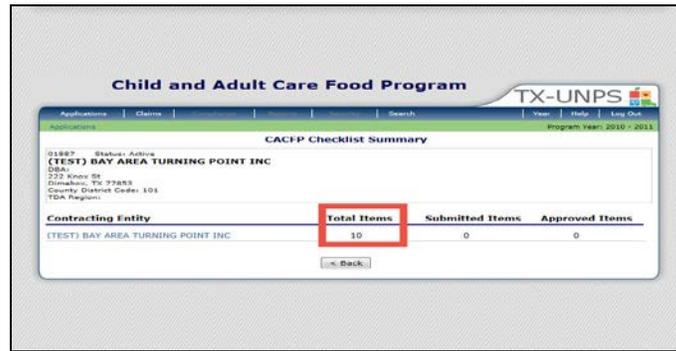
Select Application Packet - DCH



Slide 18

You will now be looking at your Application Packet. You will see a red arrow next to the Checklist section.

Click on the Details link in the Checklist section of the Application Packet.



Child and Adult Care Food Program TX-UNPS

Applications Claims Search Year Help Log Out Program Year: 2010 - 2011

CACFP Checklist Summary

01887 Status: Active
(TEST) BAY AREA TURNING POINT INC
DBA:
222 Kince St
Dumas, TX 77853
County District Code: 101
TDA Region:

Contracting Entity	Total Items	Submitted Items	Approved Items
(TEST) BAY AREA TURNING POINT INC	10	0	0

[Back](#)

Slide 19

You will be directed to the checklist summary page. If you have checklist items that need to be submitted, you will see the 1 or more under Total Items.

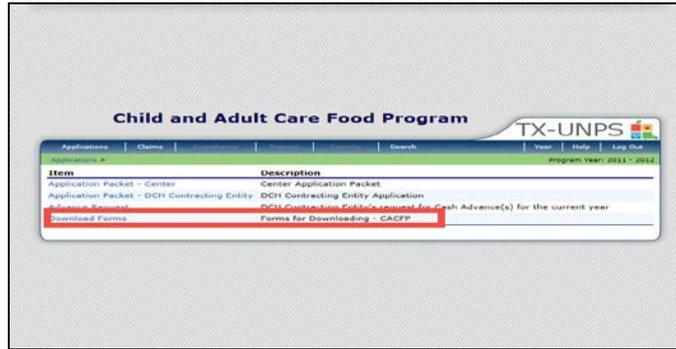
Click on the name of the entity that has 1 or more showing under total items.



Slide 20

After clicking on the entity name, you will be sent to the checklist screen.

This screen lists all of the documents you will need to send to TDA to complete your application. These documents can be found under the Download Forms section, which we will see on the next screen.



Slide 21

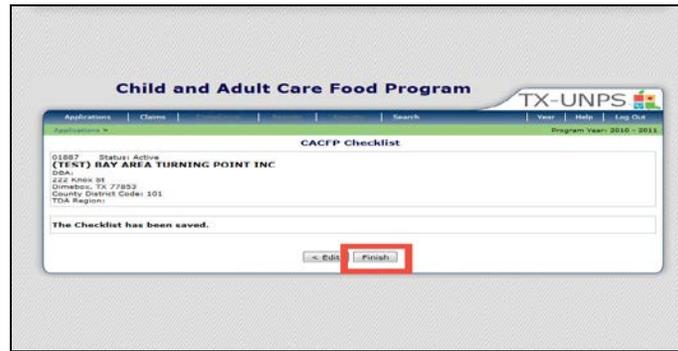
You can need to download copies of the documents you can go back to the main Application screen and select Download Forms, or you can go to: <http://netx.squaremeals.com/SNP/forms.html>



Slide 22

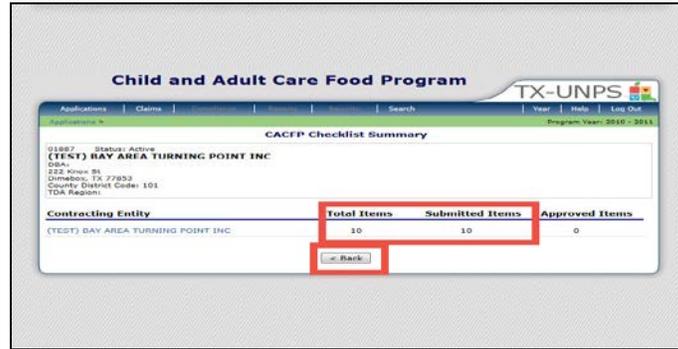
Once you have downloaded and completed the forms, mail or fax them to TDA. Once you have completed that step, select the check box stating that you have submitted the documents to TDA. A date will auto-populate in the date submitted field. At this point you would select Save.

By doing this you let TDA know that we need to be looking for your documents to review. Once TDA has the documents and completes the review, we will check the box stating documents received and the status will change to approved or returned.



Slide 23

Once your checklist has been saved for that entity, you will see a confirmation screen. You will now click Finish to return to the Checklist Summary Screen.



Slide 24

If you have any additional sites with items showing under Total Items and zero under Submitted Items, you must click on each entities' name and repeat the same process we just reviewed.

Once all entities and sites have the same number showing under total items and submitted items, you can then select the Back button to return to the Application Packet



Slide 25

You are now back to the application packet, and if you completed your checklist section correctly, you will see a green checkmark next to Checklist.

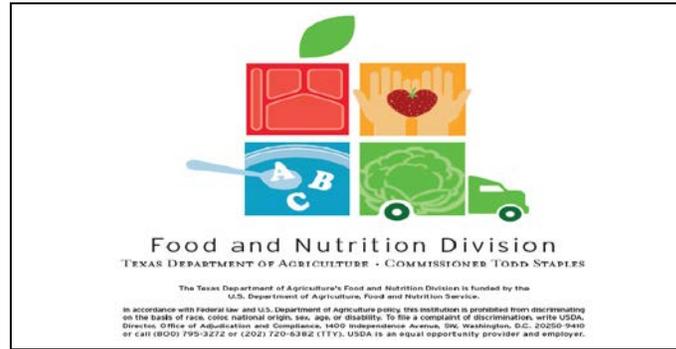


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

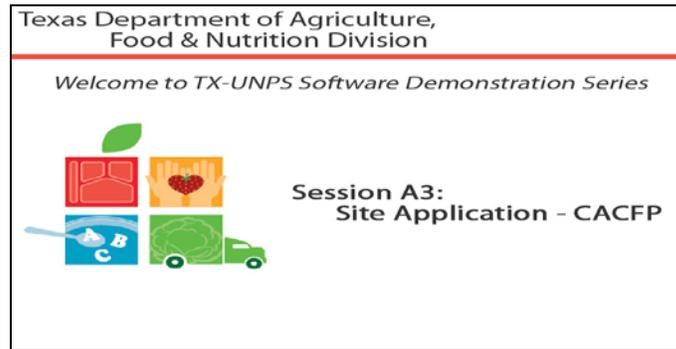
The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Help desk



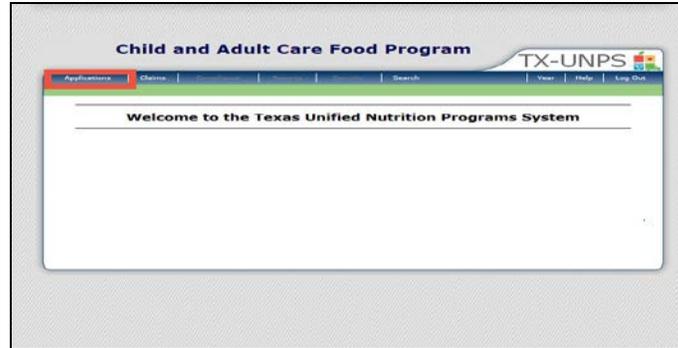
Legal Screen



Slide 1 - Welcome

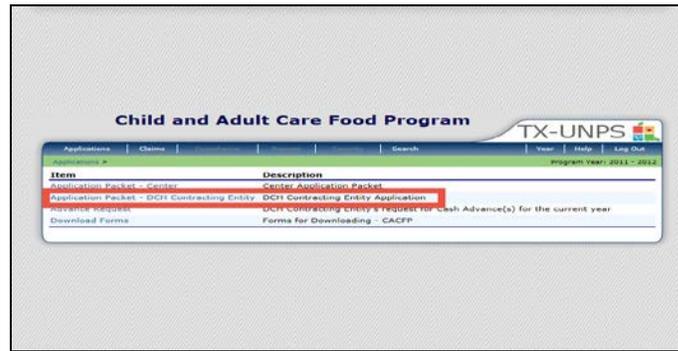
The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Day Care Home Provider Application section of the Application Packet.



Slide 30 – First Slide for DCH in TXUNPS

Once you have logged in to TXUNPS, select Applications



Slide 31

Select Application Packet - DCH



Slide 32

You will now be looking at your Application Packet. Toward the bottom of the Application Packet you will see a link for Provider Applications.



Slide 33

If you are an existing Day Care Home Sponsor, you will see a list of providers to select from to review and update their site applications. Please note: all provider applications on file must be reviewed for information errors and all missing information entered.

For the purpose of this training example, we will add a provider to get to a site application.

Click on Add Provider.

Child and Adult Care Food Program TX-UNPS

Applications | Claims | Search | Year | Help | Log Out

Applications > Application Provider > TDA Sponsor > Provider List > Program Year: 2010 - 2011

Add Provider

10290 Status: Active
(TEST) RED RIVER CHILD CARE FOOD PROGRAM INC
264
22 Knox St
Cove Bluff, TX 77956
County District Code: 049
TDA Region: 2

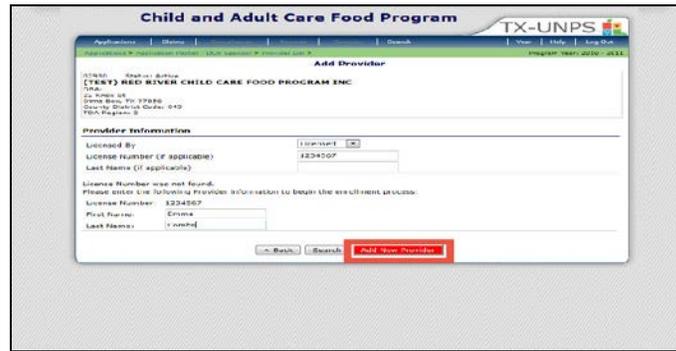
Provider Information

Licensed By: Licensed
License Number (if applicable): Registered
Last Name (if applicable): Military
 Tribal

Slide 34

Choose the Licensing authority for your day care home. If you choose licensed or registered, you must put in a license number.

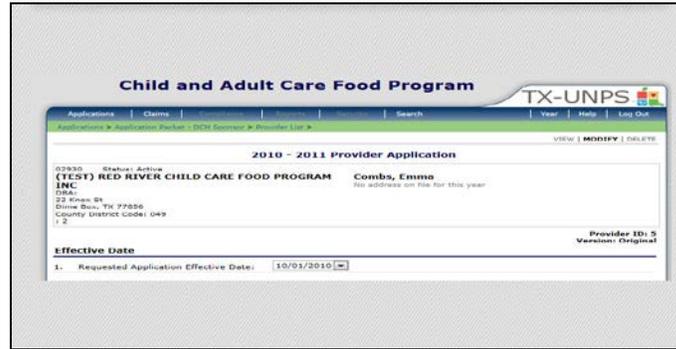
If you choose military or tribal, you must put in a last name. This search will see if the provider is already listed in TDA's database.



Slide 35

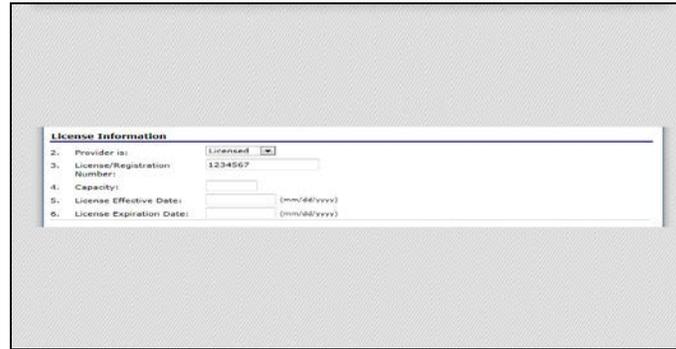
The license number was not found in the database, so you will be required to provide the first and last name of the person associated with that license number.

Now click the red add new provider button.



Slide 36

We have now been directed to the provider application for Day Care Homes.
Question 1 will show the requested application effective date.



The screenshot shows a form titled "License Information" with the following fields:

License Information	
2. Provider is:	Licensed
3. License/Registration Number:	1234567
4. Capacity:	
5. License Effective Date:	(mm/dd/yyyy)
6. License Expiration Date:	(mm/dd/yyyy)

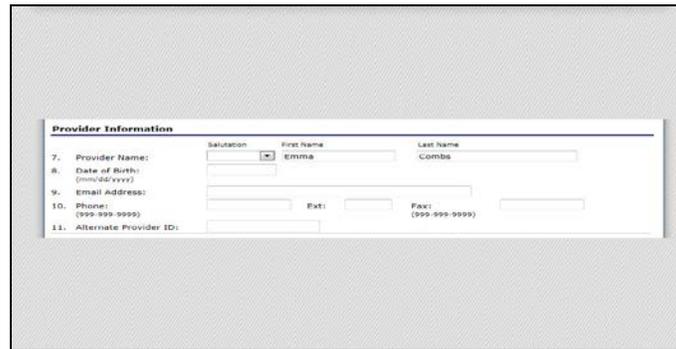
Slide 37

The next section is License Information.

Questions 2 & 3 will be filled in by TXUNPS based on information you provided earlier.

Field 4 requires you to input the capacity as allowed by your license.

Field 5 asks for the effective/beginning date of your license, while field 6 asks for the expiration date of the license.



The screenshot shows a form titled "Provider Information" with the following fields:

	Salutation	First Name	Last Name
7. Provider Name:	<input type="text"/>	<input type="text" value="Emma"/>	<input type="text" value="Combs"/>
8. Date of Birth: (mm/dd/yyyy)	<input type="text"/>		
9. Email Address:	<input type="text"/>		
10. Phone: (999-999-9999)	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/> (999-999-9999)
11. Alternate Provider ID:	<input type="text"/>		

Slide 38

The next section is Provider Information

Field 7 requires that you put the name of the provider along with salutation. Make sure that the name matches the license.

Field 8 requires the date of birth of the provider.

Field 9 is where the provider's email address is input.

Field 10 is the provider's phone and fax number. These numbers should be numbers that the provider will answer during business hours.

The screenshot shows a form with two main sections. The first section is titled "Day Care Home Location (must be physical address; no P.O. box)" and contains fields for "Address 1:", "Address 2:", "City:", "State:" (with a dropdown menu showing "TX"), and "County:". The second section is titled "Mailing Address" and contains a checkbox labeled "Mailing Address is the same as the Street Address". Below this checkbox are fields for "Address 1:", "Address 2:", "City:", "State:" (with a dropdown menu showing "TX"), and "Zip:".

Slide 39

The next section requires addresses for your day care home.

Fields 12-16 requires that you input the physical street address that the day care home is located.

17-20 requires you to input the address that all business correspondence and financial documents should be mailed to.

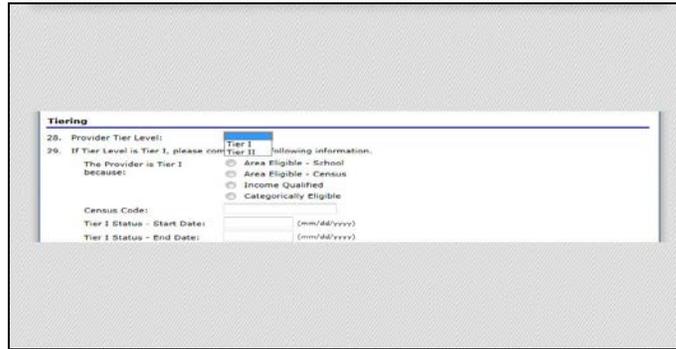
If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

The image shows a screenshot of a form titled "Alternate Contact Information (optional)". The form is contained within a white rectangular box with a thin border, set against a grey background. The form fields are as follows:

- 21. Name: A dropdown menu for "Salutation" followed by two text input fields for "First Name" and "Last Name".
- 22. Email Address: A single text input field.
- 23. Phone: Three text input fields labeled "Area", "Prefix", and "Phone".
- 24. Address 1: A single text input field.
- 25. Address 2: A single text input field.
- 26. City: A single text input field.
- 27. State: A dropdown menu with "TX" selected, followed by a text input field for "Zip".

Slide 40

The alternate contact information section is optional though highly recommend to fill out.



Slide 41

The next section is in regards to Tiering.

Question 28 asks that you select which Tier this provider is in.

Question 29 is only required for those in Tier I. Tier I providers must select why they are Tier I. If they choose census, they must provide the census code. A start and stop date are also required for all Tier I providers.

30. If the provider is Tier II, choose reimbursement option:

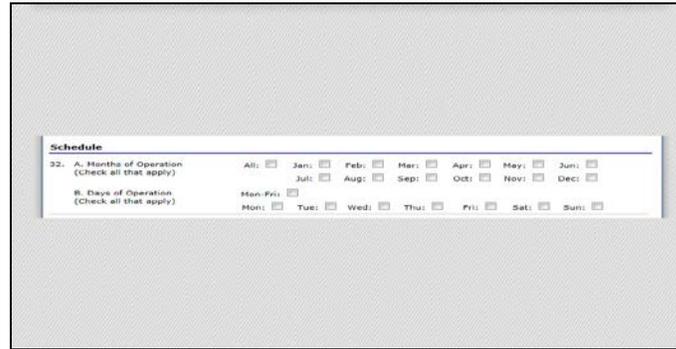
- Have CE attempt to identify all income and categorically eligible children enrolled and receive Tier I rates for those children identified.
- Have CE attempt to identify only categorically eligible children enrolled and receive Tier I rates for those children identified.
- Receive Tier II rates for all enrolled children.

31. Number of children enrolled in program

Nonresident:	<input type="text"/>
Provider's Own/Resident:	<input type="text"/>
Resident Foster:	<input type="text"/>

Slide 42

Question 30 asks that Tier II providers choose which reimbursement option they want for their location. Question 31 asks for the breakdown of the number of children enrolled in the program.



The screenshot shows a form titled "Schedule" with two main sections, A and B. Section A is titled "A. Months of Operation (Check all that apply)" and includes checkboxes for each month: All, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sept, Oct, Nov, and Dec. Section B is titled "B. Days of Operation (Check all that apply)" and includes checkboxes for each day of the week: Mon, Fri, Mon, Tue, Wed, Thu, Fri, Sat, and Sun.

Slide 43

The next section is Schedule.

32.A requires that you check each month the provider operates.

32.B requires that you check each day that this provider is open and operating.

Regular Schedule

33. Normal Hours of Child Care Operations: Time Open: Time Close:

34. Regular Meals:

Meal	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>
<input type="checkbox"/> AM Snack	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>
<input type="checkbox"/> Lunch	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>
<input type="checkbox"/> PM Snack	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>
<input type="checkbox"/> Supper	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>
<input type="checkbox"/> Evening Snack	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>	<input type="text" value=":00"/>

Slide 44

33 Requires that you input your hours of operation.

34 Requires that you select which reimbursable meals you serve and what their start and end times are. If you have a second shift of reimbursable meals, you will input the second shift start and stop times here as well. If you do not have a second shift, leave the times blank.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Weekend Schedule

35. Normal Hours of Child Care Operations: Time Open: [] :00 [] Time Close: [] :00 []

36. Weekend Meals:

Meal	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> breakfast	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> AM Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Lunch	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> PM Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Supper	[] :00 []	[] :00 []	[] :00 []	[] :00 []
<input type="checkbox"/> Evening Snack	[] :00 []	[] :00 []	[] :00 []	[] :00 []

37. Anticipated Closures:

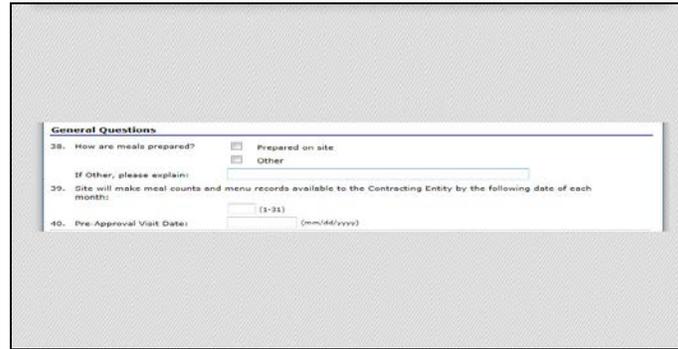
[]

Slide 45

If you operate on the weekend, you are required to answer questions 35 & 36.

If you have any anticipated closures, for example you are closed the 2nd week of June every year in order to perform a heavy cleaning on your location, please list those dates in the text box.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.



The screenshot shows a form titled "General Questions" with the following content:

38. How are meals prepared? Prepared on site
 Other

If Other, please explain:

39. Site will make meal counts and menu records available to the Contracting Entity by the following date of each month:
 (1-31) (mm/dd/yyyy)

40. Pre-Approval Visit Date: (mm/dd/yyyy)

Slide 46

The next section is General Questions.

Question 38 asks if the meals are prepared onsite or other. If you choose other, you will be required to explain in the text box provided.

Question 39 asks what day of the month the provider will make available meal counts and menus to the CE.

Question 40 asks for the date of the provider's pre-approval visit.

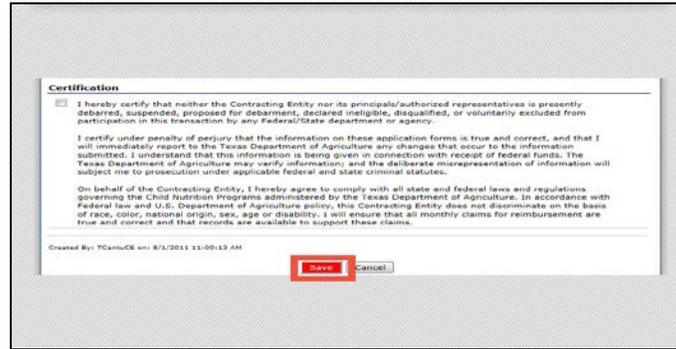
The screenshot shows a form titled "Signature Date" with the following questions and input fields:

- 41. Signature Date of Contracting Provider(s) on Site Application: [text input] (mm/dd/yyyy)
- 42. Signature Date of Contracting Entity Representative on the Site Application: [text input] (mm/dd/yyyy)
- 43. Signature Date of Provider(s) from Permanent Agreement with Sponsoring Organization: [text input] (mm/dd/yyyy)
- 44. Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization: [text input] (mm/dd/yyyy)
- 45. Has the provider ever been found guilty of committing fraud (including deferred adjudication)? Yes No

If yes, provide the date the sentence expired: [text input] (mm/dd/yyyy)

Slide 47

Questions 41-45 asks for provider and CE information in regards to signature dates on program documents. If you are need additional help with any of this information, please review your CACFP Handbook or call your local Community Operations Office.



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.

Created By: YCantuCE on: 8/1/2011 11:00:13 AM

Save Cancel

Slide 48

The last section is Certification.

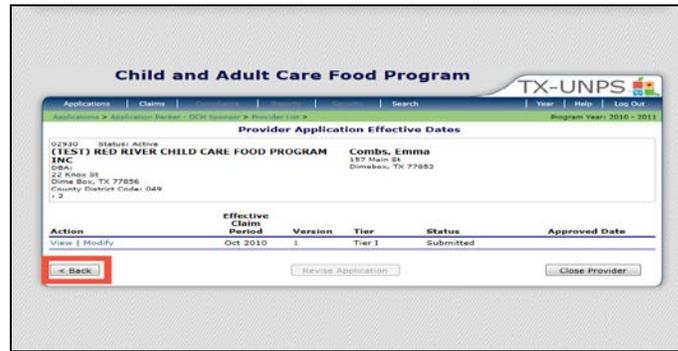
All provider applications require the certification statement be read by the inputter, then click the check box certifying that they agree to the statement.

At this point, the person inputting the information clicks the red Save button.



Slide 49

If there are no errors in your provider application, the above screen will be displayed. Click on finish to continue.



Slide 50

You will be directed to this screen to see that the provider has been inputted, and the status of the provider application. Select back.



Slide 51

You will be taken back to the DCH Provider List screen. If you have no other provider applications to update or add, you can click on the back button.



Slide 52

You are now viewing a completed application packet. All items have been completed and saved. It is now time to SUBMIT the application packet to TDA for approval.

Select the red Submit for Approval button.

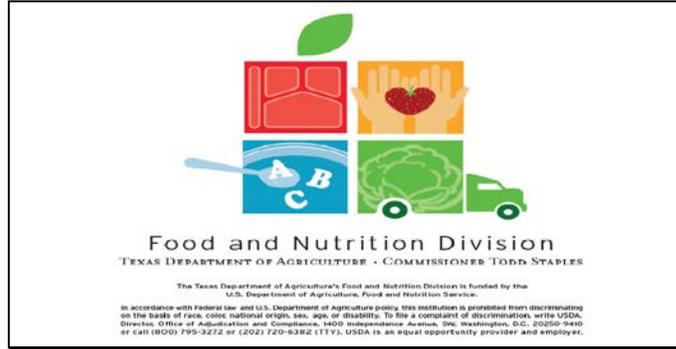


Contact the Help Desk at:
1-877-TEX-MEAL
(1-877-839-6325),

The Help Desk is available:
Monday through Friday, 7:30am - 6:00pm (CST)

You may also email:
SquareMeals@TexasAgriculture.gov

Slide 53 - Help desk



Slide 54 - Legal Screen