

Instructions: Refer to the attached instructions for a description of Start-Up or Expansion payments before completing this application. Attach additional sheets as necessary.

Please note that Start-Up and Expansion payments will only be issued in the 2nd and 3rd quarters of each federal fiscal year. Funds must be encumbered no later than September 30 of each fiscal year or returned to the State agency.

Mail completed applications to: NC Department of Health and Human Services, Attn: CACFP, 5601 Six Forks Road, 1914 Mail Service Center, Raleigh, NC 27699-1914.

Email completed applications to: Courtney.jones@dhhs.nc.gov

Institution Type:

- New Family Day Care Home (FDCH) applicant
- Current FDCH sponsor with 49 or less family day care homes
- Current FDCH sponsor with more than 50 family day care homes
- Current CACFP institution applying to become a FDCH sponsor

1. CACFP Agreement # (if applicable) _____

2. Name of Sponsoring Organization _____

Mailing Address _____

City _____

State _____ Zip _____

Contact Person's Name _____

Contact Person's Title _____

Contact Person's Telephone Number _____ Ext _____

Contact Person's Alternate Telephone Number _____ Ext _____

Fax Number _____ Email Address _____

3. Check which funding source the institution is applying for:

Start-Up Grant: Have start-up payments ever been received by the institution?

Yes. If yes, what was the date of the grant? _____

No

Expansion Grant: Have expansion payments ever been received by the institution?

Yes. If yes, what was the date of the grant? _____

Please provide a summary of the accomplishments from the previous grant. Include a justification for continuing expansion activities into other low-income, rural, or underserved areas.

No

4. Indicate the number of family day care homes, if any, that currently operate under your sponsorship.

_____ None (If none, go to question 6)

_____ Total number of family day care homes under the sponsoring organization

_____ Number of family day care homes claimed for reimbursement last month

_____ Number of inactive family day care homes last month

5. How many years has your organization sponsored family day care homes? _____

6. Estimate the number of new family day care homes that will participate in CACFP under your sponsorship if start-up or expansion payments are granted, and your plan is successful. _____

7. Describe the geographic boundaries of the area currently served by your sponsoring organization, if applicable.

8. Provide the geographic boundaries of the area(s) that will be served if start-up or expansion payments are approved, if different than your current geographic area. _____

Only organizations applying for Expansion payments need to complete Questions 9 & 10.

Attach supporting documentation to application packet.

9. Provide documentation to demonstrate that expansion will serve non-participating day care homes in low-income, rural, or underserved areas.

Low-income areas means a geographical area in which at least 50 percent of the children are eligible for free or reduced-price school meals und the National School Lunch Program and the School Breakfast Program.

Rural areas are defined as counties with an average population density of 250 people per square mile. [Click here](#) to see if an area you wish to serve is considered rural.

Underserved areas are defined as counties with 2 or less CACFP institutions. See Addendum A for this list.

10. Provide data to document the number of family day care homes in the proposed geographic service area(s).

Include the number that are licensed but not currently participating in the CACFP. *Attach copies of reference materials used to determine the need for expansion.* _____

11. Indicate the number of family day care homes which you have contacted to date as part of your expansion or start-up outreach efforts. _____

12. Explain in detail your organization's recruitment strategy to reach family day care home providers in low-income, rural, or underserved areas. *Attach copies of any outreach plans or materials, such as flyers or brochures. Please note that recruitment of family day care home providers who are active under another sponsoring organization in the CACFP is strictly prohibited.*

13. Describe the training plan your organization will implement for new family day care home providers. *Attach any handouts or manuals that will be used to conduct this training.* _____

14. Describe the procedures to be used for conducting pre-approval visits to each proposed new CACFP family day care home. Identify timeframes, staff member(s) responsible for conducting the visits and submit a copy of the pre-approval form to be used. _____

15. Enter the budget from the sponsoring organization's approved CACFP application for the current fiscal year. Provide the year-to-date expenditures for each budget category. In the Start-Up or Expansion payments column, enter the requested budget amount. **Attach a detailed justification for each budget category for which Start-Up or Expansion payments are being requested.**

Note: Payments for Start-Up or Expansion activities will be issued in an amount equal to the administrative reimbursement that the sponsoring organization would earn for administering CACFP for not more than 50 homes, for not less than 1 month and not more than 2 months.

Budget Categories	Current Approved Budget	Expenditures (year to date)	Additional Start-Up or Expansion Payments
Administrative Labor			
Administrative Fringe Benefits			
Equipment			

Administrative Supplies and Communications			
Rent and Utilities			
Insurance			
Administrative Contracts			
Administrative Travel			
Administrative Training			
Indirect Costs			
Total			

List the sources and amounts of funds, other than CACFP Start-Up or Expansion payments, that will be used to support your organization's Start-Up or Expansion efforts, if any.

Source	Amount (\$)
_____	_____
_____	_____
_____	_____

18. Sponsoring organizations that are approved to receive Start-Up or Expansion payments will be required to document their expenses related to these activities separately from their annual administrative CACFP budget. Expenses will be verified against the approved grant budget and should be supported by the general ledger reporting.

Does the sponsoring organization agree to maintain separate documentation to support Start-Up or Expansion funds?

Yes

No

19. Complete Attachment A: Administrative Labor and Taxes. If applicable, list the sponsoring organization personnel who will be involved in expanding CACFP in family day care homes and indicate which personnel costs will be paid with Start-Up or Expansion funds. Submit job descriptions for each staff member with the application.

20. Does your sponsoring organization currently participate, or has it participated, in any other state or federally funded program through USDA (e.g. Summer Food Service Program, Special Milk Program)?

Yes. If yes, please list the programs _____

No

21. Has the sponsoring organization or any of its principals ever been terminated or disqualified from a USDA or other publicly funded program?

Yes. If yes, please give the name of the program and an explanation. _____

No

22. Has an independent audit (A-133 audit) been conducted of the sponsoring organization when required?

Yes. If yes, submit a copy of the most recent A-133 single audit with this application.

No

We certify that this information is true and correct to the best of our knowledge. We further certify that neither this sponsoring organization nor any of the responsible principals are on the National Disqualified List. We understand that this information is being given in order to qualify for the receipt of federal funds that state and federal agency officials may verify this information, and that deliberate misrepresentation may subject us to prosecution under applicable state and federal criminal statutes.

Administrator Signature		Title	
Print Name		Date	