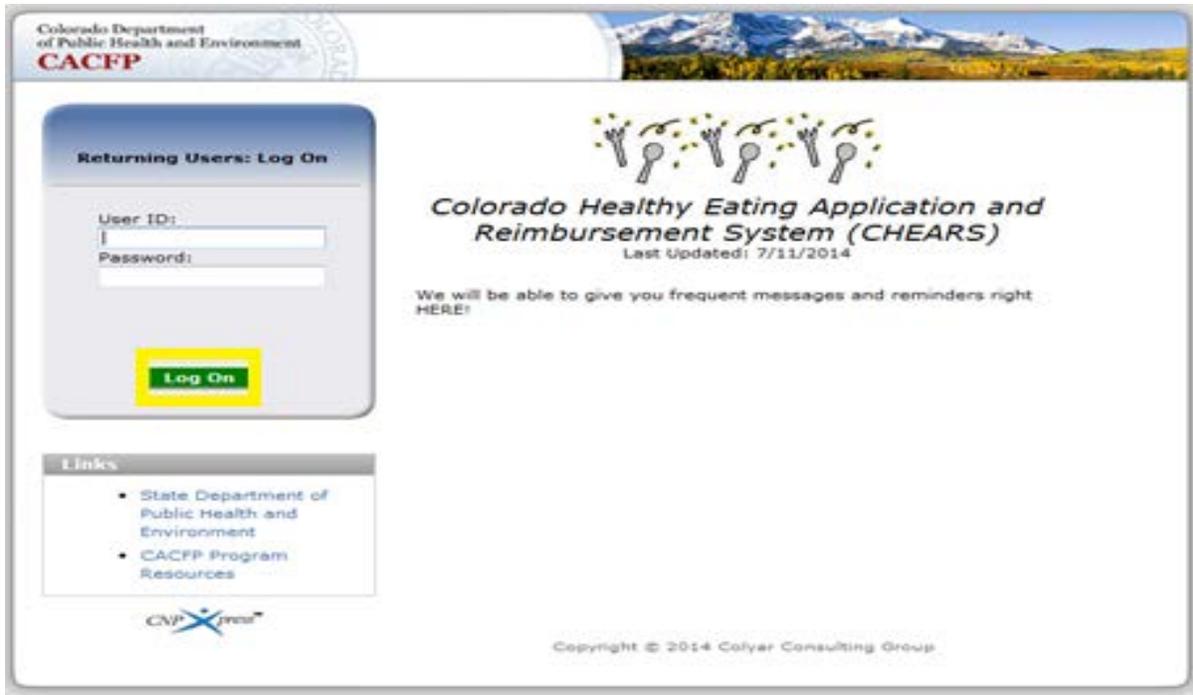


# Welcome to CHEARS

To access CHEARS – the Colorado Healthy Eating Application & Reimbursement System - you will use a unique User ID and temporary password to log in for the first time. The system will prompt you to change your password. The next time you log in to the system, use the new password.

1. Access the system by typing <https://cdphe.cnpus.com/chears/splash.aspx> into the address line of your web browser of choice.
2. In the **Log On** box, enter your temporary User ID and Password. The user ID and Password fields are case-sensitive.
3. Select **Log On**.



## To Change Your Password

If this is your first time logging on, the system will automatically require you to change your password.

1. Select a new password and enter it into the box provided.
2. Re-enter your new password for confirmation.
3. Select **Save** to continue to the CACFP main page.

Note: Security configuration settings require a password to be at least ten (10) to twelve (12) characters in length. Passwords are case sensitive and the password must contain at least one number, one letter, and one special character (e.g., #, ?, @).

## Splash Page

Important messages and reminders, best practices, and policy updates from CACFP are displayed on this page.



## Main Screen and Content Overview

### Main Screen

The Blue menu bar at the top of the application contains key elements that provide basic information about your location within the system and the selected Institution. Some fields, radio buttons, or check boxes may appear gray or are inaccessible, which means these questions do not apply to your specific application.

The Green menu bar below the Blue menu bar is the breadcrumb trail. Applications, Application Packet-Centers that display on the green menu bar at the top of the page identified your location within the web site. Selecting a specific portion of the trail will take you back to that particular screen.

**Note:** For security reasons, the system will automatically log you out after twenty (20) minutes of inactivity.



## Content Overview

The following table describes each section.

Item	Description
<b>Program Name</b>	Child and Adult Care Food Program
<b>Menu Items</b>	Applications, Claims, Security and Search are Menu items that display on the blue menu bar at the top of the page. Selecting a menu item will take you to its menu page. Users may not have access to all menu items. If you are unable to select a particular menu item, you do not have the necessary security rights. Contact the CACFP office for assistance.
<b>Breadcrumb Trail</b>	Applications, Application Packet-Centers that display on the green menu bar at the top of the page identified your location within the web site. Selecting a specific portion of the trail will take you back to that particular screen.
<b>Program Year</b>	The selected school year displays on the right beneath the menu bar. Upon logging in, the system defaults to the most current active fiscal year.
<b>Information Box</b>	The information box displays general information regarding the Institution name, address, Type of Agency and Agreement Type.
<b>Logout</b>	The logout button displays in the menu bar. Select <b>Log out</b> to properly exit the system.

## Screen Options

Data entry screens in the system offer the user some or all of the following options: **VIEW**, **MODIFY**, and **DELETE**. The **Screen Options** tabs are located on the top right side of the screen, directly beneath the green menu bar.



The following table describes each of the possible screen options:

Item	Description
VIEW	Presents the screen information in 'view-only' mode. In this mode, the user cannot modify any data.
MODIFY	Presents the screen in 'modify' mode. In this mode, the user can modify field data and save the data after pressing the save button at the bottom of the screen.
DELETE	Deletes the current record displayed on the screen. The user will be presented with a confirmation screen to validate that they intend to delete the record.

## To access the Applications Menu

The Applications menu is the starting point for all tasks related to the annual CACFP enrollment process.

- On the blue menu bar, select **Applications**.



## Application Packet - Center

- Select **Application Packet – Center**. This will take you to the next screen to select the Program Year.



## Select Program Year

- Select **Program Year** to take you to the Application Packet.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

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

Applications >

### Select Program Year

0010562 Status: Active  
**Institution #1**  
 DBA:  
 123 Training Address  
 Colorado City, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

Currently, there are 3 Program Year(s) available. Select the year you wish to access.

Program Year	Date Range	Application Packet
2014 - 2015	10/01/2014 - 09/30/2015	Application Packet on File
2013 - 2014	10/01/2013 - 09/30/2014	Application Packet on File
2012 - 2013	10/01/2012 - 09/30/2013	Application Packet on File

< Back

## Application Packet

- To create an Institution Application, select **Add**.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

Applications | Claims | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2015 - 2016

### Application Packet

#### Institution of Affiliated Sites

0010561 Status: Active  
**Institution #1**  
 DBA:  
 Institution Address  
 City Name, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Institution of Affiliated Sites

Packet Submitted Date:  
 Packet Approved Date:  
 Packet Original Approval Date:  
 Packet Status: Not Enrolled

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
Add	Institution Application		Not Started

< Back

Show Packet History

# Institution Application

The CACFP requires all participating Institutions to complete an Institution Application. This section describes the steps necessary to complete, view or modify the Institution Application.

## Institution Description

- Verify that your FEIN #, Type of Agency, and Type of CACFP Center are correct.
- Answer the remainder of the questions in this section by selecting the radio buttons.
- If your organization(s) operates the CACFP in any other states, please list the name of state(s) under question 2.

Applications	Claims	Reports	Security	Search		Year	Help	Log Out
Applications > Application Packet - Centers >						Program Year: 2014 - 2015		
VIEW   <b>MODIFY</b>   DELETE   INTERNAL USE ONLY								
<b>Child &amp; Adult Care Food Program Institution Application for 2014 - 2015</b>								
0010570    Status: Active <b>Institution #9</b> DBA: 123 Training Address Colorado City, CO 12345 Type of Agency: Educational Institution Agreement Type: Independent Center								
<b>Version: Original</b>								
<b>Institution Description</b>								
FEIN			Type of Agency			Type of CACFP - Centers Organization		
00-1234567			Educational Institution			Independent Center		
1. Are all of your organization's CACFP participating sites located in the same building?						<input checked="" type="radio"/> Yes <input type="radio"/> No		
2. Does your organization operate the CACFP in any other state(s)?						<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name(s) of State(s):						<input type="text"/>		
3. Does this entity currently participate with the Colorado Department of Education Office of School Nutrition in any of its programs (NSLP or SFSP)?						<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
4. If this entity is a for-profit institution, is it a partnership?						<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		
5. Is this entity a religious institution?						<input type="radio"/> Yes <input checked="" type="radio"/> No		

## Address

- Fill in all address fields. If your mailing address is the same as your physical address, check the box under Mailing Address and your information will populate.

### Addresses

#### Physical Address

6. Address Line 1:

Address Line 2:

7. City:

8. State:  Zip:

9. County:

#### Mailing Address

Mailing Address is the same as the Physical Address

10. Address Line 1:

Address Line 2:

11. City:

12. State:  Zip:

## Program Contacts

- Fill in all fields in the program contact section. If the program contact has multiple roles, check the box under each title and the information will populate. The **Certificate and Statement of Authority** will be a Checklist item.

### Contacts

#### Program Contact

The Program Contact must be an individual who has been authorized to act on behalf of the Institution by agreeing to and signing the Statement of Authority.

	Salutation	First Name	Last Name
13. Name:		Sally	Jones
14. Date of Birth:		05/20/1976 (mm/dd/yyyy)	
15. Email Address:		sally.jones@happy.com	
16. Facility Phone:		(333) 333-3333 Ext:	Fax:
17. Cell/Alt Phone:			
18. Title:		Director	

#### Claim Preparer

	Salutation	First Name	Last Name
19. Name:		Sally	Jones
20. Date of Birth:		05/20/1976 (mm/dd/yyyy)	
21. Email Address:		sally.jones@happy.com	
22. Facility Phone:		(333) 333-3333 Ext:	Fax:
23. Cell/Alt Phone:			
24. Title:		Director	

#### Executive/Center Director

	Salutation	First Name	Last Name
25. Name:		Sally	Jones
26. Date of Birth:		05/20/1976 (mm/dd/yyyy)	
27. Email Address:		sally.jones@happy.com	
28. Facility Phone:		(333) 333-3333 Ext:	Fax:
29. Cell/Alt Phone:			
30. Title:		Director	

### Institution Authority

An Institution Authority is defined as one of the following: Owner/President (Corporation), Limited Liability Corporation Manager/Member, Sole Proprietor (Individual), Partner, Church Authority, Tribal Leader, Delegated Authority (Military), President/Dean (College/University), Food Service Director (SFA). If you have additional responsible individuals, please add them to the Additional Responsible Individual document found in the Download Forms and attach it with your application.

	Salutation	First Name	Last Name
31. Name:		Sally	Jones
32. Date of Birth:		05/20/1976 (mm/dd/yyyy)	
33. Email Address:		sally.jones@happy.com	
34. Facility Phone:	(333) 333-3333	Ext:	Fax:
35. Cell/Alt Phone:			
36. Title:	Director		

## General Questions

### General Questions

---

37. Did the Institution receive more than \$500,000 from all federally funded programs in the last fiscal year?  Yes  No

## Record Keeping

### Record Keeping

---

38. Will all program records including the current fiscal year be maintained at the location where care is provided?  Yes  No

If no, list additional details:

39. While participating in the CACFP, the Institution agrees to maintain program records for 3 years and 4 months beyond the fiscal year to which they pertain. The Institution also agrees that if it is no longer participating in the CACFP, the Institution will maintain these program records for 6 years from the date of final payment from the CACFP. If an audit is conducted, all program records must be maintained until the final resolution of the audit is complete.  Yes  No
40. Please describe how the Institution will maintain confidentiality of income eligibility information on individual households (e.g., locked in filing cabinet, restricted access, locked in director's office, etc.):

## CACFP Staff Training

### CACFP Staff Training

---

41. The Institution agrees to provide the required initial and annual training on CACFP requirements for all key staff. Training will be appropriate to the level of staff experience and CACFP-related duties. Annual training will also be provided on topics related to nutrition and proper feeding of program participants. Documentation of training will be maintained and include topics, dates, and lists of attendees.  Yes  No
42. The Institution has completed the annual civil rights training for all key staff.  Yes  No

## Ethnicity Participation Data

- Enter actual numbers of enrolled participants for each ethnicity description. The percentage will automatically calculate.

### Ethnicity Participation Data

---

Provide the ethnic makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

43. Participation Area (enter enrolled participants):

Hispanic:  0.00 %

Non-Hispanic:  0.00 %

## Racial Participation Data

- Enter actual numbers of enrolled participants for each racial description. The percentage will automatically calculate.

### Racial Participation Data

---

Provide the racial makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

44. Participation Area (enter enrolled participants):

American Indian or Alaskan Native:  0.00 %

Asian:  0.00 %

Black or African American:  0.00 %

Native Hawaiian or Pacific Islander:  0.00 %

White:  0.00 %

## Certification

- Check the box next to question 46 before selecting save.

### Certification

---

45. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:
1. In the past seven years, has the Institution or any of its principals received public funds in addition to the CACFP for programs in which it has participated (for example Title XX (CCAP), Head Start, child care block grants, etc.)?  Yes  No  
If yes, list the programs:
  2. During the past seven years, has the Institution or any of its principals been deemed ineligible for publicly funded programs due to their violation of program requirements? (for example Title XX (CCAP), Head Start, child care block grants, etc.)  Yes  No
  3. During the past seven years, has the Institution or any of its principals been convicted of any activity that indicated lack of business integrity?  Yes  No
  4. Is the Institution, any of its principals, sponsored facilities, or principals of any sponsored facility currently on the CACFP National Disqualified List?  Yes  No
46.  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 State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State 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 Institution, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Institution 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.

**After you have completed all fields, select SAVE.**

If the application is free of errors, the screen will display the message below.

- To return to the main menu page select **Finish**.

The Application has been saved.



If the application is saved with errors, an error message will appear.

- Select **Edit** to fix any errors on your Institution Application.



At the top of the screen, a summary of the errors will appear, as pictured below in red. If your application contained errors, they will need to be corrected.

Code	Error Description
301010	Physical Address is required (address 2 may be left blank).
301020	Mailing Address - Address is required. Address Line 2 may be blank.

Version: Original

## Application Packet

- To access and make changes to the Institution Application, click on **Modify**.



## Board of Directors

- This page will appear **ONLY** if the agency is a government agency, private non-profit organization or educational facility.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

**Application Packet  
Independent Center**

0010570 Status: Active Packet Submitted Date: 06/17/2014  
**Institution #9** Packet Approved Date:  
 DBA: Packet Original Approval Date:  
 123 Training Address Packet Status: Submitted for  
 Colorado City, CO 12345 Approval  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View   Modify	➔ Institution Application	Original	Submitted
Details	➔ Board of Directors	Original	Pending
View   Modify	➔ Institution Budget Detail	Original	Pending Approval
Details	➔ Checklist (4)		
Details	Application Packet Notes		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	1	0	0	0	0	1

Show Packet History

## Center Board of Directors- Member Information

- Select **Add Member** to add more members.

and Environment

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

Applications > Application Packet - Centers > Program Year: 2020 - 2021

DELETE | INTERNAL USE ONLY

**Center Board of Directors  
Member List for 2020 - 2021**

0010558 Status: Active  
**Institution #1**  
 DBA:  
 No address on file for this year.  
 Type of Agency: Educational Institution  
 Agreement Type: Institution of Affiliated Sites

Version: Original

Action	Name	Board Position	Phone
<b>Board of Director Members have not been entered.</b>			

Created By: traininguser3 on: 7/7/2014 12:50:20 PM

DELETE | INTERNAL USE ONLY

- To return to the Application Packet, select **Finish**.

### Center Board of Directors - Member Information

0010558 Status: Active  
**Institution #1**  
 DBA:  
 No address on file for this year  
 Type of Agency: Educational Institution  
 Agreement Type: Institution of Affiliated Sites

#### Board Member Information

Information for the Chair of the Board of Directors for the following is required: Church Board of Directors Chair, Local School Board Superintendent or Chair, Mayor or Board of County Commissioners Chair, Non-profit Corporation Board of Directors Chair. Please add all additional board members below.

1. Board Member Type:

2. Length of Time on Board:

3. Expiration Date:  /  (mm/yyyy)

4. Name: Salutation:  First Name:  Last Name:

5. Date of Birth:  (mm/dd/yyyy)

6. Email Address:

7. Phone:  Ext:  Fax:

8. Occupation:

9. Current Employer:

**Home Address**

10. Address Line 1:

11. Address Line 2:

12. City:

13. State:  CO Zip:

14. Is this member related to other board members or staff of this organization?  Yes  No  
 If Yes, please specify Name and Position held:

Created By: traininguser3 on: 7/7/2014 12:50:46 PM

## Accessing the Site Application(s)

- Select Site Application(s)

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2013 - 2014

**Application Packet  
Institution of Affiliated Sites**

0010621 Status: Active  
**Child Care Claims Test**  
 DBA:  
 689 W Orange Street  
 CO 80000  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Packet Submitted Date:  
 Packet Approved Date:  
 Packet Original Approval Date: 07/21/2014  
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View   Modify	➔ Institution Application	Rev. 1	Error
View   Revise	✓ Institution Budget Detail	Original	Approved
Details	✓ Checklist (16)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	1	0	0	0	1	2

[Show Packet History](#)

Select the **Site Name Test** to access the **Site Application**.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Packet Center List - CACFP >

**Available Site(s)**

0010632 Status: Active  
**Nutritious CACFP**  
 DBA:  
 No address on file for this year  
 Type of Agency: Private Non Profit Organization  
 Agreement Type: Independent Center

Site	Site Status
0001 - Nutritious CACFP	Active

[Add New Site](#)

## License/Registration Information

- Fill in all fields. Under **Site Type**, select the type of child care that your site represents.

### License / Registration Information

---

1. Site Type:  
Adult Care Center   
Child Care Center  
Child Care  Outside School Hours  Emergency Shelter   
Head Start  At-Risk Afterschool Care Center
2. Tax Status: For-profit  
If Other, please explain:
3. License Number: 55555
4. License Effective Date: 10/01/2013
5. License Expiration Date: 10/01/2014
6. License Capacity: 77
7. Age Range of Participants: From: 2 Yrs 0 Mos To: 6 Yrs 0 Mos
8. Do you provide child care for infants under 12 months old?  Yes  No

## Physical Address and Mailing Address

- Fill in all address fields. If your mailing address is the same as your physical address, check the box under Mailing Address and the information will automatically populate.

### Physical Address

---

9. Address Line 1: 44 Main Street  
Address Line 2:
10. City: Denver
11. State: CO Zip: 80000
12. County: Denver (016)

### Mailing Address

---

13. Address Line 1: 44 Main Street  
Address Line 2:
14. City: Denver
15. State: CO Zip: 80000

## Center Information

### Center Information

---

16. Affiliation:  Affiliated  Unaffiliated

Affiliated means the sites are part of the Sponsor organization.  
Unaffiliated means the sites are not part of the Sponsor organization.

17. Has this site previously participated in the CACFP under a sponsoring organization?  Yes  No

A Sponsoring Organization is an organization entirely responsible for the administration of the CACFP on behalf of its participating sites.

If yes, provide previous Institution's name and participating dates:

## Facility Contact

### Facility Contact - Person in charge of this center on a daily basis

---

	Salutation	First Name	Last Name
18. Name:		Jack	Spratt
19. Email Address:			
20. Facility Phone:	(555) 555-5555	Ext:	Fax:
21. Cell/Alt Phone:			
22. Title:	Director		

## Schedule

### Schedule

---

23. A. Months of Operation (Check all that apply)

All:	<input type="checkbox"/>	Jan:	<input checked="" type="checkbox"/>	Feb:	<input checked="" type="checkbox"/>	Mar:	<input checked="" type="checkbox"/>	Apr:	<input checked="" type="checkbox"/>	May:	<input checked="" type="checkbox"/>	Jun:	<input checked="" type="checkbox"/>
		Jul:	<input checked="" type="checkbox"/>	Aug:	<input checked="" type="checkbox"/>	Sep:	<input checked="" type="checkbox"/>	Oct:	<input checked="" type="checkbox"/>	Nov:	<input checked="" type="checkbox"/>	Dec:	<input checked="" type="checkbox"/>

B. Days of Operation (Check all that apply)

Mon-Fri:	<input type="checkbox"/>												
Mon:	<input checked="" type="checkbox"/>	Tue:	<input checked="" type="checkbox"/>	Wed:	<input checked="" type="checkbox"/>	Thu:	<input checked="" type="checkbox"/>	Fri:	<input checked="" type="checkbox"/>	Sat:	<input type="checkbox"/>	Sun:	<input type="checkbox"/>

### Regular Schedule

24. Normal Hours of Operation: Time Open: 6:00 AM Time Close: 9:00 PM

25. Regular Meals

Indicate a beginning and ending time for each meal/snack routinely served and that the site plans to claim on the CACFP.

Meals Served	Start Time	End Time	Multiple Shifts?
<input checked="" type="checkbox"/> Breakfast	6:00 AM	7:00 AM	<input type="checkbox"/>
<input checked="" type="checkbox"/> AM Snack	9:00 AM	10:00 AM	<input type="checkbox"/>
<input checked="" type="checkbox"/> Lunch	12:00 PM	1:00 PM	<input type="checkbox"/>
<input checked="" type="checkbox"/> PM Snack	3:00 PM	4:00 PM	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supper	6:00 PM	7:00 PM	<input type="checkbox"/>
<input checked="" type="checkbox"/> Late Snack	8:00 PM	9:00 PM	<input type="checkbox"/>

## At Risk Meals

- Complete this section **ONLY** if the site is participating as an afterschool at-risk program.

26. At-Risk Meals

School Days			Non-School Days		
Meals Served	Start Time	End Time	Multiple Shifts?	Start Time	End Time
<input type="checkbox"/>	Breakfast		<input type="checkbox"/>		
<input type="checkbox"/>	AM Snack		<input type="checkbox"/>		
<input type="checkbox"/>	Lunch		<input type="checkbox"/>		
<input type="checkbox"/>	PM Snack		<input type="checkbox"/>		
<input type="checkbox"/>	Supper		<input type="checkbox"/>		
<input type="checkbox"/>	Late Snack		<input type="checkbox"/>		

## Weekend Schedule

### Weekend Schedule

27. Weekend Hours of Operations:

Time Open:

Time Close:

## Additional Notes

### Additional Notes

---

28. Additional notes related to Meal Service:

## Participants by Income Eligibility Categories

### Participants

---

29. Participation by Income Eligibility Categories :

A. Free Category:	25
B. Reduced-Price Category:	25
C. Paid Category:	0
D. Total Enrolled:	50

## For Profit Eligibility Child Care Site

- Complete this section **ONLY** if the site is a for-profit child care center.

### For Profit Eligibility Child Care Sites

---

30. Select method used to qualify and indicate total number of eligible participants:

31.  Title XX(CCAP)

Number of eligible participants:

Total enrollment: 0

Percentage: 0.00 %

Enter each county with which the site has a fiscal agreement and the agreement expiration date:

County	Expiration Date
--------	-----------------

## Food Service

- If the Site contracts with a school or vendor, a copy of the Food Service Management Contract can either be attached to the application packet or mailed to the office. The site must use the CACFP Food Service Contract Template which is available under **Download Forms**.

### Food Service

---

Note: If the site contracts with a school or vendor, send a copy of the the Food Service Management Contract to the CDPHE-CACFP. The site must use the CDPHE-CACFP Food Service Contract Template.

33. 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:

34. If meals are prepared at a Central Facility and delivered, please list address of facility:

35. Check all meals that are purchased through a food service vendor:

Breakfast  AM Snack  Lunch  PM Snack  Supper  Late Snack

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

37. Name of Food Service Vendor or Public School:

38. Contract Period: From: To:

## Adult Care Center Only

- For-Profit Adult Care Centers will only be required to complete sections 41-45.

### Adult Care Center Only

---

39. Medicaid certified?  Yes  No

40. Survey/Medicaid Certification Date:

41. Select the method used to qualify:  Title XIX  Title XX

42. Total number of eligible participants:

Total enrollment: 0

Percentage: 0.00 %

NOTE: Send a copy of the center's Human Services Medicaid Assistance Fiscal Agreements, Medicaid Billing Forms and Current Enrollment Roster to the CDPHE-CACFP.

43. Enter each agency with which the site has a fiscal agreement and the agreement expiration date:

Agency

Expiration Date

44. Does the site receive benefits under Part C of Title III of the older Americans Act for any meals?  Yes  No

45. If yes, for which meal(s) does the site receive benefits?

## At-Risk Afterschool Eligibility

- Complete this section **ONLY** if the site is participating as an afterschool at-risk program.

### At-Risk Afterschool Eligibility

---

46. Indicate type of education or enrichment activities provided at the center. Check all that apply.

Arts/Music

Reading room/library

Life skills

Health skills

Counseling

Character and leadership development

Study aids

Mentoring

Homework assistance

Fitness and recreation

Computer lab

Tutoring

Other

If Other, please explain:

### Health or Fire Inspection

---

## Health or Fire Inspection

### Health or Fire Inspection

---

47. Select the type of inspection that has occurred at the site within the last 12 months. Indicate the date of inspection.

- Fire Inspection
- Health Inspection

48. Date of Inspection:

After you have completed all fields, select **SAVE**.

If the application is free of errors, the screen will display the message below.

- Select **Finish** to return to the main menu page.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Packet Center List - CACFP > Program Year: 2014 - 2015

**Child & Adult Care Food Program Site Application for 2014 - 2015**

0010632 Status: Active <b>Nutritious CACFP</b> DBA: 1234 healthy way denver, CO 80001 Type of Agency: Private Non Profit Organization Agreement Type: Independent Center	0001 Status: Active <b>NUTRITIOUS CACFP</b> No address on file for this year
--	--

**The Site Application has been saved.**

< Edit Finish

If the application is not correct, an error message will appear.

- Select **Edit** to fix any errors on your Site Application.

**Child and Adult Care Food Program**  
Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Packet Center List - CACFP > Program Year: 2014 - 2015

**Child & Adult Care Food Program  
Site Application for 2014 - 2015**

0010632 Status: Active <b>Nutritious CACFP</b> DBA: 1234 healthy way denver, CO 80001 Type of Agency: Private Non Profit Organization Agreement Type: Independent Center	0001 Status: Active <b>NUTRITIOUS CACFP</b> No address on file for this year
--	--

**The Site Application has been saved with errors.**

Information entered is either incomplete or is not in compliance with the Colorado Department of Public Health and Environment CACFP 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

At the top of the screen, a summary of the errors will appear in red. If the application contains errors, they will need to be corrected.

Code	Error Description
303000	License / Registration Information - At least one Site Type must be checked.
303100	Physical Address - Address must be completed. Address Line 2 may be blank.

Select **Back** to return to the Application Packet or access/modify multiple sites.

**Child and Adult Care Food Program**  
Colorado Department of Public Health and Environment

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

Application Packet - Centers > Packet Center List - CACFP > Program Year: 2015 - 2016

**Child & Adult Care Food Program  
Application Packet - Site List for 2015 - 2016**

0010558 Status: Active  
**Institution # 1**  
DBA:  
No address on file for this year  
Type of Agency: Educational Institution  
Agreement Type: Institution of Affiliated Sites

Action	Site #	Site Name	Type	Latest Version	Status
View   Modify   Admin	0001	Training Site	CC	Original	Not Submitted

Add Site

Total Sites Enrolled: 1

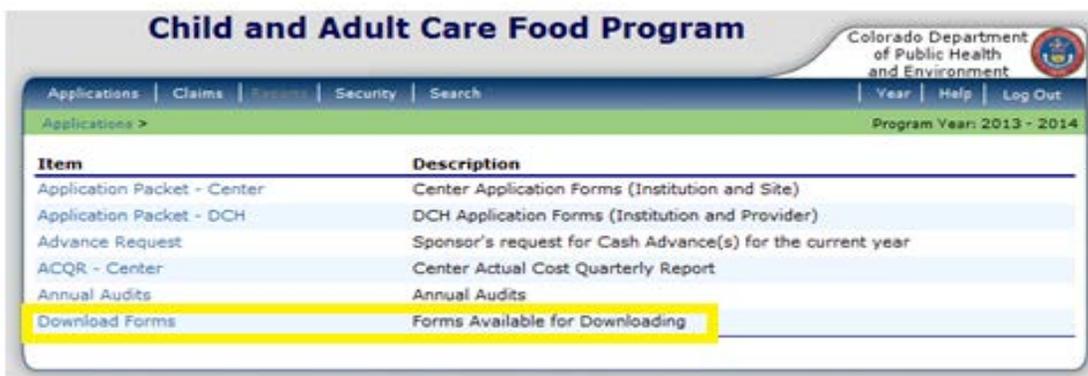
< Back

## Download Forms

Downloadable files are in the following formats: .doc, .xls, .pdf, and .jpg.

- To access forms to download and complete, select **Applications** from on the blue menu bar.
- Select **Download Forms**.

If for any reason, your Institution is unable to open downloadable forms, scan paper documents, or obtain electronic documents to attach to the application packet, the CACFP will accept submission of documents by fax or mail. Please contact the CACFP office if you require a paper copy of any downloadable form.



## Download Forms

- All the forms will be available for all institutions. Not all the forms are applicable for your institution. Examples of downloadable forms include:
  - Additional Responsible Individual- Attach under the Institution Checklist
  - Food Service Management Contract- Attach under the Site Checklist
  - Management Plan- Attach under the Institution Checklist
  - Budget Detail Worksheets- Attach either under Institution Budget Detail or Institution Checklist

The screenshot shows the 'Download Forms' page on the website. It displays a table with columns for Form ID, Description, Last Modified, and New Institution?. The table lists 18 different forms available for download.

Form ID	Description	Last Modified	New Institution?
CACFP-001	Management Plan for Sponsors of Centers	07/07/2014	Y
CACFP-002	Certificate and Statement of Authority	07/23/2014	Y
CACFP-003	School Food Authority Information Page	07/05/2014	Y
CACFP-004	Additional Responsible Individual Document	07/23/2014	Y
CACFP-005	Budget Detail Worksheet for institutions with one site	07/30/2014	Y
CACFP-006	Budget Detail Worksheet for institutions with more than one affiliated site	07/30/2014	Y
CACFP-007	Budget Detail Worksheet for institutions with more than one unaffiliated site	07/30/2014	Y
CACFP-008	Civil Rights and Your Institution Self Study	07/23/2014	N
CACFP-009	Applying Your Civil Rights Knowledge	07/23/2014	N
CACFP-010	Supplemental Directors Civil Rights Guide	07/23/2014	N
CACFP-011	Annual Training Documentation Form	07/23/2014	N
CACFP-013	Pre-approval site visit form	07/07/2014	Y
CACFP-014	W9	07/08/2014	Y
CACFP-015	Reimbursement Estimation Worksheet	07/08/2014	Y
CACFP-016	IEF	07/08/2014	Y
CACFP-017	New Site Checklist	07/09/2014	Y
CACFP-018	Management Plan Template Fillable Test	07/21/2014	N

# Budget

Before completing the Budget, you must download the **Reimbursement Estimation Worksheet** and **Budget Detail Worksheet** by accessing the **Download Forms** section. To access the **Download Forms** section of the Application packet, select **Applications** on the blue menu bar.



Select **Download Forms**.



Select the **Budget Detail Worksheet** that matches the type of Institution.

### Budget Detail Worksheet Options:

- Budget Detail Worksheet for Institutions with one site.
- Budget Detail Worksheet for Institutions with more than one affiliated site.
- Budget Detail Worksheet for Institutions with more than one unaffiliated site.

### Download Forms

Form ID	Description	Last Modified	New Institution?
CACFP-001	Management Plan for Sponsors of Centers	07/07/2014	Y
CACFP-002	Certificate and Statement of Authority	07/23/2014	Y
CACFP-003	School Food Authority Information Page	07/05/2014	Y
CACFP-004	Additional Responsible Individual Document	07/23/2014	Y
CACFP-005	Budget Detail Worksheet for institutions with one site	07/30/2014	Y
CACFP-006	Budget Detail Worksheet for institutions with more than one affiliated site	07/30/2014	Y
CACFP-007	Budget Detail Worksheet for institutions with more than one unaffiliated site	07/30/2014	Y
CACFP-008	Civil Rights and Your Institution Self Study	07/23/2014	N
CACFP-009	Applying Your Civil Rights Knowledge	07/23/2014	N
CACFP-010	Supplemental Directors Civil Rights Guide	07/23/2014	N
CACFP-011	Annual Training Documentation Form	07/23/2014	N
CACFP-013	Pre-approval site visit form	07/07/2014	Y
CACFP-014	W9	07/08/2014	Y
CACFP-015	Reimbursement Estimation Worksheet	07/08/2014	Y
CACFP-016	IEF	07/08/2014	Y
CACFP-017	New Site Checklist	07/09/2014	Y
CACFP-018	Management Plan Template Fillable Test	07/21/2014	N

Select the appropriate **Budget Detail Worksheet** and save it to a location on your computer.

- If you are unable to download the correct worksheet, notify CACFP and a worksheet will be mailed or faxed to your Institution.

Form ID	Description	Last Modified	New Institution?
CACFP-001	Management Plan for Sponsors of Centers	07/07/2014	Y
CACFP-002	Certificate and Statement of Authority	07/23/2014	Y
CACFP-003	School Food Authority Information Page	07/05/2014	Y
CACFP-004	Additional Responsible Individual Document	07/23/2014	Y
CACFP-005	Budget Detail Worksheet for institutions with one site	07/30/2014	Y
CACFP-006	Budget Detail Worksheet for institutions with more than one affiliated site	07/30/2014	Y
CACFP-007	Budget Detail Worksheet for institutions with more than one unaffiliated site	07/30/2014	Y
CACFP-008	Civil Rights and Your Institution Self Study	07/23/2014	N
CACFP-009	Applying Your Civil Rights Knowledge	07/23/2014	N
CACFP-010	Supplemental Directors Civil Rights Guide	07/23/2014	N
CACFP-011	Annual Training Documentation Form	07/23/2014	N
CACFP-013	Pre-approval site visit form	07/07/2014	Y
CACFP-014	W9	07/08/2014	Y
CACFP-015	Reimbursement Estimation Worksheet	07/08/2014	Y
CACFP-016	IEF	07/08/2014	Y
CACFP-017	New Site Checklist	07/09/2014	Y
CACFP-018	Management Plan Template Fillable Test	07/21/2014	N

[< Back](#)

Select the **Reimbursement Estimation Worksheet** and save it to a location on your computer.

- If you are unable to download the worksheet, notify CACFP and a worksheet will be mailed or faxed to your Institution.

## Offline Instructions

- On your computer, open the selected budget template.
  - This will open as an Excel file.
- Complete all worksheets within the workbook.
  - The first worksheet includes instructions for each worksheet in the workbook.
  - Not all worksheets or line items will apply to all Institutions.
- Repeat these steps for the **Reimbursement Estimation Worksheet** template.
- Save the completed documents on your computer.
- The budget can be modified from year to year and attached to application packets in future years.

After completing the **Budget Detail Worksheet** and **Reimbursement Estimation Worksheet** offline on your computer, select the tab titled **Final Budget** on the **Budget Detail Worksheet**. Enter the figures onto the online **Institution Budget Detail** form and complete any other fields that appear.

To access the **Institution Budget Detail** form, select **Applications** on the blue menu bar.



Select **Application Packet-Center**



Select the **Program Year**

Program Year	Date Range	Application Packet
<b>NEW!</b> 2015 - 2016	10/01/2015 - 09/30/2016	Application Packet on File
2014 - 2015	10/01/2014 - 09/30/2015	Application Packet on File
2013 - 2014	10/01/2013 - 09/30/2014	Application Packet on File

Select **Add - Institution Budget Detail**

Action	Form Name	Latest Version	Status
View   Modify	➔ Institution Application	Original	Error
Add	➔ Board of Directors		
Add	➔ Institution Budget Detail		
Details	➔ Checklist (11)		
View	Application Packet Notes for Institution		

**Example: Offline Downloaded Final Budget Tab Template**

Select **Final Budget** from the offline downloaded **Final Budget Detail Worksheet**. This includes all costs from the line item categories throughout this workbook. Use this page to enter totals in the same fields on the **Institution Budget Detail** on the online Application Packet. This workbook is the detail that supports the data in the online Budget. The Budget Detail Worksheet will be attached to the Application Packet.

<b>A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT</b>		
Number of Sites Participating		0
1. CACFP Revenue	\$	-
<b>B. FOOD SERVICE OPERATING EXPENSES</b>		
1. Food Purchases	\$	-
2. Food Service Labor	\$	-
3. Food Service Contractor Fee	\$	-
4. Non-Food Supplies	\$	-
5. Food Service Equipment	\$	-
<b>Total Operating Costs</b>	\$	-
<b>C. NET OPERATING AMOUNT</b>		
1. Difference (A-B)	\$	-
<b>D. ADMINISTRATIVE OPERATING EXPENSES</b>		
1. Administrative Salary Expenses	\$	-
2. Site Administrative Salary Expenses	\$	-
3. Office Supplies	\$	-
4. Postage	\$	-
5. Transportation for Facility Monitoring	\$	-
6. Telephone	\$	-
7. Office Rent/Mortgage Payment	\$	-
8. Utilities (if not included in rent)	\$	-
9. Other	\$	-
<b>Total Administrative Costs</b>	\$	-
<b>E. SUMMARY</b>		
<b>1. Total Expenses</b>	\$	-
<b>2. Total Anticipated Annual CACFP Reimbursement</b>	\$	-
<span>▶   ▶</span> <span>L-Leased Space</span> <span>M-Cost Allocation Plan</span> <span>N-Budget Detail</span> <span><b>O-FINAL BUDGET</b></span>		

## Anticipated Annual CACFP Reimbursement

	Institution Complete This Column	<b>FOR STATE USE ONLY Approved</b>
<b>A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT</b>		
If this is a new budget for a new fiscal year, please refer to your budget submitted in the previous year to help you complete this.		
Number of Sites Participating	<input type="text"/>	
1. CACFP Revenue	\$ <input type="text"/>	\$0.00

## Food Service Operating Expenses

<b>B. FOOD SERVICE OPERATING EXPENSES</b>		
1. Food Purchases	\$ <input type="text"/>	\$0.00
2. Food Service Labor	\$ <input type="text"/>	\$0.00
3. Food Service Contractor Fee	\$ <input type="text"/>	\$0.00
4. Non-Food Supplies	\$ <input type="text"/>	\$0.00
5. Food Service Equipment	\$ <input type="text"/>	\$0.00
<b>Total Operating Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>

## Net Operating Amount

- This number will automatically calculate all figures from Anticipated Annual CACFP Reimbursement and Food Service Operating Expenses sections are complete.

<b>C. NET OPERATING AMOUNT</b>		
1. Difference (A-B)	\$0.00	\$0.00

## Administrative Operating Expenses

- This section is only available for Institutions with more than one site.

### D. ADMINISTRATIVE OPERATING EXPENSES

1. Administrative Salary Expenses	\$ <input type="text"/>	\$0.00
2. Site Administrative Salary Expenses	\$ <input type="text"/>	\$0.00
3. Office Supplies	\$ <input type="text"/>	\$0.00
4. Postage	\$ <input type="text"/>	\$0.00
5. Transportation for Facility Monitoring	\$ <input type="text"/>	\$0.00
6. Telephone	\$ <input type="text"/>	\$0.00
7. Office Rent/Mortgage Payment	\$ <input type="text"/>	\$0.00
8. Utilities (if not included in rent)	\$ <input type="text"/>	\$0.00
9. Other: <input type="text"/>	\$ <input type="text"/>	\$0.00
<b>Total Administrative Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>

Note: May not exceed 15% of A.1.

## Summary

- Total expenses are calculated automatically.
- Manually enter the Total Anticipated Annual CACFP Reimbursement from Section A, line item 1.

### E. SUMMARY

1. Total Expenses (Operating and Administrative)	\$0.00	\$0.00
2. Total Anticipated Annual CACFP Reimbursement	\$ <input type="text"/>	\$0.00

If overall expenses exceeds the amount of anticipated CACFP reimbursement, describe how the institution intends to pay for these expenses.

If the CACFP reimbursement exceeds overall costs, describe how the institution intends to use these funds to improve the food service operation.

## Attach Budget Detail Worksheet

- To attach the **Budget Detail Worksheet** saved on your computer, select **Add an Attachment**.

### Document Attachments

Actions	Notes	Version	Uploaded By
<a href="#">Add an attachment</a>			

Select the **Choose File** Button.

**Budget**

---

**Upload Detail**

---

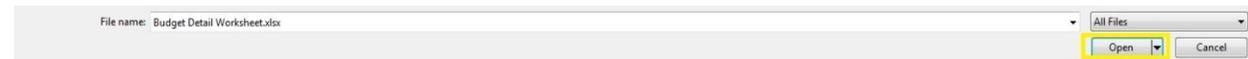
1. File To Upload:  No file chosen

2. Comment:

On your computer, find your Excel file **Budget Detail Worksheet**. Select the file to attach. The file will appear gray once selected.



Once the correct file appears under the File name, select the **Open** button.



The file should now appear next to the **Choose File** button. If there is any additional information this can be written in the comment box, but this is not required.

**Upload Detail**

---

1. File To Upload:  Independent Center.xlsx

2. Comment:

Select **Save** when the budget is attached.

**Budget**

---

**Upload Detail**

---

1. File To Upload:  Budget Detail Worksheet.xlsx

2. Comment:

MODIFY | DELETE

If errors exist, select **Edit** and make corrections.

**The Budget has been saved with errors and warnings.**

Information entered is either incomplete or is not in compliance with the Colorado Department of Public Health and Environment CACFP rules and regulations. All errors listed on the form must be corrected before the Budget can be processed.  
 You may correct the errors now by clicking '< Edit' or you may return to the Budget later.



Once the budget is free of errors, a message will appear. Select **Finish** to return to the Application packet.

0010633 Status: Active  
**CACFP Sponsor**  
 DBA:  
 No address on file for this year  
 Type of Agency: Private Non Profit Organization  
 Agreement Type: Institution of Affiliated Sites

**The Budget File Upload has been processed.**



If you already submitted your **Budget Detail Worksheet** under the document attachments in the **Institution Budget Detail** section, skip the attachment directions and simply check the box under **Document Submitted to CDPHE** next to **Budget Detail Worksheet** in the Checklist.

- In the Application packet, select **Details**, next to the Checklist.

Action	Form Name	Latest Version	Status
View   Modify	➔ Institution Application	Original	Error
Add	➔ Board of Directors		
View   Modify	✔ Institution Budget Detail	Original	Pending Approval
<b>Details</b>	➔ Checklist (12)		
View	Application Packet Notes for Institution		

- Select the Institution name.

Institution	Total Items	Submitted Items	Approved Items
<b>CACFP Sponsor</b>	8	0	0

Check the box **Document Submitted to CDPHE** for the **Budget Detail Worksheet**.

- The Date Submitted to CDPHE will automatically default to the system date.
- Select **Save**.

VIEW | MODIFY

**CACFP Checklist**

0010633 Status: Active  
**CACFP Sponsor**  
 DBA:  
 No address on file for this year  
 Type of Agency: Private Non Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
Federal IRS Tax-Exempt Determination Letter (attach)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
W9 (download, complete and attach)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
Latest Balance Sheet (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
Income Statement (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
IRS 990-Return of Organization Exempt from Income Tax (attach)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
Organization Chart (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP2
Budget Detail Worksheet (download template, complete and attach)	 <input checked="" type="checkbox"/>	<input type="text" value="08/05/2014"/>	<input type="checkbox"/>	Pending Approval	08/05/2014	YnkeCACFP2

Action	Checklist Item	Comment	Attachment Date/Time
<b>There are no attachments</b>			

- Once the Checklist is saved without errors, the following screen will appear.
- Select **Finish** to return to the **Checklist Summary**.

### CACFP Checklist

0010633    Status: Active  
**CACFP Sponsor**  
 DBA:  
 No address on file for this year  
 Type of Agency: Private Non Profit Organization  
 Agreement Type: Institution of Affiliated Sites

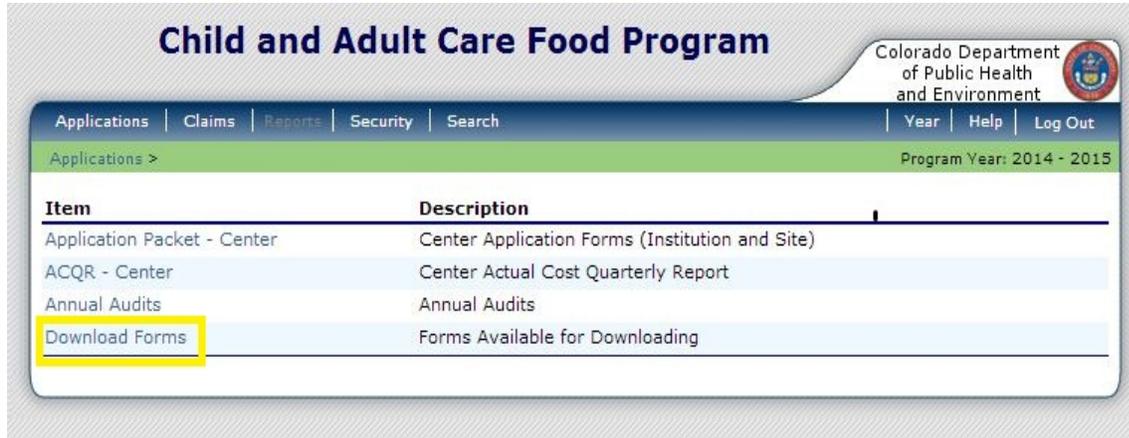
**The Checklist has been saved.**

- The **Checklist Summary** appears. Once the correct number of submitted items appears, the budget work in the Application packet is complete.
- Select **Back** to return to the Application packet.

Institution	Total Items	Submitted Items	Approved Items
CACFP Sponsor	8	1	0
Child & Adult Care Food Program Sites	Total Items	Submitted Items	Approved Items
CACFP Site 1	2	0	0
CACFP Site 2	2	0	0

## Management Plan for Sponsor of Centers- Access to Download Forms

- On the blue menu bar, select **Applications**.
- Select **Download Forms**



## Download Forms

- Select **CACFP-001** to download Management Plan for Sponsor of Centers.  
**Note:** This is a Microsoft word document. Enter information for your Institution.
- This will download to your computer in a designated area that you choose.

### Download Forms

Form ID	Description	Last Modified	New Institution?
CACFP-001	Management Plan for Sponsors of Centers	07/07/2014	Y
CACFP-002	Certificate and Statement of Authority	07/23/2014	Y
CACFP-003	School Food Authority Information Page	07/05/2014	Y
CACFP-004	Additional Responsible Individual Document	07/23/2014	Y
CACFP-005	Budget Detail Worksheet for institutions with one site	07/30/2014	Y
CACFP-006	Budget Detail Worksheet for institutions with more than one affiliated site	07/30/2014	Y
CACFP-007	Budget Detail Worksheet for institutions with more than one unaffiliated site	07/30/2014	Y
CACFP-008	Civil Rights and Your Institution Self Study	07/23/2014	N
CACFP-009	Applying Your Civil Rights Knowledge	07/23/2014	N
CACFP-010	Supplemental Directors Civil Rights Guide	07/23/2014	N
CACFP-011	Annual Training Documentation Form	07/23/2014	N
CACFP-013	Pre-approval site visit form	07/07/2014	Y
CACFP-014	W9	07/08/2014	Y
CACFP-015	Reimbursement Estimation Worksheet	07/08/2014	Y
CACFP-016	IEF	07/08/2014	Y
CACFP-017	New Site Checklist	07/09/2014	Y
CACFP-018	Management Plan Template Fillable Test	07/21/2014	N

## Management Plan for Sponsor of Centers- Attach Management Plan to Checklist

- Download and complete the Management Plan off-line.
- To attach the completed Management Plan select **Details** to access the Checklist.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

**Application Packet  
Institution of Affiliated Sites**

0010609 Status: Active Packet Submitted Date:  
**Happy CACFP** Packet Approved Date:  
 DBA: Packet Original Approval Date:  
 123 Main Packet Status: Not Submitted  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Action	Form Name	Latest Version	Status
View   Modify	✓ Institution Application	Original	Not Submitted
Add	➔ Institution Budget Detail		
<b>Details</b>	➔ Checklist (13)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	0	0	0	0	1	1

Show Packet History

- The Management Plan is attached under the Institution checklist. Select the **name** of the Institution.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Checklist > Program Year: 2014 - 2015

**CACFP Checklist Summary**

0010584 Status: Active  
 0010609 Status: Active  
**Happy CACFP**  
 DBA:  
 123 Main  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Institution	Total Items	Submitted Items	Approved Items
<b>Europa</b>	7	0	0
<b>Child &amp; Adult Care Food Program Sites</b>	<b>Total Items</b>	<b>Submitted Items</b>	<b>Approved Items</b>
Jupiter	6	0	0

- Select the **Paperclip** to attach the Management Plan.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Checklist > Program Year: 2014 - 2015

VIEW | MODIFY

### CACFP Checklist

0010609 Status: Active  
**Happy CACFP**  
 DBA:  
 123 Main  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
Management Plan (download, complete and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
School Food Authority Information Page (download, complete and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
IRS 147c (attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
Latest Balance Sheet (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
Income Statement (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2
Organization Chart (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	06/23/2014 testinstitution2

Action	Checklist Item	Comment	Attachment Date/Time
<b>There are no attachments</b>			

- Select **Choose File** to attach the Management Plan from your computer.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > VIEW | MODIFY | DELETE

### Checklist File Upload Detail

**Checklist**

Program: Child & Adult Care Food Program  
 Checklist Item: Management Plan (download, complete and attach)

**Upload Detail**

1. File To Upload:  No file chosen

2. Comment:

VIEW | MODIFY | DELETE

- Once attached, select **Save**.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > VIEW | MODIFY | DELETE

### Checklist File Upload Detail

**Checklist**

Program: Child & Adult Care Food Program  
Checklist Item: Management Plan (download, complete and attach)

**Upload Detail**

1. File To Upload:  management plan attached.JPG

2. Comment:

VIEW | MODIFY | DELETE

- Select **Finish** to bring you back to the **Checklist**.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

### CACFP Checklist

0010584 Status: Active

**Europa**  
DBA:  
23rd ave place  
greeley, CO 80000  
Type of Agency: For Profit Organization  
Agreement Type: Institution of Affiliated Sites

The Checklist has been saved.

< Edit

VIEW | MODIFY | DELETE

- Select **Document Submitted to CDPHE**. The date will automatically default to the current date.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

VIEW | MODIFY

**CACFP Checklist**

0010584 Status: Active  
**Europa**  
 DBA:  
 23rd ave place  
 Greeley, CO 80000  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Management Plan (download, complete and attach)	<input checked="" type="checkbox"/>	07/10/2014	<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
School Food Authority Information Page (download, complete and attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
IRS 147c (attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Latest Balance Sheet (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Income Statement (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Organization Chart (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Management Plan (download, complete and attach)		7/10/2014 11:26:37 AM

Save Cancel

- Select **Save**.

**Child and Adult Care Food Program** Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

VIEW | MODIFY

**CACFP Checklist**

0010584 Status: Active  
**Europa**  
 DBA:  
 23rd ave place  
 Greeley, CO 80000  
 Type of Agency: For Profit Organization  
 Agreement Type: Institution of Affiliated Sites

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Management Plan (download, complete and attach)	<input checked="" type="checkbox"/>	07/10/2014	<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
School Food Authority Information Page (download, complete and attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
IRS 147c (attach)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Latest Balance Sheet (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Income Statement (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2
Organization Chart (attach format of choice)	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	06/23/2014	testinstitution2

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Management Plan (download, complete and attach)		7/10/2014 11:26:37 AM

Save Cancel

## School Food Authority Information Page

### To Access Downloadable Forms

- On the blue menu bar, select **Applications**.
- Select **Download Forms**.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

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

Applications > Program Year: 2014 - 2015

Item	Description
Application Packet - Center	Center Application Forms (Institution and Site)
ACQR - Center	Center Actual Cost Quarterly Report
Annual Audits	Annual Audits
Download Forms	Forms Available for Downloading

### Download Forms

- Select **CACFP-003** to download the School Food Authority Information Page.  
Note: This is a Microsoft Word document. Enter relevant information for your Institution.
- This will download to your computer in the designated area that you choose.

#### Download Forms

Form ID	Description	Last Modified	New Institution?
CACFP-001	Management Plan for Sponsors of Centers	07/07/2014	Y
CACFP-002	Certificate and Statement of Authority	07/23/2014	Y
CACFP-003	School Food Authority Information Page	07/05/2014	Y
CACFP-004	Additional Responsible Individual Document	07/23/2014	Y
CACFP-005	Budget Detail Worksheet for institutions with one site	07/30/2014	Y
CACFP-006	Budget Detail Worksheet for institutions with more than one affiliated site	07/30/2014	Y
CACFP-007	Budget Detail Worksheet for institutions with more than one unaffiliated site	07/30/2014	Y
CACFP-008	Civil Rights and Your Institution Self Study	07/23/2014	N
CACFP-009	Applying Your Civil Rights Knowledge	07/23/2014	N
CACFP-010	Supplemental Directors Civil Rights Guide	07/23/2014	N
CACFP-011	Annual Training Documentation Form	07/23/2014	N
CACFP-013	Pre-approval site visit form	07/07/2014	Y
CACFP-014	W9	07/08/2014	Y
CACFP-015	Reimbursement Estimation Worksheet	07/08/2014	Y
CACFP-016	IEF	07/08/2014	Y
CACFP-017	New Site Checklist	07/09/2014	Y
CACFP-018	Management Plan Template Fillable Test	07/21/2014	N

## School Food Authority Information Page - Attach to Checklist

- Download and complete the School Food Authority Information Page form off-line.
- To attach the completed School Food Authority Information Page form, select **Details** to access the Checklist.

### Child and Adult Care Food Program

Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers >
Program Year: 2014 - 2015

#### Application Packet

##### Institution of Affiliated Sites

0010609    Status: Active <b>Happy CACFP</b> DBA: 123 Main Type of Agency: Educational Institution Agreement Type: Institution of Affiliated Sites	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status: Not Submitted
---	---

Action	Form Name	Latest Version	Status
View   Modify	✔ Institution Application	Original	Not Submitted
Add	➔ Institution Budget Detail		
Details	➔ Checklist (13)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	0	0	0	0	1	1

[Show Packet History](#)

- The **School Food Authority Information Page** is attached under the Institution checklist.
- Select the **Name** of the Institution.

### CACFP Checklist Summary

0010634    Status: Active  
**School Food Service**  
 DBA:  
 1234 healthy way  
 denver, CO 80001  
 Type of Agency: Educational Institution  
 Agreement Type: Institution of Affiliated Sites

Institution	Total Items	Submitted Items	Approved Items
School Food Service	8	0	0

- Select the **Paperclip** to attach the **School Food Authority Information Page**.

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3
<b>School Food Authority Information Page</b>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 YnkeCACFP3
Revised School Food Authority Information Page (SFAs only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 YnkeCACFP3
IRS 147c (attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3
W9 (download, complete and attach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3
Latest Balance Sheet (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3
Income Statement (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3
Organization Chart (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014 YnkeCACFP3

- Select **Choose File** to attach the Information Page from your computer.

### Checklist File Upload Detail

#### Checklist

Program: Child & Adult Care Food Program  
 Checklist Item: School Food Authority Information Page

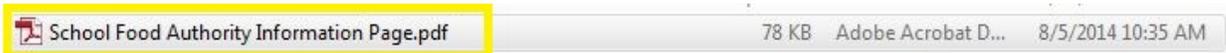
#### Upload Detail

1. File To Upload:  No file chosen

2. Comment:

VIEW | MODIFY | DELETE

- On your computer, find the file School Food Authority Information Page. Select the file to attach. The file will appear gray once selected.



- Once the correct file appears under the File name, select the **Open** button.

File name: School Food Authority Information Page.pdf

- Once attached, select **Save**.

VIEW | **MODIFY** | DELETE

---

**Checklist File Upload Detail**

---

**Checklist**

Program: Child & Adult Care Food Program  
Checklist Item: School Food Authority Information Page

---

**Upload Detail**

1. File To Upload:  School Food Authority Information Page.pdf

2. Comment:

---

VIEW | **MODIFY** | DELETE

- Select **Finish** to bring you back to the **Checklist**.

**Checklist File Upload Detail**

---

The Checklist File Upload Detail has been processed.

- Select **Document Submitted to CDPHE**. The date automatically defaults to the current date.
- Select **Save**

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3
School Food Authority Information Page	 <input checked="" type="checkbox"/>	08/05/2014	<input type="checkbox"/>	Pending Approval	07/29/2014	YnkeCACFP3
Revised School Food Authority Information Page (SFAs only)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014	YnkeCACFP3
IRS 147c (attach)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3
W9 (download, complete and attach)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3
Latest Balance Sheet (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3
Income Statement (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3
Organization Chart (attach format of choice)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/28/2014	YnkeCACFP3

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	School Food Authority Information Page		8/5/2014 10:38:26 AM

## Checklist

The Checklist of required CACFP documents is generated automatically based upon answers to specific questions from the Institution and Site Applications. The Checklist feature allows Institutions to keep track of required CACFP documents and dates of submission. The CACFP will also use this checklist to indicate when documents you submit are received and approved.

**Completing the Checklist is the final step in the Application process before submitting for approval.**

### To access a Checklist

- On the blue menu bar, select **Applications**.
- Select **Application Packet – Centers**.
- Select **Program Year**.
- Select **Details** for the Checklist. The Checklist Summary screens displays.

**Child and Adult Care Food Program**  
Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

**Application Packet Independent Center**

0010565 Status: Active  
**Institution #4**  
 DBA:  
 123 Training Address  
 Colorado City, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

Packet Submitted Date: 06/17/2014  
 Packet Approved Date: 06/19/2014  
 Packet Original Approval Date: 06/19/2014  
 Packet Status: Approved

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View   Revise	✓ Institution Application	Original	Approved
Revise   Details	✓ Board of Directors	Original	Approved
View   Revise	✓ Institution Budget Detail	Original	Approved
Details	✓ Checklist (4)		
Details	Application Packet Notes		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	1	0	0	0	0	0	1

Buttons: < Back, Submit for Approval, Approve, Return, Deny

Show Packet History

### CACFP Checklist Summary

Access the CACFP Checklist Summary for the Institution and Site Applications.

- Select the **Name of the Institution** or **Name of the Site** to access the CACFP Checklist Summary.

**Child and Adult Care Food Program**  
Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Checklist > Program Year: 2014 - 2015

**CACFP Checklist Summary**

0010565 Status: Active  
**Institution #4**  
 DBA:  
 123 Training Address  
 Colorado City, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

Institution	Total Items	Submitted Items	Approved Items
Institution #4	0	0	0

Child & Adult Care Food Program Sites	Total Items	Submitted Items	Approved Items
Training Site	4	4	4

Buttons: < Back

## To attach a document to the Checklist

If the checklist item has a paper clip icon next to it, you can add an attachment. Files can be attached in the following formats: .doc, .xls, .pdf, and .jpg. Some checklist items have downloadable forms provided by the CACFP that require completion prior to attaching. Other checklist items will be electronic forms that already exist in your computer or can be created in a format you desire.

If for any reason, your Institution is unable to open downloadable forms, scan paper documents, or obtain electronic documents to attach to the application packet, the CACFP will accept submission of documents by fax or mail. Please contact the CACFP office if you require a paper copy of any downloadable form.

## For Institutions – Examples of documents that can be attached include:

Additional Responsible Individuals	Downloadable form for completion.
Management Plan`	Downloadable form for completion.
Income Statement	Document in format of choice.
IRS 147c Letter	Existing document stored in your computer

## For Sites – Examples of documents that can be attached include:

Child Care Licenses or Medicaid Surveys	Existing documents stored in your computer.
Health Inspections or Fire Inspections	Existing documents stored in your computer.
Food Service Management Contracts, if applicable	Downloadable form for completion.
County Fiscal Agreements, if applicable	Existing documents stored in your computer.

### CACFP Checklist

0010633	Status: Active
<b>CACFP Sponsor</b>	
DBA:	
No address on file for this year	
Type of Agency: Private Non Profit Organization	
Agreement Type: Institution of Affiliated Sites	

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Certificate and Statement of Authority (download template, complete, sign and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
Management Plan (download, complete and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
Federal IRS Tax-Exempt Determination Letter (attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
W9 (download, complete and attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
Latest Balance Sheet (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
Income Statement (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
IRS 990-Return of Organization Exempt from Income Tax (attach)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester
Organization Chart (attach format of choice)		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	07/29/2014 uattester

## To update a Checklist

- Locate the **Documents Submitted to CDPHE-CACFP** checkbox and verify the submission date(s).
- The **Date Submitted** automatically defaults to the system date.
- Select **Save**.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

VIEW | MODIFY | INTERNAL USE ONLY

**CACFP Checklist**

0010565 Status: Active  
**Institution #4**  
 DBA:  
 123 Training Address  
 Colorado City, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

0001 Status: Active  
**TRAINING SITE**  
 123 Training Address  
 Colorado City, CO 11254

Required Forms/Documents to send to CDPHE	Document Submitted to CDPHE	Date Submitted to CDPHE	Document on File w/CDPHE	Status	Status Date	Last Updated By
Child Care Center License	<input checked="" type="checkbox"/>	06/17/2014	<input checked="" type="checkbox"/>	Approved	06/19/2014	traininguser4
Food Service Management Contract	<input checked="" type="checkbox"/>	06/17/2014	<input checked="" type="checkbox"/>	Approved	06/19/2014	traininguser4
Health Inspection	<input checked="" type="checkbox"/>	06/17/2014	<input checked="" type="checkbox"/>	Approved	06/19/2014	traininguser4
Pre-Approval Site Visit Form	<input checked="" type="checkbox"/>	06/17/2014	<input checked="" type="checkbox"/>	Approved	06/19/2014	traininguser4

**Action Checklist Item Comment Attachment Date/Time**

There are no attachments

- To return to the main menu, select **Finish**.

**Child and Adult Care Food Program**

Colorado Department of Public Health and Environment

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

Applications > Application Packet - Centers > Program Year: 2014 - 2015

**CACFP Checklist**

0010565 Status: Active  
**Institution #4**  
 DBA:  
 123 Training Address  
 Colorado City, CO 12345  
 Type of Agency: Educational Institution  
 Agreement Type: Independent Center

0001 Status: Active  
**TRAINING SITE**  
 123 Training Address  
 Colorado City, CO 11254

The Checklist has been saved.

A **Checklist** is complete when all required items are submitted.

**Red Arrows** indicate a component of the packet is incomplete.

Action	Form Name	Latest Version	Status
View   Modify	➔ Institution Application	Original	Error
Add	➔ Institution Budget Detail		
Details	➔ Checklist (7)		

**Green Check Marks** indicate the components of the package are complete.

Action	Form Name	Latest Version	Status
View   Modify	✔ Institution Application	Original	Not Submitted
View   Modify	✔ Institution Budget Detail	Original	Pending Approval
Details	✔ Checklist (8)		

Once everything is complete and all components of the Application packet have a **Green Check Mark**, select the **Submit for Approval** button to submit the Application Packet to the CACFP for approval.

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	1	0	0	0	0	0	1

[Show Packet History](#)
< Back
Submit for Approval

The CACFP staff member assigned to review the Institution’s application packet will receive an e-mail notification upon online submission of the packet. Once the packet has been returned for correction or approved by the CACFP, the Program Contact email address listed in the Institution Application will receive email notification of return and approval. If the application packet has been returned for correction, red arrows will indicate which component of the Application packet must be fixed and a note from the CACFP staff will appear at the top of the form upon opening. After correcting the problem, save the changes and re-submit the packet for approval. The CACFP staff assigned to review the application will receive an email notification of the re-submission.

The CACFP team is available to assist Institutions with the application. Please call [\(303\) 692-2330](tel:3036922330) or email Julie Pfankuch at [Julie.Pfankuch@state.co.us](mailto:Julie.Pfankuch@state.co.us) for assistance.