ACFP New Provider Application

1. **Application (Institution Information)**

*= Required Field

Institution Name *

Federal Identification Number *

Institution Mail Address *

Institution Mail Address 2

Institution Mail City *

Institution Mail State *

Institution Mail Zip Code *

Institution County *

Institution Street Address *

Institution Street Address 2

Institution Street State * Institution Street Zip Code *

Institution Phone * Institution Phone Ext

Institution Fax

Board President or Authorized Designee Last Name *

Board President or Authorized Designee First Name *

Board President or Authorized Designee Salutation * Mr. Mrs. Miss Dr. Ms. Hon. Rev.

Board President or Authorized Designee DOB *

Board President or Authorized Designee Title *

President or Authorized Designee Business Address *

Board President or Authorized Designee City *

Board President or Authorized Designee State *

Board President or Authorized Designee Zip Code *

Board President or Authorized Designee Phone * Phone Ext

Board President or Authorized Designee Fax

Application (Institution Information)

Contact Person Last Name *

Contact Person First Name *

Contact Person Salutation * Mr. Mrs. Miss Dr. Ms. Hon. Rev.

Contact Person DOB *

Contact Person Business Address *

Contact Person Business Address 2

Contact Person Business City * State * Zip Code*

Contact Person Street Address *

Contact Person Street Address 2

Contact Person Street City * State * Zip Code*

Contact Person Phone * Phone Ext

Contact Person Fax

Contact Person Email

Are all clients served over 18? (If no, contact State Agency) * Yes No

Institution Fiscal Year Ends on *

Is your institution a faith-based facility * Yes No

Title III (i.e. congregate meal) Funding? (if yes, contact State Agency) * Yes No

Type of Institution *

Method of Claims Submission * Fax or Electronic

List Federal Agency(s) that currently provide funding for your institution

Does institution charge day participants separately for meals * Yes No

Address ACFP Records Maintained * Street Address

City, State

2. Schedule A (Site Information)

Mailing Address

*=Required Field **=Required if Adult Day Care is Yes

Name *

Address Line 1*

Address Line 2

City * State * Zip Code *

Physical Address

Address Line 1 *

Address Line 2

City * State * Zip Code *

County

Phone * Ext.

Fax

Person in Charge at Site

Last Name *

First Name *

Title *

Phone *

Ext

Schedule A (Site Information)

Adult Day Care*	Yes	No	
Vocational Training Program*	Yes	No	
State Approved Day Program *	Yes	No	
Mental Health Day Treatment (If yes, submit current DCF Contract) *	Yes	No	

License Capacity *

License Expiration Date *

Days Per Week *

Weeks Per Year *

Staff Hours From:

To:

First Shift Hours From: (If Needed)

To:

Second Shift Hours From: (If Needed)

To:

Title XIX Centers only

Proprietary Adult Day Care Centers must submit documentation that they are currently providing nonresidential adult day care services for which they receive compensation under Title XIX or XX of the Social Security Act. Certification must be provided also indication that not less than 25 percent of enrolled participants in each center during the most recent calendar month were Title XIX or XX beneficiaries. Documentation of Title XIX or XX benefits must be provided by for-profit institutions at the time of application and also at renewal.

Total Adults

Total XIX

Percent XIX

Methods by which meals will be provided (Choose one or more)

A.On-Site/Self Prep *

B.Under Contract with Local School System (Send Memorandum of Agreement)

C.Contract with Caterer (Send Food Service Contract and MOA)

D.Agency's Central Kitchen (Send Memorandum of Agreement)

E. Other

3.Site Yearly Estimate

Adult Food Program – Add Site Estimate

Provider Number

Schedule A: Site 1

Fiscal Year Begins	10/01/2024
Daily Meals Breakfast Estimate	
Meals Breakfast Begin Time	
Meals Breakfast End Time	
Daily Meals AM Supplement Estimate	
Meals AM Supplement Begin Time	
Meals AM Supplement End Time	
Daily Meals Lunch Estimate	
Meals Lunch Begin Time	
Meals Lunch End Time	
Daily Meals PM Supplement Estimate	
Meals PM Supplement Begin Time	
Meals PM Supplement End Time	
Daily Meals Dinner/ Supper Estimate	
Meals Dinner/ Supper Begin Time	
Meals Dinner/ Supper End Time	
Total Enrollment Free	
Total Enrollment Reduced	
Total Enrollment Non-Needy	

Meal/Snack

Estimates:

How many clients you think you will serve meals to each day.

You need at least two hours between any two meal/snack times.

Example:

A.M. Snack ends at 10 a.m.

Lunch cannot begin before 12 p.m.

Enrollment

How many clients are enrolled in each category

Meals/Snacks not served

You must put “0”.

There are three categories of eligibility associated with the ACFP: Free, Reduced, and Non-needy. Each participant is individually assessed to determine her/his eligibility category.

4.Management Plan (Institution Fiscal Year Records)

Fiscal Year Begins	October 1, 2024
Budget Food Purchases	
Budget Non-Food Supplies	
Supplemental Budget Expenses	
Does your institution prefer cash in lieu of donations	YES
Did your institution expend $750,000.00 or more in federal funds during your fiscal year, if YES enter last agency wide audit date.	
Federal Funds Audit Date	
Media Release Sent	Yes No

Please describe how you reach diverse groups in your area? Please Explain in the box what tools (brochures, fliers, outreach programs Etc.) you use to ensure that minority populations have equal opportunity to participate in the food program.

Provide the ethnic and racial population makeup of the area from which each institution draws its attendance. Information needs to be reported in whole numbers.

See **Census Data**

http://factfinder2.census.gov/faces/nav/jsf/Pages/index.

Ethnicity:

Hispanic or Latino	
Not Hispanic or Latino	

Race:

American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

Budget Food Purchases:
Estimate of yearly expense for food items: groceries, caterer, etc.
Budget Non-Food Supplies:
Estimate of yearly expense for non-food items, such as plates, napkins, etc.
Budget Other Expenses:
Any additional yearly expenses (not including labor)

Answers required only of institutions with more than one site

(Sponsoring Organizations)

If monthly claim reimbursement is not deposited into a central institutional account, then outline systems used for disbursing reimbursements to facilities under your administration within five days.	
Outline Procedures for Training	
Outline methods of collection records from each facility regarding the daily point of service meal counts and daily attendance	
Describe your system for calculating your ACFP food service and administrative costs claim	
Describe your system for collecting Family size and income information from each client	
Describe your time frame for collecting monthly records from each site	

Food service Operations review – Scheduled Site Monitoring

1st Operation Review	
2nd Operation Review	
3rd Operation Review	

You MUST submit the dates you plan to visit your sites. You're required to monitor them three times during the fiscal year.

4. Management Plan (Institution Fiscal Year Records)

Labor Expenses (make copies as needed)

This is required for you to claim labor expenses.

Food Service includes: Planning menus, checking menus, grocery shopping, cooking , serving, clean up, etc. All boxes must be filled. Hourly rate must be included. Include only time working with ACFP duties.

Position Type	
Duties	
Employee Count	
Hours Per Day	
Hourly Rate	
Days Per Year	
Position Type	
Duties	
Employee Count	
Hours Per Day	
Hourly Rate	
Days Per Year	

4. Management Plan (Institution Fiscal Year Records)

Labor Expenses (make copies as needed)

Administrative Includes: Overseeing the program, applications, rosters, determining eligibility, checking the menu, etc. All boxes must be filled. Hourly rate must be included. Include only time working with ACFP duties.

Position Type	
Duties	
Employee Count	
Hours Per Day	
Hourly Rate	
Days Per Year	

Position Type	
Duties	
Employee Count	
Hours Per Day	
Hourly Rate	
Days Per Year	