

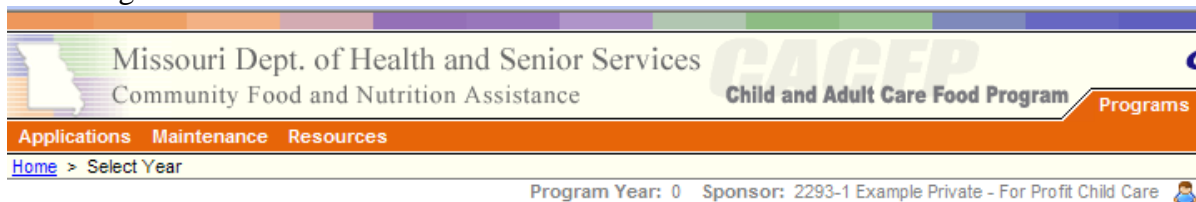
Missouri Department of Health and Senior Services
 Child and Adult Care Food Program

Online Application Renewal Instructions 2012

The Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) has activated FY 2012 in the Child and Adult Care Food Program (CACFP) web-based system. Some information from your FY 2011 application is automatically repeated in the FY 2012 renewal application. **You must enter other information.** Follow these instructions carefully to submit your 2011 application. Most fields are self-explanatory. Refer to pages 8 and 9 for an explanation of certain fields.

Basic Renewal Steps

1. Log in at <https://dhssweb04.dhss.mo.gov/cnp>. Read the information presented on the Welcome page and click on Continue at the bottom of the page. Choose 2012 under the Program Year column.



Program Year Selection		
Program Year	Program Begin Date	Program End Date
2006	October 1, 2005	September 30, 2006
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012

2. The Sponsor Summary will appear. Click on the Applications tab.
3. The Sponsor Info Sheet is listed with the option to Add in the Action column. Click Add to open the Sponsor Information Sheet.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

Child and Adult Care Food Program

Applications Maintenance Resources

Home > Application Menu > Sponsor Summary

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

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Sponsor Summary

1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users	
Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add	
Center Info Sheet					
2293-1	1 Example Private - For Profit Child Care Center	No Information Sheet			

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- Complete all blank fields and review and update fields that carried forward from 2011.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

Applications Maintenance Resources Programs

Home > Application Menu > Sponsor Summary > Sponsor Info

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

CACFP Missouri Department of Health & Senior Services

Sponsor Information Sheet

1 Example Private - For Profit Child Care (2293) 2010-2011 Program Year
Not Submitted to State
New Application

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Mailing Address				Street Address			
(1) Addr1:	1234 Some Street			(6) Addr1:	1234 Some Street		
(2) Addr2:				(7) Addr2:			
(3) City:	Somewhereville			(8) City:	Somewhereville		
(4) State:	MO	(5) Zip Code:	65432	(9) State:	MO	(10) Zip Code:	65432

Check here to copy Mailing Address to Street Address

Authorized Representative				Food Program Contact					
	First	MI	Last		First	MI	Last		
(11)Name:	Ms.		Imagoood	Director	(19)Name:	Ms.		Imagoood	Director
(12)Title:	Owner			(20)Title:	Owner				
(13)E-mail:	imagoodd@123net.com			(21)E-mail:	imagoodd@123net.com				
(14)Phone:	573-123-4567	(15) Ext:		(22)Phone:	573-123-4567	(23) Ext:			
(16)Fax:	573-123-4568	(17) Ext:		(24)Fax:	573-123-4568	(25) Ext:			
(18)Contact's Address:				(26)Contact's Address:					

- Click Save at the bottom of the page.

(65)Approval Date: Approve via Enrollment Packet

Created By: _____ Date Created: _____ Modified By: _____ Date Modified: _____

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Save Cancel

If error messages appear, refer to steps 23 thru 25. Make needed corrections until the following screen appears when save is clicked. The Sponsor Information Sheet is in Pending Submission status, but is "Not Submitted to State."

- Click [here](#) to return to the Sponsor Summary – Application tab.

Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Not Submitted to State**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

- Click **Add** in the Action column for the first center in the Center Info Sheet section.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

CPWA
Programs Log

Applications Maintenance Resources

Home > Application Menu > Sponsor Summary

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

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Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Not Submitted to State		View Edit Delete
Sponsor Budget		No Budget Sheet		Add
Center Info Sheet				
2293-1	1 Example Private - For Profit Child Care Center		No Information Sheet	Add

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8. Choose appropriate type of center to open the Center Information Sheet.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

Applications Maintenance Resources Programs Log

Home > Application Menu > Sponsor Summary > Select Program

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

Center Information Sheet

Site: 1 Example Private - For Profit Child Care Center (2293-1) Sponsor: 1 Example Private - For Profit Child Care (2293)

Program Types	Revision Number	Date Created	Date Approved	Status
Adult Care Center				
Child Care Center				
Head Start Center				
Outside School Hours Center				
Homeless Shelter Center				
At Risk After School Center				

9. Review fields 1-10 for accuracy. Make changes as needed. Complete fields 11-27, and 30-64.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

Applications Maintenance Resources Programs Log

Home > Application Menu > Sponsor Summary > Center App

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

CACFP Missouri Department of Health & Senior Services

Center Information Sheet

1 Example Private - For Profit Child Care (2293)
2010-2011 Program Year
Not Submitted to State
New Application

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Mailing Address **Street Address**

(1) Addr1: <input type="text" value="1234Some Street"/>	(6) Addr1: <input type="text" value="1234Some Street"/>
(2) Addr2: <input type="text"/>	(7) Addr2: <input type="text"/>
(3) City: <input type="text" value="Somewhereville"/>	(8) City: <input type="text" value="Somewhereville"/>
(4) State: <input type="text" value="MO"/> (5) Zip Code: <input type="text" value="65432"/>	(9) State: <input type="text" value="MO"/> (10) Zip Code: <input type="text" value="65432"/>
	(11) County: <input type="text"/>

Check here to copy Mailing Address to Street Address

Enrollment Information

	(A) Free	(B) Reduced	(C) Paid	(D) Total
(12) Child Care Center	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	

10. Click Save at the bottom of the page.

Created By: _____ Date Created: _____ Modified By: _____ Date Modified: _____

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If error messages appear, refer to step 19 thru 21. Make needed corrections until the following screen appears when save is clicked. The Center Information Sheet is in Pending Submission status, but is “Not Submitted to State.”

11. Click here to return to the Sponsor Summary – Application tab.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACEP
Child and Adult Care Food Program

Applications Maintenance Resources Programs

Home > Application Menu > Sponsor Summary > Center App

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Not Submitted to State**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click [here](#) to go to the Center Information Sheet Listing or select another option from the menu above.

12. ****If you are a sponsor of multiple sites, repeat steps 7-11 for each site****

13. If you are required to complete a budget, click Add under the Applications tab in the Sponsor Summary.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACEP
Child and Adult Care Food Program

Applications Maintenance Resources Programs

Home > Application Menu > Sponsor Summary

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

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Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Not Submitted to State		View Edit Delete
Sponsor Budget		No Budget Sheet		Add
Center Info Sheet				
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State	Add View Edit Delete

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14. Verify the number of centers and enter the applicable information. When complete click on Save.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

Applications Maintenance Resources Programs

Home > Application Menu > Sponsor Summary > Sponsor Budget (1 Example Private - For Profit Child Care)
Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care

CACFP Missouri Department of Health & Senior Services

Sponsor Budget Form

1 Example Private - For Profit Child Care (2293) 2010-2011 Program Year
Not Submitted to State
New Application

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(1) Number of Centers 1

The purpose of this budget is for the organization to demonstrate financial viability and show the budget for food service expenses. A renewing sponsor must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the Institution. Costs in the renewing sponsor budget must be necessary, reasonable, allowable, and appropriately documented. This budget will not affect your reimbursement. The number of meals served and participants' classification in free, reduced, and paid categories determines the amount you receive from CACFP.

Income
List ALL sources of annual and monthly amounts of cash or income received by your organization.

Sources	Monthly Amount
(2) Day Care Fees (private pay)	\$ <input type="text"/>
(3) Child Care Subsidy Money (DFS Funds-Title XX)	\$ <input type="text"/>
(4) CACFP Reimbursement (estimated amount)	\$ <input type="text"/>
(5) Funds received from the sale of meals to teachers, parents, visitors	\$ <input type="text"/>
(6) Head Start Grants	\$ <input type="text"/>
(7) Adult Care Subsidy Money (Title XIX (Social Security))	\$ <input type="text"/>
(8) Grants	\$ <input type="text"/>

15. If you are required to complete a Management Plan, click Add under the Applications tab in the Sponsor Summary.

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Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Approved	8/12/2009	View Revise
Sponsor Budget	0	Approved	8/12/2009	View Revise
Sponsor Management Plan	No Management Plan			Add
Center Info Sheet				
2293-1 - CCC	1 Example Private Center	0	Approved	8/12/2009 Add View Revise
2293-2 - CCC	Site No2	0	Approved	8/12/2009 Add View Revise

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16. Complete the management plan Check this box and click Save.

Check here to submit this form to the State for Approval

Internal Use Only

(134) Approval Date:

Created By: hargir Date Created: 8/13/2009 Modified By: Date Modified:

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17. All items in Applications should now be in the Not Submitted to State status.

Applications Maintenance Resources

[Home](#) > [Application Menu](#) > Sponsor Summary

Program Year: 2010 Sponsor: 2293-1 Example Private - For Profit Child Ca

↓ Bottom of Form

Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Not Submitted to State		View Edit Delete
Sponsor Budget	0	Not Submitted to State		View Edit Delete
Sponsor Management Plan	0	Not Submitted to State		View Edit Delete
Center Info Sheet				
2293-1 - CCC	1 Example Private Center	0	Not Submitted to State	Add View Edit Delete

[↑ Top of Form](#)

18. Click on the Sponsor Summary – Packet tab. When selected the Packet tab will be highlighted dark orange as shown below. A list of Off-Line forms will appear. Scroll to the bottom of the page and click on the word here in the sentence, “Click here to Update Dates on Off-Line Forms”.

↓ Bottom of Form

Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description		Count/Date	Status
1	*	Sponsor Information Sheet			Not Submitted to State
2	*	Sponsor Budget Form			Not Submitted to State
3	*	Center Information Sheets		1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
4	*	Contract			
5		Management Plan			
6		DC-100 or letter from licensing representative (if applicable)			
7		Fire and Safety Inspection (not applicable if on school grounds)			
8	*	Overlap Form (if applicable)			
9		Sanitation Inspection (not applicable if on school grounds)			

For each form marked with an "*" enter the date the form was sent to the state. The "Date Sent" must be entered before the packet can be submitted to the state for approval.


Click [here](#) to Update Dates on Off-Line Forms

↑ Top of Form

19. For each form marked with an asterisk (*) enter the date the form was sent to MDHSS-CFNA. When “Date Sent “for all required forms are entered click Save.

Applications Maintenance Resources

e > [Application Menu](#) > [Sponsor Summary](#) > Off-Line Forms

Program Year: 2011 Sponsor: 2293-1 Example Private - For Profit Child Care 

Off-line Form Update 1 Example Private - For Profit Child Care (2293)

Item	Req	Form Description	Date Sent	Date Received	Date Complete
1	*	Contract	<input type="text" value="9/1/2010"/>		
2		DC-100 or letter from licensing representative (if applicable)	<input type="text"/>		
3		E-Verify Memorandum of Understanding	<input type="text"/>		
4		Fire and Safety Inspection (not applicable if on school grounds)	<input type="text"/>		
5	*	Overlap Form (only if last form on file is dated 2006 or earlier)	<input type="text" value="9/1/2010"/>		
6		Sanitation Inspection (not applicable if on school grounds)	<input type="text"/>		
7		Documentation of 501(c)(3) status - IRS letter	<input type="text"/>		

20. The following sentence will appear below the list of forms on the Packet tab, “Check here and click on the “Save” button below to submit forms to the State for Approval.” Click on the box to check it and click Save.

↓ Bottom of Form

Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description		Count/Date	Status
1	*	Sponsor Information Sheet			Not Submitted to State
2	*	Sponsor Budget Form			Not Submitted to State
3	*	Center Information Sheets		1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
4	*	Contract	9/1/2010		
5		DC-100 or letter from licensing representative (if applicable)			
6		E-Verify Memorandum of Understanding			
7		Fire and Safety Inspection (not applicable if on school grounds)			
8	*	Overlap Form (only if last form on file is dated 2006 or earlier)	9/1/2010		
9		Sanitation Inspection (not applicable if on school grounds)			
10		Documentation of 501(c)(3) status - IRS letter			

Click [here](#) to Update Dates on Off-Line Forms

Check here and click on the "Save" button below to submit forms to the State for Approval.
 (Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

Once the forms have been submitted to the State Agency, no additional changes can be made prior to approval.

21. Make sure status is “Pending Approval”.

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Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description		Count/Date	Status
1	*	Sponsor Information Sheet			Pending Approval
2	*	Sponsor Budget Form			Pending Approval
3	*	Center Information Sheets		1 of 1	Pending Approval
4		Forms Submitted to State for Approval		8/16/2010	Pending Approval

22. Click on the Users tab and make sure the users listed are still the people that should have access to the system. To delete a user, send an email request to CACFP@dhss.mo.gov. To add a user, complete a Network User Access Request form found at http://www.dhss.mo.gov/dnhs_pdfs/CACFP-web-access.pdf. Keep user information up to date to ensure sponsor's information is secure!

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Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users
User Name	E-mail Address	Phone Number	Last Login	
Imagood Director	imagoodd@123net.com	(573) 123-4567		

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23. If Sponsor or Center Information sheets have errors, the following screen will display. Click [here](#) to return to the Sponsor Summary – Applications tab.

Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

24. Click Edit in the Action column next to the sheet with errors.

Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Errors		View Edit Delete
Center Info Sheet				
2291-1 1 Example Private - For Profit Child Care Center		No Information Sheet		Add

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25. Errors are highlighted in red. At the beginning of each section will be a description of errors by field number and severity. Make corrections and re-submit.

Section 5 - Validation Errors		
Field No.	Severity	Description
36	1	Month Fiscal Year Begins is required.
37	1	Month Fiscal Year Ends is required.
38	1	Last Fiscal Year Federal Dollars Expended is required.
39	1	Current Fiscal Year expected Federal Dollars to be spent is required.

Go to Section: [3](#) [5](#) [6](#) [7](#)

A-133 Audit Compliance

(36) Select the month your Fiscal Year **Begins:** (37) **Ends:**

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Explanation of Fields

Most fields are self-explanatory. Read here for explanation of certain fields.

Sponsor Information Sheet:

Field (27) If this information is incorrect, you must contact state office to make correction.

General Information

(27) Type of Sponsoring Authority: **Private - For Profit** FEIN: 123456789

Field (28) You must check one. If you are a single center, check Independent Sponsor

(28) Sponsoring Type: Independent Sponsor (One Center) Sponsoring Organization

Fields (38 & 39) Enter correct dollar amounts based on your records.

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Center Information Sheet:

Field (36) Overlap capacity is number of extra children you can care for over license capacity.

Field (37) License number should be a 9 digit number.

Capacity Information

(34) Facility Capacity

(35) Does your facility have overlap approval? Yes No

(36) Overlap Capacity

Licensing Information

(37) License Number

(38) Effective Date

(39) Expiration Date

Field (45) Private - for profit centers may be eligible to participate in CACFP if 25% of enrolled children or of the license capacity is either DFS paid children or children qualified for free and reduced price meals based on Income Eligibility Forms. If eligibility is based on DFS paid children check *Title XX For-Profit*. If eligibility is based on number of free and reduced price children, check *F/RP For Profit*.

(45) Is this Center Title XX For-Profit F/RP For-Profit

(46) Title XX Beneficiaries (47) Free/Reduced (48) Eligibility **86.6%**

Field (47) The number of Free/Reduced should equal the numbers in fields (12 A&B)

Enrollment Information	(A)	(B)	(C)	(D)
	Free	Reduced	Paid	Total
(12) Child Care Center	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="25"/>	38

Fields (62-65) Complete only if Commercial Vendor is checked.

Type of Food Service

(60) Meal Preparation On Site Central Kitchen School Commercial Vendor

(62) Commercial Vendor Contract is Less than \$100,000.00 Greater than or Equal to \$100,000.00

Contract Information

(63) Vendor Name

(64) Contract Begin Date (65) Contract End Date

Mail copy of current contract to DHSS