MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

CACFP POTENTIAL SPONSOR ELIGIBILITY QUESTIONNAIRE

The Missouri Department of Health and Senior Services requires all new organizations that would like to participate in the Child and Adult Care Food Program (CACFP) to complete all questions, sign this form, and submit all required supporting documentation as part of the eligibility process.

"The new institution must be financially viable 226.6(b)(1)(xviii)(A), administratively capable 226.6(b)(1)(xviii)(B) and maintain program accountability 226.6(b)(1)(xviii)(C)." Program funds must be expended and accounted for in accordance of this part, FNS Instruction 796-2 (Financial Management in the Child and Adult Care Food Program) and parts 3015, 3016, and 3019 of this title.

Read the following information carefully. Answer all questions and provide the required documentation to support completed answers. While the information obtained in this eligibility questionnaire will aid in determining an organization's eligibility, it does not complete the application process or guarantee approval for program participation.

GENERAL INFORMATION

1.1 ORGANIZATION NAME (MUST BE REGISTERED ON MO SECRETARY OF STATE):	1.2 FEDERAL ID # (FEID#):	1.3 DATE:
1.4 ORGANIZATION PHONE NUMBER:	1.5 ORGANIZATION FAX NUMBER:	
1.6 ORGANIZATION ADDRESS (STREET, CITY, ZIP CODE):		1.7 COUNTY
1.8 ORGANIZATION WEBSITE:		

1.9 SPONSOR TYPE:

- ☐ FOR-PROFIT ORGANIZATION (MUST ANSWER QUESTION 1.95)
- ☐ LOCAL GOVERNMENT
- ☐ PUBLIC SCHOOL
- ☐ NONPROFIT ORGANIZATION (FAITH BASED)
- ☐ PRIVATE NONPROFIT ORGANIZATION (SECULAR)
- ☐ POST-SECONDARY INSTITUTION (UNIVERSITY)

1.95 IF FOR-PROFIT, HAVE YOU CONFIRMED THAT EACH SITE MEETS THE REQUIREMENTS OF AT LEAST 25% OF ENROLLED/LICENSED CAPACITY ARE ELIGIBLE FOR FREE OR REDUCED PRICE?

☐ YES ☐ NO

Qualified using:

- ☐ FREE AND REDUCED-PRICED APPLICATIONS
- ☐ TITLE XX/XIX
- ☐ BOTH

1.10 INDEPENDENT OR SPONSOR OF CENTERS

- ☐ INDEPENDENT CENTER (ONE PHYSICAL ADDRESS)
- ☐ SPONSOR OF CENTERS (MULTIPLE LOCATIONS)

If a sponsor, please list the number of sites planned for initial participation: _____

If a sponsor, are the sites you are applying for part of your organization? ☐ YES ☐ NO ☐ BOTH

1.11 OWNER, LICENSEE (PLEASE LIST MAIDEN NAME AND ANY ALIASES):	1.12 EMAIL ADDRESS	1.13 DATE OF BIRTH
1.14 CONTACT PERSON (PLEASE LIST MAIDEN NAME AND ANY ALIASES):	1.15 POSITION TITLE:	
1.16 EMAIL ADDRESS		1.17 DATE OF BIRTH

1.18 ARE THE SITE(S) LICENSED UNDER DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)? IF YES, PROVIDE THE LICENSE NUMBER(S):

1.19 DESCRIPTION OF PROGRAM(S):

1.20 HOW LONG HAS YOUR ORGANIZATION BEEN PROVIDING THESE PROGRAM(S) IN THE COMMUNITY? IF PROGRAMMING HAS NOT BEGUN, WHAT IS YOUR ANTICIPATED START DATE?

1.21 WHAT PROGRAM(S) ARE YOU APPLYING FOR WITHIN CACFP? (CHECK ALL THAT APPLY)

☐ CHILDCARE (INCLUDES HEAD START) ☐ AT-RISK AFTERSCHOOL ☐ ADULT DAY CARE ☐ EMERGENCY SHELTER

1.22 IF YOUR ORGANIZATION IS QUALIFYING FOR ADULT DAY CARE PROGRAMMING, ANSWER THE FOLLOWING:

A. IS THE ADULT DAY CARE LICENSED? ☐ YES ☐ NO

1.23 IF YOUR ORGANIZATION IS QUALIFYING FOR AN AT-RISK AFTERSCHOOL PROGRAM DESCRIBE THE EDUCATIONAL ENRICHMENT THAT IS PROVIDED.

1.24 IF YOUR ORGANIZATION IS QUALIFYING FOR AN AT-RISK AFTERSCHOOL PROGRAM AND YOU HAVE A LICENSED CHILDCARE CENTER, HOW IS YOUR AFTER SCHOOL PROGRAMMING DIFFERENT FROM YOUR REGULAR CARE? (NOTE N/A IF NOT APPLYING FOR BOTH.)

1.25 ANSWER THE FOLLOWING QUESTIONS REGARDING THE PROGRAM(S) CURRENT OR ARE ANTICIPATED OPERATION:

WHAT DAYS OF THE WEEK DOES THE PROGRAM CURRENTLY OR PLAN TO OPERATE? (CHECK ALL THAT APPLY)

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

WHAT MEALS/SNACKS DOES THE PROGRAM PLAN TO CLAIM? (CHECK ALL THAT APPLY)

☐ BREAKFAST ☐ AM SNACK ☐ LUNCH ☐ PM SNACK ☐ SUPPER ☐ EVENING SNACK

HOW MANY PARTICIPANTS DO YOU AVERAGE DAILY? (IF MULTIPLE SITES, ENTER COMBINED TOTAL) _____

1.26 HOW ARE MEALS CURRENTLY OR ANTICIPATED TO BE PROVIDED TO YOUR PARTICIPANTS? (CHECK AS APPROPRIATE)

☐ SELF-PREP (BUY FOOD AND COOK ONSITE)

☐ CENTRAL KITCHEN
NAME AND ADDRESS:_____

☐ DO NOT KNOW YET

☐ CONTRACT WITH A VENDOR OR CATERER (FSMC)
NAME OF VENDOR/FSMC:_____

☐ AGREEMENT WITH A LOCAL SCHOOL OR AFFILIATED ORGANIZATION
SPECIFY: _____

NOTE: PLEASE SEE THE FOOD SERVICE MANAGEMENT CONTRACT TEMPLATES AT THIS LINK:
https://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/food-serv-man-contracts.php

1.27 NAME OF COUNTY(IES) IN WHICH THE ORGANIZATION OPERATES:

1.28 ADMINISTRATIVE OFFICE PHYSICAL ADDRESS:

1.29 SITES/ANTICIPATED SITES (LIST PHYSICAL ADDRESS OF EACH LOCATION) AND COMPLETE A SEPARATE CACFP CENTER/SITE ELIGIBILITY QUESTIONNAIRE FOR EACH LOCATION:

1.30 HAS THIS ORGANIZATION PREVIOUSLY OPERATED A CHILD NUTRITION PROGRAM IN MO OR ANOTHER STATE? ☐ YES ☐ NO
IF YES, WHAT STATE(S)?

WHAT CHILD NUTRITION PROGRAM(S)? ☐ CACFP ☐ SFSP
NAME OF SPONSOR AND/OR AGREEMENT NUMBER YOUR PROGRAM OPERATED UNDER:

1.31 HAS THE SPONSOR OR ANY OF THE ORGANIZATION'S RESPONSIBLE PARTIES (I.E. OWNER, BOARD MEMBERS, PROGRAM DIRECTOR, ETC.) PARTICIPATED IN A CHILD NUTRITION PROGRAM? ☐ YES ☐ NO

IF YES, WHO AND WHAT STATE(S)?

WHAT CHILD NUTRITION PROGRAM(S)? ☐ CACFP ☐ NSLP ☐ SFSP

1.32 HAVE ANY OF THE ORGANIZATION'S CHILD AND ADULT CARE FOOD PROGRAM (CACFP) EMPLOYEES OR BOARD MEMBERS EVER BEEN ASSOCIATED WITH ANY ORGANIZATION TERMINATED FOR FAILURE TO CORRECT SERIOUS DEFICIENCIES, RECEIVED NOTICES OF SERIOUS DEFICIENCIES, AND/OR ARE INCLUDED ON THE USDA NATIONAL DISQUALIFIED LIST OF INSTITUTIONS? ☐ YES ☐ NO

IF YES, PROVIDE THE NAME OF THE ORGANIZATION AND WHAT POSITION THEY HELD AT THE ORGANIZATION.

1.33 EXPLAIN BELOW HOW THE BOARD IS COMPOSED OF MEMBERS OF THE COMMUNITY WHO HAVE NO FINANCIAL INTEREST IN THE ACTIVITIES OF THE ORGANIZATION AND THAT BOARD MEMBERS ARE NOT RELATED TO PERSONNEL OF THE ORGANIZATION. NOTE: TO MEET THESE CRITERIA, ORGANIZATIONS MUST DEMONSTRATE THAT BOARD MEMBERS ARE NOT EMPLOYEES RECEIVING COMPENSATION FOR MANAGEMENT POSITIONS, FUNCTIONS, OR RESPONSIBILITIES, AND THAT THERE ARE NO LESS THAN ARMS LENGTHS RELATIONSHIPS BETWEEN ANY BOARD MEMBER AND THE ORGANIZATION OR OTHER STAFF OF THE ORGANIZATION. (A RELATED PARTY IS A PERSON, PLACE, OR THING THAT SHARES COMMON INTEREST OR IS CLOSELY HELD BY ANOTHER PERSON, PLACE, OR THING. A RELATIONSHIP BETWEEN THE TWO IS A LESS THAN ARM'S LENGTH RELATIONSHIP.) ATTACH ADDITIONAL PAGES IF NECESSARY.

1.34 ALL NON-PROFIT ORGANIZATIONS (AND FOR PROFIT ORGANIZATIONS THAT CHOOSE TO HAVE A BOARD), MUST HAVE AN IMPARTIAL BOARD OF DIRECTORS. IF APPLICABLE, COMPLETE THE BOARD MEMBER CHART BELOW.

LIST ALL BOARD MEMBERS BELOW. PROVIDE A DESCRIPTION OF THEIR FUNCTION AND THEIR RELATIONSHIP TO OTHER BOARD MEMBERS OR STAFF OF THE ORGANIZATION. ATTACH ADDITIONAL PAGES IF NECESSARY.

BOARD MEMBER NAME	BOARD POSITION/ TITLE	FUNCTION	RELATIONSHIP TO OTHER MEMBERS OR STAFF OF THE ORGANIZATION	BOARD MEMBER'S MAILING ADDRESS

ORGANIZATIONAL FISCAL, FINANCIAL VIABILITY, AND FINANCIAL MANAGEMENT

2.1 WHO REVIEWS THE ORGANIZATION'S BANK STATEMENTS/FINANCIAL STATEMENTS AND HOW OFTEN ARE THEY REVIEWED? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.2 DOES YOUR ORGANIZATION EXPEND ENOUGH FEDERAL DOLLARS TO REQUIRE AN ANNUAL SINGLE AUDIT? ☐ YES ☐ NO
IF YES, DATE OF THE LAST AUDIT:

2.3 WHAT IS THE SYSTEM USED TO TRACK/MANAGE FINANCIAL-RELATED INFORMATION?

2.4 WHAT POSITION IN THE ORGANIZATION IS RESPONSIBLE FOR FINANCIAL RECORD KEEPING? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.5 WHAT POSITION IN THE ORGANIZATION IS RESPONSIBLE FOR DEVELOPING AND EXECUTING THE ORGANIZATION'S BUDGET? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.6 WHAT POSITION IN THE ORGANIZATION WILL BE RESPONSIBLE FOR ENSURING FISCAL INTEGRITY AND ACCOUNTABILITY FOR ALL PROGRAM FUNDS? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.7 DESCRIBE THE ORGANIZATION'S PLAN TO REPAY ANY DEBT OR UNALLOWABLE COSTS. THIS INCLUDES REPAYMENT OF DEBT RESULTING FROM PROGRAM OVER CLAIMS OR FROM COSTS EXCEEDING CACFP CLAIM REIMBURSEMENT, AS APPLICABLE. REPAYMENT FOR UNALLOWABLE COSTS RESULTING FROM THE USE OF PROGRAM FUNDS ON COSTS NOT INCLUDED IN THE BUDGET AND/OR COSTS THAT THE STATE AGENCY HAS DETERMINED NOT TO BE ALLOWABLE, NECESSARY, OR REASONABLE.

2.8 IS THIS ORGANIZATION CURRENTLY IN BANKRUPTCY? ☐ YES ☐ NO

2.9 HAS THIS ORGANIZATION BEEN IN BANKRUPTCY ANYTIME IN THE PAST 10 YEARS? ☐ YES ☐ NO

(TABLE 2.10 AND 2.20 ARE NOT REQUIRED FOR PUBLIC SCHOOL DISTRICTS)

Income Source Table 2.10

IDENTIFY CURRENT REVENUE THAT WILL BE USED TO SUBSIDIZE THE ORGANIZATION, EXCLUDING ANY PERSONAL INCOME.
(NOTE: ADDITIONAL INFORMATION MAY BE REQUESTED)

INCOME SOURCE (NAME OF BUSINESS, AGENCY, FAITH-BASED ORGANIZATION, ETC.)	**FREQUENCY**	**TYPE** (DONATIONS, EARNED INCOME, GRANTS, ETC.)	**BEGIN AND END DATES**	**FUNCTION/PURPOSE**	**ANNUAL AMOUNT**

Current Financial Obligations Table 2.20

LIST THE ORGANIZATION'S CURRENT FINANCIAL OBLIGATIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

FINANCIAL OBLIGATION	**FUNDING RESOURCE**	**EXPENDITURE AMOUNT**	**SCHEDULE/TERM DATE**	**PROGRAM OR ACTIVITY CATEGORY EXPENSED TO**

ADMINISTRATIVE CAPABILITY

3.1 INDICATE ALL RESOURCES THAT ARE CURRENTLY AVAILABLE TO EFFICIENTLY OPERATE THE CACFP. DO NOT INCLUDE ANY RESOURCES THAT WILL BE FUNDED THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) OR ANY OTHER CHILD NUTRITION PROGRAM.

RESOURCE	✓	FUNDING SOURCE	DETAILS
OFFICE SPACE	☐		**OFFICE ADDRESS:**
COMPUTER EQUIPMENT	☐		
COMPUTER SOFTWARE (PROGRAM RELATED)	☐		
DESK EQUIPMENT AND SUPPLIES	☐		
PERSONNEL STAFF	☐		**NUMBER OF STAFF:**
PROFESSIONAL SERVICES	☐		**NUMBER OF STAFF:**
CONTRACTED STAFF	☐		**NUMBER OF STAFF:**
OTHER (ATTACH SEPARATE EXPLANATION IF NEEDED)	☐		

4.1 DESCRIBE THE OWNER AND EXECUTIVE DIRECTOR'S ROLE IN THE ORGANIZATION:

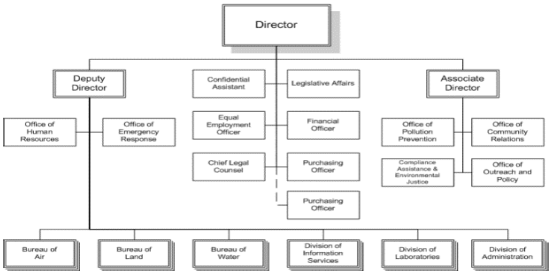
4.2 IDENTIFY THOSE IN A SUPERVISORY OR MANAGEMENT POSITION WITHIN THE ORGANIZATION THAT WILL WORK WITH THE CHILD AND ADULT CARE FOOD PROGRAM:

4.3 IDENTIFY ANY POTENTIAL CONFLICT OF INTEREST:

REQUIRED SUPPORTING DOCUMENTATION

Include the following supporting documentation with the completed questionnaire. **All documentation is required for submission. Do not submit until all requirements can be submitted.** The questionnaire and supporting documents must be attached as separate documents.

1. CACFP Center/Site Eligibility Questionnaire for each proposed feeding location:
   https://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/pdf/center-site-eligibility-questionnaire.pdf
2. Balance Sheet and Income Statement OR copy of the prior year business tax return OR single audit report (Not required for Public School Districts)
   - An Income Statement is a financial report that shows a company's revenues, expenses and profitability over a certain period. Also known as a Profit and Loss Statement.
   - A Balance Sheet is asummary of the financial condition of the organization at a specific point in time including assets, liabilities, and net worth.
   - The timeframe of the financials, actual costs and income must be provided. Estimates are not accepted
   - DHSS reserves the right to request updated financials if they are not provided in a timely manner
   - Single Audit Report is an organization-wide audit or examination of an entity that expends $1,000,000 or more of federal assistance (commonly known as federal funds, federal grants, or federal awards) received for its operations.
   - Businesses with less than 1-year experience: Balance Sheet and Income Statement as of the start of operations to the present
   - Businesses with 1 or more years of experience: Balance Sheet and Income Statement as of the Fiscal Year End
3. Business bank statements for the 3 previous months (Not required for Public School Districts)
   - Associated to the business, NOT personal banking information
   - All bank statements associated to the business.
   - Need to see the full statement. The statements provided should be part of the income statement and balance sheet timeframe, when possible
   - DHSS reserves the right to request updated bank statements if they are not provided in a timely manner.
4. A copy of organizational chart.
   A company's organizational chart typically illustrates relationships between people within an organization. Such relationships might include owners to directors, managers to employees, directors to managing directors, chief executive officer to various departments, etc. When an organization chart grows too large, it can be split into smaller charts for separate departments within the same organization. See Example Chart:



CERTIFICATION STATEMENTS

I certify that the organization is in compliance with all applicable state rules and regulations regarding governing board of corporations.
I certify that the organization has never been a principal in an organization participating in a publicly funded program that has been ruled ineligible as a result of violating program requirements.
I certify that the organization has never been convicted of a business-related offense.
I certify that no organization's CACFP employees have been convicted of a criminal offense.
I understand that the submission of false information to the state agency is grounds for termination or denial from the CACFP as described in 7 CFR 226.
I understand that any deliberate omissions, falsifications, misstatements, or misrepresentation of CACFP records will subject this organization to prosecution under applicable state and federal statutes.
I understand that any information given may be investigated as allowed by law. This consent shall continue to be effective during sponsorship, if approved.
I understand the application documents submitted for approval to participate in this program are public records subject to the Freedom of Information Act and the Missouri Sunshine Law.
I certify that the information contained in the Eligibility Questionnaire is true and accurate.

AUTHORIZED PERSONNEL	TITLE

AUTHORIZED PERSONNEL SIGNATURE:	DATE

Each item of the Eligibility Questionnaire must be completed prior to submission. Incomplete questionnaires, without the required supporting documentation, will not be reviewed. Submit the Eligibility Questionnaire via email to, CACFP@HEALTH.MO.GOV
Mailed and faxed packets will not be accepted.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:
(833) 256-1665 or (202) 690-7442; or

3. email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.