# Child and Adult Care Food Program (CACFP)

# Letter of Intent (LOI) Checklist

Thank you for your interest in participating as a Sponsoring Organization in the CACFP. Institutions seeking CACFP program approval must first submit a LOI to the Department of Elementary and Secondary Education’s (DESE) Office for Food and Nutrition Programs (FNP).

The LOI must be **drafted on agency letterhead** and include the following:

[ ]  Identification of institution as either a non-profit or for-profit, including a Tax Identification number (EIN)

[ ]  An original signature of Owner, Executive Director or Superintendent (must include signatory’s title)

[ ]  Identification of food service operation as vended meal service or on-site meal preparation

[ ]  Identification of the type of program operating (childcare, outside school hours, at-risk after school, adult day health, family day care home provider, family day care sponsor, etc.)

The LOI must be sent along with a completed copy of the accompanying ‘Disclosures and Mandatory Information’ form, included in this document. **Please ensure all questions are fully answered and requested supporting documentation is included, as listed below:**

[ ]  CACFP responsible contact has been identified (address, email, phone number & date of birth provided)

[ ]  All disclosure questions have been answered

[ ]  All Responsible Parties have been identified (address, email, phone number & date of birth provided)

[ ]  Copies of state licensing or capacity documents (fire or building inspection for sites seeking CACFP approval under alternate licensing requirements) for each of institution’s proposed site(s)

[ ]  Copies of Board of Health Permits / Sanitation Inspections for each of institution’s proposed site(s) included

Please email the letter, form, and all requested documents to Shannon Raymond (Shannon.Raymond@mass.gov) and Irene Sedlacko (Irene.Sedlacko@mass.gov)

Letters will only be accepted August 1st through April 30th. For Institutions wishing to participate as an At-Risk Afterschool Program, applications must be approved by April 1st.

# New Sponsor Onboarding: Important Information

FNP will issue an email acknowledgement when the LOI is received. FNP will review the information submitted and request additional information as needed. Institutions are required to meet FNP’s disclosure requirements and provide any additional information needed for FNP to make an informed decision on the Institution’s ability to administer the Program.

After a review of submitted LOI and records, if FNP determines that the Institution did not fully disclose pertinent information that would inhibit FNP from making an informed decision, the application will be held in a postponement period of at least three (3) months and may be subject to further disclosures, or the Institution will be required to reapply following the 3-month period.

Once FNP determines that no information disqualifies the Institution from participation, FNP will reach out to the identified CACFP contact to schedule their attendance at a mandatory New Institution Training. A minimum of two (2) representatives from the Institution must attend this training; these individuals should include an owner or executive director of the program and any staff who plan to be involved in the overall oversight and execution of the CACFP. Trainings will be held monthly, and Institutions will be scheduled for the first available training date.

Institutions will receive a CACFP application packet at the end of the New Institution Training. Institutions will have 60 days to complete and submit an application; any Institutions submitting outside the 60-day window will be required to resubmit an LOI and complete the process again.

A CACFP application approval includes an onsite pre-approval visit conducted by a DESE consultant. The approval process must ensure Institutions are caring for and serving meals to children and non-residential adults.

## Please note that the CACFP application process does not imply approval in the CACFP.

**Disclosures and Mandatory Information Form**

**CACFP Responsible Contact:**

The Institution must designate at least one individual in their organization as the “CACFP Responsible Contact.” This individual must also be granted “submit” status in the DESE security portal allowing the user to fully complete all aspects of the application and claims. The Responsible Contact will be the program contact responsible for the successful operation of the CACFP in the organization; therefore, this person should be selected carefully. If the designated Responsible Contact is located outside of Massachusetts, a local Responsible Contact must also be named.

## The Responsible Contact must be:

1. A legal employee of the organization
2. Responsible for the management and daily operation of the CACFP in the organization
3. The FNP point of contact for all areas of management of the Program
4. In attendance at all FNP mandatory trainings
5. Sufficiently trained and possesses the Program knowledge to ensure success of the Program for the Institution
6. Available to provide any information needed during a review conducted by DESE, the United States Department of Agriculture (USDA) Northeast Regional Office (NERO) or USDA
7. Please identify your CACFP Responsible Contact:
	1. Name:
	2. Address:
	3. E-mail Address:
	4. Phone Number:
	5. Date of Birth:

**Disclosures:**

## Responsible Parties:

Please provide requested contact information for all persons who will be designated as responsible for participation and/or oversight in the Child and Adult Care Food Program (CACFP) under this proposed agreement. Date of birth (DOB) must be provided in order for FNP to verify that a person is not listed on the USDA’s National Disqualified List and therefore eligible to participate in the CACFP. **If your institution has additional Responsible Parties, please attached an additional page providing the information requested.**

* + **For-profit organizations** must provide name and requested information for each owner
	+ **School Food Authorities (SFAs)** must provide name and requested information for the Superintendent
	+ **Non-profit organizations** must provide name and requested information for Executive Director & Chairperson of the Board

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| --- | --- |
| Name:  | Title: |
| Email address |
| Phone number: | DOB:  |

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| Name:  | Title: |
| Email address |
| Phone number: | DOB:  |

1. Does your Institution operate, or has it operated in more than one (1) state? **Circle one:** Yes No

## If yes, please complete chart below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **State of Operation** | **CACFP****participation (Yes/No)** | **Currently active in CACFP?** **(Yes/No)** | **Date Ceased CACFP****participation** |
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1. Do any of your Owners operate Institution(s) in more than one (1) state? **Circle one:** Yes No

## If yes, please complete chart below:

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| --- | --- | --- |
| **Name of Owner** | **Name of Institution** | **State of Operation** |
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1. Disclose if the Institution previously applied but did not participate in the CACFP. If in multiple states, provide the list of all states. **If not applicable, please write ‘N/A’.**
2. Disclose involvement in, or the ownership of another Institution, ownership of affiliated vending/catering company, or other relevant relationships. **If not applicable, please write ‘N/A’.**

I CERTIFY that the information attested to here is true and correct to the best of my knowledge, that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations at all facilities under my sponsorship. I understand that this information is being given in connection with the potential receipt of Federal funds and the deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

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| Signature of Owner/Superintendent/Executive Director | Date |
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|  |  |
| Printed Name of Owner/Superintendent/Executive Director |

This institution is an equal opportunity provider.

**BELOW FOR STATE USE ONLY**

CACFP Agreement #:

Application Approval Date:

***To be kept on file with original application documents.***