

**Child and Adult Care Food Program
At Risk After-School Program Center/Site Sheet**

Institution Information	
Institution's Legal Name	
Doing Business As Name of Center	
Federal Employer Identification #	
DUNS#	CCR/SAM Date:

Section A – Center/Site Address and Contact	
(Item #A-1)	Street Address
Address:	
City, State, Zip:	County:

(Item #A-2)	Mailing Address
Address:	
City, State, Zip:	County:

(Item #A-3)	Center/Site Contact
Name (First, Middle, Last):	
Phone (e.g., 555-555-5555):	Ext: Position:
Fax (e.g., 555-555-5555)	Email:

Section B – Licensing and Operating Months Information	
(Item #B-1)	Licensing Information Refer to Bright from the Start Policies 33 and 35 for more information.
Licensing Type:	<input type="checkbox"/> Bright from the Start (DECAL) <input type="checkbox"/> Exempt from licensure/approval <input type="checkbox"/> GA BOE
License Number: (if assigned)	(Required for Exempt Programs other than BOE sites) Last Fire Inspection Date: _____ Last Food Inspection Date: _____
Enrollment Number:	Average Daily Attendance _____
License Capacity: (If licensed by Bright from the Start)	
Building Capacity: (based on Certificate of Occupancy)	

(Item #B-2) Check all months center will be open and serving meals.	Operating Months									
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	August	September
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C – Organization Type

(Item #C-1)

Profit **Stop! Do not complete this application document.** For-profit after school programs must qualify for CACFP based on having a traditional child care center that qualifies for CACFP. Please contact Bright from the Start’s Nutrition Application Specialist for guidance on how to proceed.

Non-Profit with Tax Exempt Status from the IRS **Date Tax Exempt Status Received:** _____

Non-Profit/Faith-Based Organization **Group IRS Ruling** **Certification Form for Churches**

Georgia Secretary of State Corporation Registration

(Item C-2)

Last Annual Registration Date: _____

Organizations must be in “Active/Compliance” status prior to being approved to participate in the CACFP.

Section D-Qualifying Participation Data

(Item #D-1) **Public School used to qualify:**

Qualifying School’s Traditional Operating Hours

Begin: _____

End: _____

Dates Public School is session:

Begin: _____

End: _____

Percent of free and reduced participants for selected school:

(Note: please review the Qualifying School Data Report on the website.)

ASCS Hours of Operation:

Begin: _____

End: _____

(Item #D-2)

Check the type of activity offered in the after school program:

EDUCATIONAL

ENRICHMENT

(Item #D-3)

Is the After School Program located in a Public School Building?

Yes

No

If yes, is the program operated by the school system?

Yes

No

Is the After School Program an Expanded Learning Time Program?

Yes

No

List the names and work hours for the staff that supervise the After School Program:

Name: _____

Work hours: _____

Briefly describe the agenda of the activities offered (If you need more lines, please attach an additional page):

Note: At Risk After School Care Meal and/or Snacks cannot be claimed during the summer break.

Section E – Hours of Operation and Meals Served

(Item #E-1)	Hours of Operation									
Center opens at:		Closes at:		<input type="checkbox"/> Shift Care # of Shifts ____ <input type="checkbox"/> Center is open 24 hours per day						
At Risk Meals Served										
Meal Served	Begin time	End time	M-F	M	T	W	Th	F	S	S
Breakfast			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Item #E-3)	Food Service									
Indicate type of food service:	<input type="checkbox"/> Self-Prep	<input type="checkbox"/> Central kitchen	<input type="checkbox"/> Food Service Management Co*	<input type="checkbox"/> School Food Authority						
If Type of Food Service selected is "FSMC" or "SFA," enter Vendor/School Name: _____										
*If using a "FSMC," proper procurement procedures must be followed. Review Bright from the Start procurement manual and contact the office to obtain assistance in conducting a proper procurement. Submit a copy of contract and procurement documents to Bright from the Start.										

(Item #E-4)	Description of Meal Service During School Closures
<p>Afterschool Programs that are open and serve meals other than supper when schools are closed for holidays, planning (in-service) days, or anticipated school closures/breaks are required to provide the dates of the school's closure.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Section F–Certifications	
(Item #F-1) Complete the certification section below.	
CHILD CARE CENTER CERTIFICATION	
Each statement below must be true to qualify. All child care centers other than Emergency/Homeless Shelters must certify to each statement below. If a statement is left unchecked, the organization is indicating that it does not qualify for the program, and the application will be denied.	
<input type="checkbox"/>	I understand that after-school programs must be providing after school services to enrolled children, and I certify that the Program for which this application is made qualifies for CACFP participation.
<input type="checkbox"/>	I understand that centers whose primary purpose is for substance abuse treatment or rehabilitation, and whose participant eligibility is based upon a substance abuse diagnosis are not eligible for the CACFP, and I certify that my program does not fall under this category.

Section G– Racial Ethnic Data

(Item #G-1)

Provide the name of a school from the zone in which the site is located (All programs): _____

Indicate the NUMBER of enrolled participants in each racial/ethnic group for the center making an application to participate:

Ethnicity:

(1) **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

(2) **Not Hispanic or Latino.**

Race:

(1) **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

(2) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(3) **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’

(4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(5) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnic Data

Hispanic or Latino	Not Hispanic or Latino	Total
_____	_____	_____

(Item #G-2)

Racial Data

American Indian/Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Total
_____	_____	_____	_____	_____	_____

I certify that information contained in this application for the Child and Adult Care Food Program is true and correct, that the Institution is responsible for all CACFP activities of this facility, and that all reimbursements received from Bright from the Start are reported under the Federal Employer Identification Number listed on this application.

_____	_____
** Signature of Principal of Organization making the Application	Date

Printed Name of Principal

****The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.**