Matthew L. Blomstedt, Ph.D., Commissioner

NEBRASKA
DEPARTMENT OF EDUCATION

www.education.ne.gov
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
TEL 402.471.2295
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Thank you for your interest in participating in the Child and Adult Care Food Program (CACFP).

The Child Care Food Program was established in 1968 in response to the need to provide adequate nutrition to a growing number of children in day care. In 1988, eligible adults were included in the program which is now called the Child and Adult Care Food Program (CACFP).

The CACFP is administered by the Nebraska Department of Education (NDE) Nutrition Services. Funding for the program is provided by the U.S. Department of Agriculture (USDA).

The Program Serves:

- children through age 12
- children of migrant workers, through age 15
- children through the age of 18 years in certain after school programs in area-eligible locations
- children aged 18 and younger residing in homeless shelters
- physically and mentally disabled persons receiving care in a center where most children are 18 years old and under
- adults in nonresidential day care settings

Eligibility Requirements
Institutions must be licensed by a federal, state or local licensing authority (exceptions: programs operated by Head Start, located in and sponsored by a school, or at-risk programs. Health and safety standards must be met).

Institutions must:

- have tax-exempt status from the Internal Revenue Service **OR**

  Child Care Centers
- have at least 25 percent of the children in care (enrolled or licensed capacity, whichever is less) eligible for free/reduced price meals **OR** are childcare subsidy/title XX beneficiaries

  Adult Care Centers
- have 25 percent of adults in care who are title XIX or tile XX beneficiaries

Website: https://www.education.ne.gov/ns/cacfp/

NEBRASKA
DEPARTMENT OF EDUCATION

Getting Started on the Child and Adult Care Food Program (CACFP)

The application process is a multi-step process which includes the submission of documents, required attendance of NDE CACFP training, completion of the on-line application and a pre-approval visit by NDE CACFP program staff. Please follow these step-by-step instructions as they provide guidance in submitting your application to become a CACFP sponsor.

Step 1 - All new applicants must complete and submit to NDE offices:

- ☐ **NDE 01-032** Pre-award Compliance and Unique Entity ID/Sam.gov registration
- ☐ **W-9/ACH form** Request for Taxpayer Identification Number and Certification and Enrollment for direct deposit for monthly reimbursements.
- ☐ **NDE 01-017** Certificate of Authority
- ☐ **NDE 01-017** Organization Authorized Representatives
- ☐ **DHHS License** (Child or Adult)
- ☐ **NDE 01-033** Computer Access Application and Agreement – NDE will issue a computer access user id and password by email. Upon receipt the applicant may start completing the on-line application.

Step 2 – Attend NDE CACFP Training

All new CACFP sponsor applicants are required to attend the following NDE CACFP trainings:

1) Recordkeeping and Requirements (3.5 hours)
2) Meal Pattern and Production Records (2.5 hours)
3) Infant Feeding (if applicable to your center) (1 hour)

All three of these trainings are offered each month alternating locations between Lincoln, LaVista, and virtual training, except during the month of July when no training is offered.

Participants may sign up online at http://nutrition.education.ne.gov/ (see highlighted portion of image below for where to go for training). Centers located in Lexington and west of Lexington may call our North Platte office for training at 308-529-3500.

Please contact Nebraska Department of Education- Nutrition Services with questions by phone at: 800-731-2233.

May start the application prior to attending training. Steps 2 & 3 can be completed simultaneously.

Step 3 - Complete On-line Application located at: https://nutrition.education.ne.gov

The Child Nutrition Program (CNP) has multiple tabs which are required to be completed by the applicant. It is important to complete the tabs in the following order to ensure all required information is collected.

A. Sponsor Application

- Enter the information listed on the Certificate of Authority and Organization Statement. Please ensure the names, date of birth and contact information matches the forms which have been submitted to NDE. (FYI - Responsible Individual #1 is the recipient of all NDE communication therefore make sure the email addresses are always current.)
- Ethnic/Racial Data - https://www.census.gov/quickfacts/fact/table/NE,US/RHI125220
- Staff Training – Enter the training which will be conducted by your organization with your staff
- Unique Entity ID (UEI) – Enter the date of registration/renewal (Instructions included in this packet)

B. Site Application

- Each licensed facility or separate location is considered a 'site'
- Enter the current number of participants enrolled and their meal benefit categories (Free, Reduced, Paid)
- Ensure dates of Child Care Subsidy Agreement (if applicable) and Child/Adult Care License match the documentation which is uploaded or submitted to NDE Offices
- Identify infant formula offered by your program if caring for infants
- Select each month meals will be offered for each site
- Mealtimes are to be reasonable and within the following parameters for center-based programs:
  1) breakfast service must be completed by 10:00 a.m.
  2) lunch service may be between 10:00 a.m. and 2:00 p.m.
  3) supper service may be no earlier than 5:00 p.m., at-risk exceptions
  4) a minimum of three hours must elapse between the beginning of breakfast and the beginning of lunch

- Enter anticipated dates of closures such as holidays, breaks, etc.
- If applicable:
  - Food Service Contract – Enter the total amount of the contract (not individual site amount)
  - Multi-Sites - Identify which months a site review will be conducted on each site application (3 minimum)

C. Staff Profile

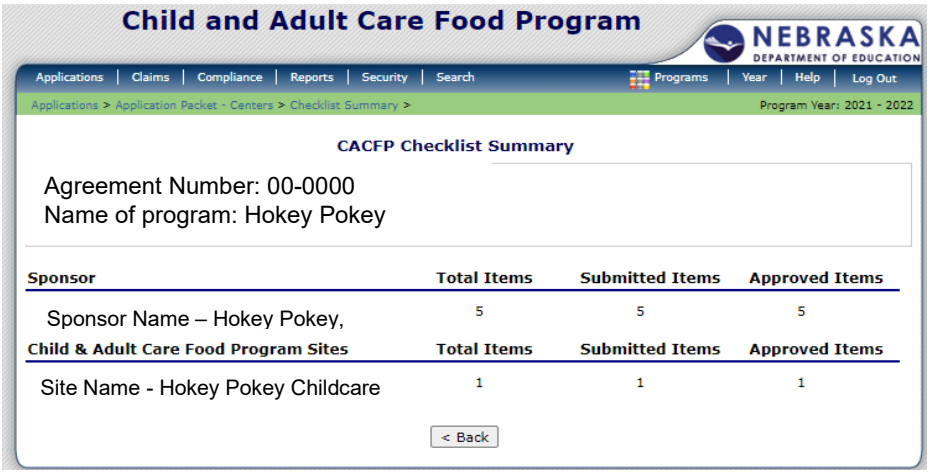
- Only enter staff who have CACFP responsibilities assigned
- If a staff ends employment, enter their end date, do not delete
  NOTE: Staff who have multiple job duties must complete a time-certification worksheet for labor cost to be included as a CACFP expense

D. Budget

- Report anticipated cost for CACFP for the upcoming fiscal year (July 1 – June 30)
- Staff salaries will pre-populate from staff file
- Ensure food contract values match the contracts submitted
- Identify funding sources if your anticipated reimbursement does not cover expenses (i.e., private pay tuition, childcare subsidy payments, grants, etc.)

E. Checklist Summary – Required Supporting Documents

There are two separate folders where documents are to be uploaded for the application, sponsor & site(s):



Sponsor Checklist Summary

- NDE 01-017 Certificate of Authority
- NDE 01-017 Organization Statement
- NDE 01-032 Pre-Award Compliance
- Computer Access forms
- Copy of Financial Statement - (See below)
- Copies of alternate recordkeeping forms

Enter the date these documents were uploaded onto the application or submitted to the NDE offices.

Submit the following financial statements (financial viability):

For Profit Organizations:

1. Two (2) months (most recent) bank statements **OR** balance sheet (assets, liabilities, owners' equity)
2. Statement of cash flow (profit/loss) for the most recent month
3. Statement of cash flow (profit/loss) for the current year-to-date

Non-Profit Organizations:

1. Organization wide audit (most recent) **OR** Two (2) months (most recent) bank statements **OR** Statement of Financial Position (assets, liabilities)
2. Statement of cash flows (profit/loss) for the most recent month
3. Statement of cash flows (profit/loss) for the current year-to-date

Alternate record keeping forms if you are not using those developed by Nutrition Services, including forms created by commercial software packages. Alternate record keeping forms will be reviewed by the Nutrition Services staff to assure that they will meet federal reporting requirements.

PLUS, the following, depending on type of institution:

Nonprofit organizations

☐ Letter from Internal Revenue Service (IRS) indicating the organization has nonprofit status under 501(c) (3) of the Internal Revenue Code

☐ If the day care has a different name than the organization that has nonprofit status, include a letter on organization letterhead stating that it operates the day care, and that the day care has the same legal identity as the nonprofit organization. (Example: "First American Church operates Hokey's Hideaway Child Development Center. The center operates under the auspices of the church's board of directors and has the same legal identity as the church.")

Public Agencies

☐ Letter on public agency letterhead stating that the organization is a public agency.

☐ If the day care has a different name than the public agency, include a letter on agency letterhead stating that it operates the day care, and that the day care has the same legal identity as the public agency.

Privately Owned

☐ **NDE 01-030 Proprietary For Profit Policy Statement** – This includes a roster of enrolled participants for the qualifying month. Submit one for each site.

☐ Current DHHS provider agreement if participating based on 25% Title XX

☐ Title XX (childcare subsidy) payment documents for qualifying month, by site, if participating based on 25% Title XX Photocopies are acceptable.

☐ Photocopies of Income Eligibility Forms (IEFs) for participants classified in the Free and Reduced categories, if participating based on 25% Free/Reduced.

Site Application Checklist Summary

- **DHHS License for each site**, unless exempt from licensing (Head Start and centers that are sponsored by public schools are exempt from licensing)
- If applicable
  - Health inspection
  - Child Care Subsidy Agreement/Adult Service Provider Agreement (Title XX/Title XIX)
  - Food Service Management Contract (see below)

Enter the date these documents were uploaded onto the application or submitted to the NDE offices.

Step 4 – Pre-Approval Visit & Notebook Visit

Upon the submission of a complete application a pre-approval visit is scheduled with your organization. This visit is conducted on-site by a staff member of NDE to provide one-on-one technical assistance and review general guidelines of the CACFP and NDE's recordkeeping requirements. If CACFP records are being maintained the NDE staff will evaluate and review the accuracy of those records during this visit.

Step 5 – Review of First Month Records

Each new sponsoring organization must submit CACFP records to the NDE to validate your organizations first month claim for reimbursement. (A list of CACFP records to be submitted will be provided by the NDE.) The NDE will evaluate and verify all required CACFP records are complete and accurate prior to submitting the claim for payment. If the NDE determines the records are incomplete or inaccurate additional months may be reviewed.

You must keep all records pertaining to the CACFP on file for four years

Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE 68509-4987

NDE 01-017
Revised March 2022

Agreement Number: _____ Certificate of Authority Fiscal Year 2023

The following persons agree to abide by all terms and conditions as set forth in the following:

- Program Application and Agreement, Part I (NDE 01-017)
- Program Application Permanent Agreement, Part II (NS-407-G)
- The permanent agreement will remain in effect until amended by either the State Agency or the Institution
- Center Site Information (NDE 01-018) (one per site participating under this agreement

and all of the following that apply:

- for NEW For-Profit Centers – Proprietary For-profit Statement (NDE 01030)
- for NEW Sponsors — Civil Rights Pre-Award Compliance (NDE 01-032)
- for NEW Sponsors of Multiple Sites – a copy of the Sponsor's policy on outside employment (required at time of initial application)
- Pricing Programs Policy Statement (NDE 01-036)
- Nutrition Services Computer Access Application and Agreement (NDE 01-033)

The following persons certify that the information supplied herein is true and correct to the best of his/her knowledge.

The following persons acknowledge that they, as individuals, may be held legally, administratively and financially responsible for program operations, which result in an overclaim and/or any findings of serious deficiencies in program operations.

The following persons understand that any claims submitted to the Nebraska Department of Education signed by anyone other than those persons listed below will not be paid.

The following persons agree that the institution named on page one of this Program Application and Agreement (NDE 01-017) must notify the Nebraska Department of Education within 10 days of any change in corporate structure, ownership or Responsible Individual or Principal and submit a new Certificate of Authority. Responsibility ceases only upon written notification to NDE.

NOTE: A maximum of two persons may be authorized to sign claims. Only those persons identified as Responsible Individuals or Principals below may sign claims for reimbursement. At least one of the two persons signing below must have completed the Nebraska Department of Education Nutrition Services training on CACFP Recordkeeping, Meal Pattern and Production Records, and Infant Feeding (if applicable).

Responsible Individual or Principal – 1 authorized to sign claims			
Name: *(Please print legibly)* (First, Middle Initial, Last)			
Date of Birth: (required) mm/dd/yyyy:	_ _/_ _/_ _ _ _		
Title:			
Email:			
Business Phone:	( )		Ext:
Other Phone:	( )		Ext:
Fax:	( )		
Signature:		Date Signed:	

Responsible Individual or Principal – 2 authorized to sign claims			
Name: *(Please print legibly)* (First, Middle Initial, Last)			
Date of Birth: (required) mm/dd/yyyy:	_ _/_ _/_ _ _ _		
Title:			
Email:			
Business Phone:	( )		Ext:
Other Phone:	( )		Ext:
Fax:	( )		
Signature:		Date Signed:	

Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE 68509-4987

NDE 01-017
Revised March 2022

Agreement Number:_____	Organization Representatives Authorization Statement	FY 2023

This is to certify that the person(s) designated as Responsible Individual or Principal as listed on the sponsor application (NDE 01-017) is/are authorized to 1) enter into the permanent written agreement on behalf of the owner or sponsoring organization with the Nebraska Department of Education for the operation of the Child and Adult Care Food Program at the sponsoring organization and center(s) identified in this application; 2) is/are authorized to submit claims for reimbursement for the Child and Adult Care Food Program; and 3) is/are authorized to sign for the owner/sponsoring organization on any other documents or reports relating to the Child and Adult Care Food Program. The sponsoring organization and the sponsoring organization representative understands that they are legally and financially responsible for all actions taken by the Responsible Individual or Principal, pursuant to this authorization.

NONPROFIT ORGANIZATION or PUBLIC AGENCY
AT LEAST ONE PERSON MUST SIGN FOR NONPROFIT ORGANIZATIONS;
***Contact information required for both CEO and Board Chair/President* (required by 7 CFR 226.6(b)(xiv)**

Executive Director OR Chief Executive Officer

Name: *(Please print legibly)* (First, Middle Initial, Last)					
Date of Birth: (required) mm/dd/yyyy:	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	

Chair/President, Board of Directors, Non-Profit Institution ☐ **same as above**

Name: *(Please print legibly)* (First, Middle Initial, Last)					
Date of Birth: (required) mm/dd/yyyy:	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	

PRIVATELY-OWNED, FOR-PROFIT BUSINESS – OWNER

Name: *(Please print legibly)* (First, Middle Initial, Last)					
Date of Birth: (required) mm/dd/yyyy:	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	

CHILD AND ADULT CARE FOOD PROGRAM

NS-407-G

PROGRAM APPLICATION PERMANENT AGREEMENT PART II

Revised: August 2022

Nebraska Department of Education Nutrition Services

Catalog of Federal Domestic Assistance (CFDA) 10.558

PREFACE: In order to participate in the Child and Adult Care Food Program (CACFP), as set forth in the National School Lunch Act, as amended at Title 42, United States Code, Section 1766, and Title 7 of the Code of Federal Regulations (CFR) Part 226, as amended, the participating institution agrees to the following terms and conditions for the fiscal year stated in the On-Line Sponsor Program Application (Part I), On-Line Site Application (one per site) and NDE 01-017 (listed below). This agreement shall include Parts I and this part and all applicable attachments or policy statements pertaining to the institution as listed below.

List of Attachments and Policy Statements

- NEW For Profit Centers: Proprietary For-Profit (Title XIX or XX) Statement - NDE 01-030
- NEW sponsors/centers: Preaward Compliance - NDE 01-032
- Pricing Program Policy Statement - NDE 01-036
- Computer Access Application and Agreement - NDE 01-033
- Organization Representatives Authorization Statement – NDE 01-017
- Certificate of Authority - NDE 01-017
- Administrative Review Procedure for the Child and Adult Care Food Program - NS-409-G

PART II

SECTION I. GENERAL INFORMATION

A. Authority

To the extent of funds available, NDE shall reimburse the institution in accordance with the applicable provisions of the CACFP, for any fiscal year this agreement is in effect, provided that the institution agrees to administer the CACFP in accordance with the applicable requirements of 7 CFR Part 226, as amended, and all other regulations and circulars incorporated therein; United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) instructions which are available on the NDE Nutrition Services website; and the administrative requirements of NDE listed above, any NDE policy memos which are available on the NDE Nutrition Services website or otherwise referenced in this Part II of the Permanent Agreement.

B. Participating Institutions

Institutions participating in the CACFP may include: public, IRS tax-exempt or for-profit independent child or adult care centers, sponsoring organizations of child or adult care centers, or outside-school-hours centers, which have agreed to accept final financial and administrative responsibility for participation in the CACFP.

C. Reimbursement

The amount of Federal reimbursement for paid meals and snacks, for reduced price meals and snacks and for free meals and snacks, shall be computed based on the number of meals and snacks claimed and verified by the institution's records. The method of calculating reimbursement shall be as directed by NDE in accordance with 7 CFR 226.9. Failure to maintain complete and accurate program records in accordance with 7 CFR Part 226 may subject the institution to repayment of overclaims.

SECTION II. RECORD KEEPING AND PROGRAM REQUIREMENTS

A. Records

All records required to document claims for reimbursement shall be kept for a period of four years, or longer as necessary, to resolve all audits and review findings, from the date of the last payment made to the institution under the CACFP. Such records to be kept shall include a copy of the approved CACFP application; enrollment documentation for each participant that includes the following: participant's name, participant's date of birth, date enrolled, signature of adult household member, and, if a child care center, days and times in care and usual meals served while in care, unless a parent/guardian is checking the child in/out, and, if a child care center, the

enrollment must have been completed or updated and signed by an adult household member within the last twelve months; correctly determined income eligibility forms for all participants whose meals are claimed in the free and reduced price meal categories; daily records showing the number of meals, by type, served to participants (meal count sheets with meal counts taken at the point of meal service); daily attendance records which include documentation of time-in and time-out for all persons in attendance; daily records showing the number of meals, by type, to staff performing labor necessary to the food service; copies of invoices, receipts or other financial records to document administrative costs, operating costs and income to the program; copies of claims submitted to the Nebraska Department of Education; monthly claim for reimbursement worksheets; documentation to support a nonprofit food service operation, including time certification documentation, if required; an audit report for the last appropriate year, if a nonprofit organization receiving more than $750,000 annually in federal funds or if a private for-profit organization receiving more than $35,000 annually in CACFP funds; documentation that the sponsor/center is claiming the meal types approved in its application; documentation that shows procurement standards were met, if single item purchases exceed $10,000; information on training session date(s), locations, topics presented and names of participants; documentation that sponsored sites were reviewed on schedule, if a sponsor of more than one site; if a for-profit center, documentation to show that at least 25% of the participants enrolled at the center (or if a child care center, 25% of licensed capacity, whichever is less) were beneficiaries of Title XIX or Title XX funds or, if a child care center, 25% of enrolled children were eligible for free or reduced price meals for the month(s) claimed; menu production records that document each meal component served and the total quantity served of each component and, if using a commercial software package that calculates quantity requirements or, if preparing a meal production record in advance, the institution must manually record the actual quantity of food prepared on the menu production record at the time of meal preparation; statements from recognized medical authorities for participants whose meals do not meet meal pattern requirements for medical or other special dietary reasons; and, for centers claiming meals served to infants under one year of age, documentation of the formula selected, documentation that the center has informed parents of the formula selection, documentation that the parents accepted or declined the formula, documentation of infant's developmental readiness for solid foods, and infant production records for each infant whose meals are claimed on the program. Failure to have these records on file during announced or unannounced visits by the state agency, USDA or contracted auditors will result in an overclaim.

All required records for the current month, plus the previous 12 months, must be maintained either at the center(s) named in NDE 01-018 or at the address of the sponsoring organization named in NDE 01-017, and specified under "Location of Records" in NDE 01-017. Records older than 13 months may be maintained offsite if the sponsoring organization has specified an address under "Location of Records" in NDE 01-017. Offsite storage may be hard copy or digital storage, must remain under the control of the sponsoring organization, and be retrievable within a reasonable amount of time. If required records are not maintained onsite at the locations specified in NDE 01-018 and NDE 01-017 and the sponsoring organization did not provide an address of offsite storage on NDE 01-017, the sponsoring organization shall be subject to overclaims for the entire period of missing records.

All records must be made available, and made available to copy or remove from the premises, during the institution's normal business hours, to representatives of NDE, auditors on contract with NDE, and USDA for such CACFP reviews or audits as may be determined to be necessary by such representatives in accordance with 7 CFR Part 226, as amended.

Institutions must record the number of meals served to adults performing labor necessary to the food service, even though they cannot be claimed for reimbursement. Proprietary for-profit institutions shall also keep documentation to prove compliance with the requirements of 7 CFR 226.6(b)(8).

B. Records of New Institutions

New institutions participating in the CACFP must submit records to document the first month claim to Nutrition Services. These records include: Income Eligibility Forms for participants whose meals are claimed in the Free and Reduced categories, records of meals and supplements served (point of service meal count records), meal production records, infant production records (if applicable), infant meal/formula

selection forms (if applicable), claim for reimbursement worksheet. If other records are deemed necessary, they will be listed in the institution's approval letter.

If records submitted by a new institution for the first month's claim are incomplete or incorrect, the institution will be required to submit records for its second month of participation. Instructions on what is necessary to submit a complete and correct claim will be provided to the institution. If records submitted by a new institution do not meet CACFP requirements in the third month, the institution may be declared seriously deficient, and corrective action will be identified. If the institution does not comply with corrective action, the institution will be proposed to be terminated from participation in the CACFP.

For the purpose of this section, a new institution is defined as an institution that has not participated on the CACFP in the current fiscal year, or, if the institution has voluntarily quit participation or been terminated from the CACFP at any time.

A new institution 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, and can document financial viability (for example, through audits, financial statements, etc.).

C. Meal Pattern Requirements
In order to qualify for reimbursement, all meals served by participating institutions must meet the meal pattern requirements of 7 CFR 226.20, as amended.

D. Program Requirements
The institution agrees that it:

1. Shall be responsible for the administration of the center/s included in the on-line application Part I of this agreement, or it is an agency to which the center/s included in Part I have delegated authority for the operation of the food service program.
2. Shall conduct the CACFP in accordance with USDA CACFP regulations 7 CFR Part 226 and NDE policies, memos, letters and requirements in order to qualify for reimbursement under this agreement, and specifically agrees to:
   a. operate a nonprofit food service using all of the income therefrom solely for the operation or improvement of such service, except that such income therefrom shall not be used to purchase land, to acquire or construct buildings, or to make alterations on existing buildings.
   b. serve meals/snacks which meet the minimum nutritional requirements as specified in 7 CFR 226.20, as amended.
   c. serve the same meal at no separate charge, unless the institution operates a pricing program, to all eligible enrolled participants who are in attendance at meal time.
   d. collect and maintain household size and income information for eligible enrolled participants as specified in 7 CFR 226.15(e) at the child/adult care center/s included in Part I to determine which participants are from households meeting the income eligibility guidelines for free or reduced price meals as set by USDA for any year this agreement is in effect. Such information shall be maintained on income eligibility forms distributed by NDE to participating institutions. This information shall be collected annually and at the time of enrollment of new participants. When claiming meals in the free and reduced categories, institutions are required to disseminate copies of the following NDE documents to all households of enrolled participants: 1) cover letter to households explaining participation in the CACFP, which includes the income eligibility guidelines for the current fiscal year and the nondiscrimination statement; and notice of the institution's participation in the CACFP, the Program's benefits, the name and telephone number of the institution and the name and telephone number of the state agency; 2) income eligibility application forms and 3) instructions for completing income eligibility application forms. These documents are distributed annually by NDE and are available from NDE on request and on the Nutrition Services web site.
   e. claim reimbursement only for meals served to eligible enrolled participants in each income category within limits of the license or registration certificate issued by the Nebraska Department of Health and Human Services (HHSS) or Fire Marshal or other appropriate Federal, State or local agency for the center/s

included in Part I of this agreement. For child care centers, enrollment documentation must include the following information: child's name, date of birth, date care began, normal days and times in care, normal meals served while in care, and signature of a parent or legal guardian. If the child care center requires parents to sign their children in and out of care each day, this satisfies the requirement to collect information on the normal days and hours in care on each child's enrollment form provided that 1) the sign-in sheet captures the time the children arrive at and depart from the child care facility and 2) each day the sign-in and sign-out times are signed or initialed by a parent or guardian. Enrollment in the CACFP must be updated annually, with the exception of participants in adult care centers, outside school hours centers and area eligible programs.

f. submit claims for reimbursement in accordance with procedures established by NDE and Office of Management and Budget (OMB) Circular A-122. Claims received after the deadline may be processed for payment the following month. Only final claims submitted and received within 60 days following the close of a claiming month shall be eligible for reimbursement unless the one time exception (once every three years) is requested. To be eligible for payment, a claim for reimbursement must be submitted to NDE within sixty (60) days of the close of the month for which the claim is being made. A revised claim for any upward adjustment in reimbursement must be submitted to NDE within sixty (60) days of the close of the month for which the revised claim is being made. Each institution may have a one-time exception to this 60-day deadline once every three years. A request for the exception must include: 1) the reason for the late claim, 2) a description of what procedures have been implemented to prevent future late claims and 3) the job description of the person responsible for the claim.
g. maintain in the storage, preparation, and service of food, proper sanitation and health standards in conformance with all applicable State and local laws and regulations.
h. use all USDA Foods (commodities) solely for the benefit of the CACFP, if any are received, and purchase those foods as may be plentiful which may be efficiently utilized.
i. use cash received in lieu of USDA Foods (commodities) for the purchase of food pursuant to 7 CFR 240.9, as amended.
j. maintain necessary facilities for storing, preparing and/or serving food.
k. keep, maintain and secure full and accurate records of the CACFP as specified in Part II, Section II.A. of this agreement.
l. provide adequate supervisory and operational personnel for overall monitoring and management of each food service operation, and to promptly take such actions that are necessary to correct deficiencies identified by a review of the institution's records or during any on-site visit or review by State or Federal authorities or auditors on contract with State or Federal authorities.
m. utilize and comply with NDE's Administrative Review Procedures (NS-409-G) for the CACFP to review NDE actions.
n. use only the forms provided by NDE to record or collect information when NDE has provided or distributed such forms for that purpose unless prior written approval is given by NDE to use other forms. If using a commercial software package that calculates food quantity requirements, the institution must manually record the actual quantity of food prepared on the menu production record.
o. if a sponsoring organization, the institution shall monitor and conduct reviews of all centers included in Part I according to the following schedule: Centers must be reviewed at least three times annually. New sites are defined as centers that have not participated in the CACFP under the sponsoring organization during the most recent fiscal year. New center sites must be reviewed within the first six weeks of CACFP operations. At least two of the three reviews must be unannounced. At least one unannounced review must include the observation of a meal service; and not more than six months may elapse between reviews. Unannounced reviews must be made during the facility's normal hours of child or adult care operations, and monitors making such reviews must show photo identification that demonstrates that they are employees of the sponsoring organization. Sponsoring

organizations must provide each sponsored center written notification of the right of the sponsoring organization, the Nebraska Department of Education, the U.S. Department of Agriculture, and other state and federal officials to make announced or unannounced reviews of their operations during the center's normal hours of child or adult care operations, and must also notify sponsored centers that anyone making such reviews must show photo identification that demonstrates that they are employees of one of these entities. For sponsored centers that are approved after July 29, 2002, the sponsoring organization must provide the notice before meal service under the Program begins. Reports of these site reviews must be documented and kept on file.

p. if an adult care center, the institution shall complete and submit NDE 01-026, Adult Center Attachment online, as part of this application and agreement, for each participating center.

q. if any changes are necessary in the operation of the CACFP from what is approved in Part I, the institution shall submit to NDE, in writing or on the electronic access application processing system, a request to amend Part I of this application and agreement. Changes in the operation of the CACFP will not become effective until approved, in writing, by NDE, or by automatic approval if using the electronic access application processing system, and specifying the date of the change. Pre-approval is required in order to claim meals served off-site, such as field trips.

r. abide by all procurement standards cited in 7 CFR 226.22 and 2 CFR 200 regarding the standards and guidelines for the procurement of foods, supplies, equipment and other goods and services.

s. If contracting for food service, the institution is required to use the Standard Food Service contract (NS-404-G) and must be approved by the Nebraska Department of Education Nutrition Services. Instructions included in the contract must be followed and no other contracts will be recognized or approved. The Nebraska Department of Education will disallow any claims for reimbursement provided under any contract (no matter the dollar amount) that did not seek approval by the dates listed in the instructions or that has not been previously approved. Meals will not be reimbursed and the Nebraska Department of Education will disallow meals that were previously reimbursed under any contract approved after the deadlines provided or for any period in which the contract was in effect prior to the Department's approval.

t. A renewing institution 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, and can document financial viability (for example, through audits, financial statements, etc.).

3. a. is a public organization or a nonprofit organization which has tax exempt status under the Internal Revenue Code of 1954, as amended

OR

b. that if the institution is a proprietary for-profit center, that it received amounts granted to the state under Title XIX or Title XX/Child Care Subsidy of the Social Security Act for at least 25% of the institution's eligible enrolled participants (if a child care center, then either 25% of enrollment or licensed capacity, whichever is less) OR, 25% of enrolled participants were eligible for free or reduced price meals during the month preceding application to the CACFP and shall continue to certify and provide such information on the claim for reimbursement in each succeeding month. The institution shall not claim reimbursement for meals served in any for-profit center for any month during which the center receives such compensation for less than 25% of its eligible enrolled participants or, if a child care center, 25% of enrollment or license capacity, whichever is less (See Part II, Section III).

4. That all centers included in Part I of this application shall have a valid license or registration certificate for providing care issued by the appropriate Federal, State or local government and any license or registration which may be required by authorities of local government.

5. That, if an adult care center, it provides an individual plan of care for each participant in nonresidential settings.

6. Public and private nonprofit centers shall not be eligible to participate in the Program under the auspices of a for-profit sponsoring organization.
7. That it accepts financial and administrative responsibility for the conduct of its food service and financial and administrative responsibility for each center under its jurisdiction.

SECTION III.
PROPRIETARY FOR-PROFIT CENTERS ONLY

A. Independent Proprietary For Profit Centers

If the institution is a Proprietary Title XIX or Proprietary Title XX/Child Care Subsidy center, as defined in 7 CFR 226.2, it certifies that at least twenty-five percent (25%) of the eligible enrolled participants or licensed capacity, whichever is less, receive benefits from Title XIX or Title XX of the Social Security Act in the calendar month prior to submitting this application and agreement to NDE. It certifies that:

1. It has submitted, as part of the CACFP application, a copy of its current agreement with the Title XIX or Title XX administering agency; and
2. If it is a new CACFP institution, it has completed and submitted, as part of this application and agreement, form NDE 01-030, "Proprietary For-profit Statement."
3. If it is a new CACFP institution, it has completed and submitted, as part of this application and agreement, a roster of eligible enrolled participants and documentation that benefits were received from Title XIX or Title XX/Child Care Subsidy for care for these participants for the calendar month prior to submitting this application and agreement to NDE.
4. The institution's claim for reimbursement each reporting month will include only creditable meals served to eligible enrolled participants if the center meets the 25% requirement for that month.
5. For profit centers are eligible for participation in the CACFP and to claim meals for reimbursement for any month in which 25% of the enrolled participants are eligible for Free or Reduced price meals.
6. Centers may qualify with either 25% Title XX or 25% Free and Reduced eligibility in any given month; Title XX and Free and Reduced eligibility may not be combined to meet the 25% requirement.

B. Sponsors of Proprietary For Profit Centers

If the institution is sponsoring proprietary Title XIX or Title XX/Child Care Subsidy centers, as defined in 7 CFR 226.2, it certifies that the 25% requirement is met at each of its centers in the calendar month prior to submitting this application and agreement to NDE. It certifies that:

1. It has submitted, as part of the CACFP application, a copy of its agreement/s with the Title XIX or Title XX Child Care Subsidy administering agency for each center included in the on-line Application Part I of this agreement.
2. If it is a sponsoring organization for a new CACFP center it has completed and submitted, as part of this application and agreement, form NDE 01-030, "Proprietary For-profit Statement" for each new center. It will submit a roster of eligible enrolled participants and documentation that benefits were received from Title XIX or Title XX Child Care Subsidy for care at least 25% of participants for the calendar month prior to submitting this application and agreement to NDE, or, if a child care center, at least 25% of enrolled participants were eligible for Free or Reduced price meals for the calendar month prior to submitting this application and agreement to NDE.
3. Only centers meeting the 25% requirement for the month will be included in each month's claim for reimbursement. The total number of Title XIX or Title XX beneficiaries, or, if a child care center, the total number of enrolled participants eligible for Free or Reduced price meals, by participating center, must be reported on the claim.
4. Its claim for reimbursement for each reporting month will include only creditable meals served by those centers meeting the 25% requirement in that month.

C. Legal Identity

If the institution is a Proprietary Title XIX or Proprietary Title XX organization, as defined in 7 CFR 226.2, the institution also certifies that all centers included in this agreement have the same legal identity

as the institution. Child care centers may participate in the Program either as independent centers or under the auspices of a sponsoring organization; provided, however, that public and private nonprofit centers shall not be eligible to participate in the Program under the auspices of a for-profit sponsoring organization.

D. Records

In addition to other record keeping requirements listed in Part II, Section II of this agreement, all Proprietary Title XIX and Title XX centers shall keep documentation of Title XIX and Title XX beneficiaries issued by HHSS or other appropriate state or local agency to prove compliance with the 25% requirement. These records shall be maintained and available for inspection by representatives of NDE, auditors on contract with NDE and USDA or other state or federal officials at the primary business location during the institution's normal business hours.

E. Loss of Records Due to Natural Disaster

In the case of a natural disaster, personnel from the center must notify Nutrition Services at the Nebraska Department of Education within thirty (30) calendar days of the event. This notice must be in writing and include the following:

1. An itemized list of the destroyed or damaged records, including the month(s), year(s) and type(s) of record (income eligibility forms, meal counts, meal production records, receipts and invoices, time in/out attendance records, etc).
2. A copy of the insurance claim (if any) made for the CACFP records

The term "natural disaster" shall include any destructive, involuntary, physical event such as flood, tornado, or fire.

NDE reserves the right to review each request on a case by case basis. Under no circumstances will a center be granted an exception to the record retention requirement as part of an attempt to avoid compliance with Federal regulations and its agreement with NDE. Should NDE's review of a situation indicate the center is using this process to commit fraud or avoid maintaining required records, the usual procedures for identifying serious deficiencies shall be used.

After receiving the center's request and the required documentation specified above, Nutrition Services will notify the center if their request is approved or, in the alternative, if an overclaim will be accessed for failure to maintain records.

If the center receives an insurance payment as a result for a claim relating to the CACFP records, the amount of the insurance proceeds will be assessed as an overclaim and returned to USDA.

SECTION IV.
AT-RISK AFTER SCHOOL MEALS AND SNACK PROGRAMS ONLY

A. Eligibility of Centers

Child care centers may participate only as At-Risk centers. At-Risk centers are located within a school site boundary in which 50 per cent or more of the school site enrollment is approved for free/reduced price meals. A complete list of eligible school sites is available from Nutrition Services at NDE.

To be eligible for reimbursement for At-Risk After School Meals and Snacks, each eligible center must:

1. Provide children with regularly scheduled activities in an organized, structured and supervised environment; and
2. Include educational or enrichment activities.

When school is in session, the meal must be served after the child's school day. With State agency approval, any one meal may be served (breakfast, lunch, or supper) per day on weekends and vacations during the regular school year. Afterschool meals may not be claimed during summer vacation, unless an at-risk afterschool care center is located in the attendance area of a school operating on a year-round calendar.

B. Meal and Snack Eligibility

Each At-Risk After School Meal or Snack will consist of the components in the amounts indicated in 7 CFR 226.20.

C. Child Eligibility

Reimbursement may be claimed for At-Risk After School Meals and Snacks served to school age children through the age of 18 in eligible after school care programs. Reimbursement may also be claimed for those children who turn age 19 during the school year.

The At-Risk After School Meals and Snacks may be claimed only for those children for whom attendance is documented. A sign-in sheet or attendance roster may be used to document attendance.

D. Required Records

The following records must be maintained:

1. Daily meal counts (number of At-Risk After School Meals and Snacks)
2. Documentation for each day of a child's attendance (attendance roster or sign-in sheet)
3. Documentation of compliance with meal pattern requirements.

E. Other Requirements

1. At-Risk After School Meals and Snacks are reimbursed at the free rate for all school age children.
2. The At-Risk After School Meals and Snacks program must operate as a nonpricing program.
3. The At-Risk After School Meals and Snacks meal count must be taken at the point of service by counting the number of students receiving a reimbursable snack.
4. Reimbursement is limited to one meal and one snack per child per day.

SECTION V. ADMINISTRATIVE REVIEW PROCEDURES FOR CACFP

A. Right to Administrative Review

All participating institutions, responsible principals and responsible individuals have the right to an administrative review under 7 CFR 226.6(5)(k)(2) of a NDE action or decision on the following:

1. Denial of a new or existing institution's application for participation;
2. Denial of an application submitted by a sponsoring organization on behalf of a facility;
3. Proposed termination of an institution's agreement with renewing institutions and participating institutions suspended for health or safety violations;
4. Proposed disqualification of a responsible principal or responsible individual in new, renewing, and participating institutions, and participating institutions suspended for health or safety violations;
5. Suspension of an institution's participation for health or safety reasons or submission of a false or fraudulent claim;
6. Denial of an institution's application for start-up or expansion payments;
7. Denial of a request for an advance payment;
8. Recovery of all or part of an advance in excess of the claim for the applicable period;
9. Denial of all or a part of an institution's claim for reimbursement (except for a denial based on a late submission);
10. Decision by the Department not to forward to the United States Department of Agriculture (USDA) an exception request by an institution for payment of a late claim, or a request of an upward adjustment to a claim;
11. Department's demand for the remittance of an overpayment; and,
12. Any other action of the Department affecting an institution's participation or its claim for reimbursement.

Actions not subject to administrative review include:

1. USDA decisions on claim deadline exceptions and requests for upward adjustments to a claim;
2. Determination of serious deficiency;
3. Disqualification and placement on the Department's list and the USDA's National Disqualified List; and,
4. Termination of a participating institution's agreement, including termination of a participating institution's agreement based on the disqualification of the institution by another state agency or the USDA.

B. Request for Review

Institutions or responsible individuals or responsible principals wishing to appeal a NDE action or decision must file a request for review in the format of the sample request for review contained in the CACFP Administrative Review Procedures (NS-409-G), and in accordance with the provisions in the Procedures. The Procedures are distributed to all new institutions and annually to all renewing institutions. The Procedures are available on request from NDE Nutrition Services. These are also available on the NDE Nutrition Services web site.

C. Timeline

A hearing request or a request for a review of the record to appeal a NDE action or decision must be filed within 15 calendar days of the day the notice of action is received from NDE. NDE acknowledges receipt of the request within 10 calendar days.

D. **Submission**
The request shall be sent by certified mail, return receipt requested, to:
Nutrition Services
Nebraska Department of Education
P.O. Box 94987
Lincoln, NE 68509-4987

SECTION VI.
CONTRACTUAL PROVISIONS

A. Disclaimer of Liability
Neither the State of Nebraska nor any agency thereof shall hold harmless or indemnify any institution for any liability whatsoever under this agreement.

B. Arbitration, Damages
Notwithstanding any language to the contrary, no agreement interpretation shall be allowed to find the State of Nebraska, or any agency thereof, has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further the State of Nebraska shall not agree to pay attorney fees and late payment penalties in the absence of a judicial order.

C. Authority to Contract
By signing this agreement, the representative of the institution thereby represents that such person is duly authorized by the institution to execute this agreement and that the institution agrees to be bound by the terms of the agreement.

D. Responsibility for Taxes
The State of Nebraska or any agency thereof, is not responsible for any Federal, or local tax liability which an institution may incur as a result of participation in the CACFP.

E. Effective Dates
This agreement shall be in effect for the duration of the fiscal year shown in on-line program application Part I of this agreement, beginning July 1 of the indicated year or upon the effective date of approval by NDE, whichever is later, and terminating on the last day of the fiscal year shown in Part I of this agreement unless terminated at an earlier date on the basis of a serious deficiency as defined in 7 CFR 226.6(c), or upon an institution's voluntary termination of CACFP participation.

F. Termination Due to Lack of Funding
If sufficient funds are not appropriated by the Federal government to continue the reimbursement claimed by an institution participating in the CACFP, NDE may terminate the agreement immediately, without advance notice. If possible, NDE will attempt to notify the institution participating in the CACFP in writing by regular mail at least 30 days before the termination becomes effective.

SECTION VII.
ADMINISTRATIVE AND FINANCIAL RESPONSIBILITIES

A. Duties and Responsibilities of the Responsible Individual or Principal
Authority is given under the terms of this agreement to the designated responsible individual(s) or principal(s) to enter into written agreements on behalf of the owner or sponsoring organization with NDE for the operation of the CACFP in the institution or sponsoring organization named in the online program application Part I and to present claims for reimbursement and sign for the owner or sponsoring organization on any other documents or reports relating thereto. They consent to be bound by the terms of the agreement.

The responsible individual(s) or principal(s) is responsible for the accuracy of claims for reimbursement submitted by the institution or sponsoring organization. Failure to submit accurate claims may result in overclaims being assessed, and/or suspension, termination, or legal action being taken against the center, owner (individual, corporate or otherwise), sponsoring organization, and/or responsible individual or principal.

B. Duties and Responsibilities of the Sponsoring Organization, Responsible Principals, Executive Director, Board Chair or Owner
The owner (individual, corporate, or otherwise), sponsoring organization representatives understand and agree that they are legally and financially responsible for all actions taken pursuant to this agreement, including actions taken by the responsible individual or principal.

The owner (individual, corporate or otherwise), sponsoring organization, or sponsoring organization representatives understand that they are responsible for the accuracy of claims for reimbursement submitted by

this institution or sponsoring organization. Reimbursement shall only be claimed for meals served to eligible enrolled participants. Failure to submit accurate claims may result in overclaims being assessed, and/or suspension, termination or legal action being taken against the owner (individual, corporate or otherwise), sponsoring organization representative, and/or responsible individual or principal.

The owner (individual, corporate or otherwise), sponsoring organization, or officials of the sponsoring organization assume full administrative and financial responsibility for all CACFP operations of the institution or sponsoring organization.

C. Record Retention

All reports, documents, policies, administrative memorandums, records and information as required or requested by NDE; the National School Lunch Act, as amended; 7 CFR Part 226, as amended; and all regulations incorporated therein; shall be kept for a period of not less than four years or longer as necessary to resolve all audits and review findings. All records shall be securely kept and maintained on site. Onsite shall be defined as the physical location/s of the institution/s included in the on-line program application Part I of this agreement. Failure to keep, maintain and secure all the necessary CACFP records to document each claim for reimbursement may result in overclaim assessments against the owner (individual, corporate or otherwise), sponsoring organization officials and/or responsible individual or principal. Audits will be arranged by NDE or conducted through the organization annually, in accordance with the provisions of 7 CFR 226 and the Federal OMB Circular A-128 or A-133 if the center, institution or sponsoring organization is proprietary and receives more than $35,000 annually, or is non-profit and receives more than $750,000 annually from all Federal sources. The institution is required to complete and submit a Federal Assistance Monitoring Form annually to NDE.

D. Change of Responsible Individual or Principal

If the responsible individual or principal changes during the period of time covered by this agreement, the owner, sponsoring organization or sponsoring organization representatives must submit one of the following to NDE within 10 calendar days of the change: 1) a new Certificate of Authority (NDE 01-017) and/or 2) if using the electronic application and claims system, the Computer Access Application and Agreement (NDE 01-033). Claims with unauthorized signatures will not be paid.

E. Change of Business Structure or Ownership

If the business structure or ownership of the participating institution changes during the period of time covered by this agreement, the owner, sponsoring organization or sponsoring organization officials must submit a new Organization Representatives Authorization Statement (NDE 01-017) to NDE within 10 calendar days of the change. Examples of business structure or ownership changes include the following: formation or dissolution of a corporate entity; sale of sole proprietorship; creation of a lease/purchase agreement; and change of corporate officials. Some of these changes in business structure or ownership may necessitate the termination of this agreement and the submission of a new CACFP application and agreement with the new owner/s.

F. Fraud

Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets or property that are the subject of a grant or other form of assistance under 7 CFR Part 226, whether received directly or indirectly from NDE or USDA or whoever received, conceals, retains such funds, assets, or property to his/her use or gain, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen or obtained by fraud shall, if such funds, shall, if such funds, assets, or property are of the value of $100 or more, shall be fined not more than $10,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of value of less than $100, shall be fined not more than $1,000 or imprisoned or not more than one year, or both.

G. Collection

Any unpaid overclaim assessed to the participating institution shall be subject to collection proceedings through any means deemed necessary, including use of a private collection agency. Any fees associated with the collection of unpaid overclaims shall be assessed to the participating owner, sponsoring organization or sponsoring organization officials, and/or–responsible individuals or principals. The state agency must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the state agency's action.

H. Electronic Access
The owner and/or the responsible individual or principal or individual, who are authorized to sign claims for the institution, understand and agree that they are each legally and financially responsible for all information submitted via the electronic access application and claims processing system. The owner and/or responsible individual or principal understand and agree that they are each responsible for protecting the security of the password used to access the electronic application and claims processing system. The owner and/or responsible individual or principal understand and agree that they are legally and financially responsible for any overclaims, corrective action, declaration of seriously deficient and termination resulting from errors, misuse or abuse of the electronic access application and claims processing system.

A computer access ID and password are assigned by NDE to each sponsor to allow the submission of the online application Part I and claims for reimbursement.

SECTION VIII.
TRAINING REQUIREMENTS

A. New Institutions (New Agreement Numbers)
Institutions that are new to the CACFP must complete formal NDE training on the CACFP prior to the approval of the institution's application. This training must have occurred within the previous 6 calendar months prior to the submission of the application to NDE. This training shall consist of training on CACFP record keeping and meal requirements and production records. At a minimum, at least one of the institution's CACFP responsible individuals or principals must complete this training prior to CACFP approval. It is recommended that the CACFP contact person and the person(s) responsible for the food service operation also complete this training. New institutions may not begin claiming prior to the date when training was completed. At least one of the responsible individuals or principals from institutions providing care for infants under one year of age must complete infant training provided by NDE. Training can be completed in a one-day workshop which is provided by NDE.

B. New Responsible Individuals or Principals or Contact Persons
At least one of two responsible individuals or principals must have completed the NDE training. When an institution has a change in the responsible individual or principal and neither of the responsible individuals or principals has attended training, at least one of the responsible individuals or principals must complete formal NDE training on the CACFP within 4 months of becoming responsible individual or principal. This training shall consist of training on CACFP record keeping and meal requirements and production records. If the institution provides care for infants under one year of age, the new responsible individual or principal must complete infant training provided by NDE.

C. Currently Participating Institutions
Currently participating institutions are to receive ongoing training in CACFP requirements as changes occur in State and Federal policies, rules and regulations. Representatives of the institution must receive this training at least annually. Failure to complete annual training may result in the delay or denial of an institution's application to participate in the CACFP.

D. Corrective Action
Institutions which have been found by NDE to have deficiencies in their operation of the CACFP, either through reviews, audits or other means, may be required to complete CACFP formal training as part of a corrective action plan. Failure to comply with the corrective action plan shall result in the institution being declared seriously deficient and may be terminated from participation in the program.

SECTION IX.
NONDISCRIMINATION POLICY STATEMENT

Each participating institution hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42. U.S.C. 2000d through 2000d-7) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR part 15), Department of Justice (28 CFR Parts 42 and 50) and USDA Food and Nutrition Service directives, policy memos and regulations issued pursuant to that act and the regulations, to the effect that, no person in the United States shall, on the grounds of age, sex, (including gender identity and sexual orientation), disability, color, race, or national origin, be excluded from participation in, or be denied benefits of, or be otherwise subject to discrimination under any Program or activity for which the applicant received Federal financial assistance through NDE; and hereby gives

assurance that it will immediately take any measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by NDE. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the applicant agrees to compile data, maintain records and submit reports as required; to permit effective enforcement of Title VI of the Civil Rights Act; and to permit authorized representatives of NDE, auditors on contract with NDE, or USDA to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, NDE shall have the right to seek judicial enforcement of this assurance.

This assurance is binding on the applicant institution, its successors in interest, transferees, and assignees as long as it receives assistance or retains possession of any assistance under the CACFP. The person or persons whose signatures appear in Part I of this agreement are authorized to sign this assurance on behalf of the applicant institution.

The institution assures NDE that all participants at the facility/s included in Part I are served the same meals at no separate charge, unless this is a pricing program, regardless of race, color, sex, (including gender identity and sexual orientation), age, national origin, or disability, and there is no discrimination in the course of the meal service. If a pricing program, the institution assures that the separate charges for meals and meal service will not be discriminatory on the basis of race, color, sex (including gender identity and sexual orientation), age, national origin, or disability.

The institution acknowledges that NDE assumes the responsibility for distributing a news release about the institution's policy for free and reduced price meals for pricing and non-pricing programs. If the institution elects to submit its own news release it will retain a copy of the release in its permanent file and also submit a copy of the news release to NDE with its application.

The institution gives assurance that it has collected actual beneficiary data by racial/ethnic category for each participant presently enrolled, and has included the data in the on-line program application Part I. The institution understands that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of eligibility to receive benefits under the CACFP.

SECTION X.
FREE AND REDUCED PRICE MEAL POLICY STATEMENT

As required by CFR 226.23, as amended, each institution shall submit with its application for participation in the CACFP, a written policy statement concerning free and reduced price meals to be used uniformly in all child and adult care centers under its jurisdiction, and the institution shall not be approved or renewed for participation unless the policy statement has been approved by NDE. When a revision of the written policy statement is pending, the old policy statement shall remain in effect until the new statement is approved.

The institution agrees to collect and maintain household size and income information for eligible enrolled participants as specified in 7 CFR 226.15(e) at the child/adult care center/s included in Part I to determine which participants are from households meeting the income eligibility guidelines for free or reduced price meals as set by USDA for any year that this agreement is in effect. Such information shall be maintained on income eligibility forms distributed by NDE to participating institutions. This information shall be collected annually and at the time of enrollment of new participants. When claiming meals in the free and reduced categories, institutions are required to disseminate copies of the following NDE documents to

all households of enrolled participants: 1) cover letter to households explaining participation in the CACFP, which includes the income eligibility guidelines for the current fiscal year and the nondiscrimination statement; 2) income eligibility application forms and 3) instructions for completing income eligibility application forms.

A. Non-pricing Programs

All sponsoring organizations of centers or other institutions which do not serve meals at a separate charge shall agree to the following free and reduced price meal policy:

The representative/s of the institution applying for participation in the CACFP agree to accept the responsibility for and assure that the institution:

a. will not physically segregate, nor discriminate in any way against any person receiving a free or reduced price meal benefit and that it will protect the anonymity of these persons and that there will be no overt identification of persons receiving a free or reduced price meal; and,
b. will serve the same meals or snacks to all CACFP participants at no separate charge, regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability and that there will be no discrimination in the course of the food service.

B. Pricing Programs

Institutions which have a separate charge for any meals covered by this application and agreement shall adhere to the Pricing Program Policy Statement (NDE 01-036). This policy statement shall be signed by the institution's responsible individual or principal and submitted as part of this application and agreement.

NON-DISCRIMINATION STATEMENT:

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE 68509-4987

Child and Adult Care Food Program
Pre-award Compliance – New Sponsors

Sponsor Name	Sponsor Number (will be assigned by NDE)	Program Year (Will be assigned by NDE)

Check the **one** sponsor type that applies to this Sponsor:	☐ Public Agency (Tax supported)	☐ Non-Profit IRS 501 (c) (3)	☐ For-Profit (Privately owned)

Civil Rights Compliance	
☐ Yes ☐ No	1. Does the Sponsor accept all participants regardless of race, color, age, sex, disability, or national origin?
☐ Yes ☐ No	2. Has the Sponsor ever been found to be in noncompliance of the civil rights laws by any Federal agencies? *If YES, describe the noncompliance finding.*
3. Describe what efforts have been made to assure that minority populations have an equal opportunity to participate. *Examples: center's admission policies do not discriminate on the basis of race, age, sex, color, disability or national origin; center actively recruits minority populations; enrollment forms/income eligibility forms are distributed to all participants; etc.*	
4. Describe what efforts have been made to contact minority and grassroots organizations about the opportunity to participate. *Examples: distribution of brochures and flyers; advertisements in minority publications; radio or television public service announcements; posters displayed in community facilities; speaker's bureaus; community outreach activities, etc. ATTACH COPY OF BROCHURES AND/OR POSTERS DISPLAYED*.	
☐ Yes ☐ No	5. Does your facility deny access to persons on the basis of race, color, national origin, sex, age or disability? *If YES, describe why access is denied.*

☐ Yes ☐ No ☐ Yes ☐ No	6. Are there any plans presently to relocate your facility in the near future? *If YES, will relocating have an effect of denying free access to any person on the basis of race, color, national origin, sex, age or disability?*
☐ Yes ☐ No	7. Does the applicant have an advisory body or board functioning as an integral part of the organization? *If YES, give a breakdown of the advisory body by race.* ____ Black or African American ____ American Indian or Alaskan Native ____ Asian ____ Native Hawaiian or Other Pacific Islander ____ White ____ **TOTAL** *If YES, please give a breakdown of the advisory body by ethnic identity.* ____ Hispanic or Latino ____ Not Hispanic or Latino ____ **TOTAL**
☐ Yes ☐ No ☐ Yes ☐ No	8. Does the applicant employ minority persons in this operation? *If NO, is the applicant willing to hire minorities?*
☐ Yes ☐ No	9. Does the applicant employ, use, or plan to use bilingual public-contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English *If YES, describe the services provided and in what languages.*
☐ Yes ☐ No	10. Has there ever been a complaint or a civil rights lawsuit filed against the applicant? (**Federal programs only**) *If YES, did the applicant notify the proper federal authorities?* *If YES, explain the nature of the complaint or lawsuit filed against your agency.*

Federal Funding Accountability and Transparency Act of 2006 Requirements	
All entities are required to register and obtain a Unique Entity ID with: **https//Sam.gov**	
Unique Entity ID: __ __ __ __ __ __ __ __ __ __ __ __	Date Registered: _____/_____/_____ Mo / Day / Year
By providing this date, you are confirming that you have successfully registered online with SAM.gov system.	

See Next Page for Additional Supporting Documents to Be Submitted

Support Documents

The following documents must be submitted by new institutions, as applicable:

Nonprofit organizations

- Letter from Internal Revenue Service (IRS) indicating the organization has nonprofit status. If the day care has a different name than the organization that has nonprofit status, this letter must state that it operates the day care and that the day care has the same legal identity as the nonprofit organization.

Public Agencies

- Letter on public agency letterhead stating that the organization is a public agency. If the day care has a different name than the public agency, this letter must state that the public agency operates the day care and that the day care has the same legal identity as the public agency.

Sponsors of Multiple Sites

- Copy of organizations outside employment policy. This policy must restrict other employment by employees that interferes with an employee's performance of Program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

All organizations

- W-9 Form from Internal Revenue Service
- Financial Viability
    - Profit & Loss Statement or Statement of income and expenses - 1 Month
    - Profit & Loss Statement or Statement of income and expenses – Year-to-Date
    - Organization wide audit (most recent) or 2 Month Bank Statements or company's business plan.

Clear Form

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Non-Profit Entity ☐ Government (Local, State or Federal)

☐ Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) ____

☐ Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: Remit Address (if different):

6 City, state, and ZIP code City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____-_____-_____ **OR** Employer Identification Number (EIN): _____-_____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to http://www.irs.gov/pub/irs-pdf/fw9.pdf to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person:_____ Date: _____

Printed Name: _____ Contact Phone:_____

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. December 2014) ☐ Initial Setup ☐ Change ☐ Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	☐ Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	☐ Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: ☐ Checking ☐ Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail:_____

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	**Attachment Required!** (Select and attach **one** of the following items for verification):
Printed Name:	☐ Blank check (voided) or ☐ Photocopy of a cleared check
Title:	☐ Letter or statement from your financial institution
Date	☐ Vendor invoice or letter which contains printed ACH instructions

Internal Use Only:

Nebraska Department of Education
Nutrition Services
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

Nutrition Services Computer Access Application and Agreement

This application and agreement requests the assignment of a User ID and Password to be used as an electronic signature by the person named as Authorized Representative/Responsible Individual on page 2 of this form for the specified Sponsor/System. The Authorized Representative/Responsible Individual is authorized to attest, by electronic signature, as to the accuracy of the data reported to the Nebraska Department of Education (NDE) Nutrition Services System until NDE receives written notice to revoke the rights of access.

The Authorized Representative/Responsible Individual agrees that the use of the electronic signature (User ID and Password) attests to the accuracy of the data transmitted as an electronic version of each designated form. The Authorized Representative/Responsible Individual further agrees that the electronic signature (User ID and Password) is equivalent to, and has the full legal binding force of his/her written signature and is legally valid and enforceable.

The Authorized Representative/Responsible Individual also agrees to all terms of the pertinent application and agreement, related forms and claims and responsibility for the program(s) listed below in which you participate. On page 2, item 15 of this form (NDE-01-033) mark the box for each program in which you participate. The Authorized Representative/ Responsible Individual is legally and financially bound by all terms and conditions contained in such agreements.

- **National School Lunch Program, School Breakfast Program and Special Milk Program**: Program Application, Form NDE 01-014; Site Application, Form NDE 01-015; Claim, Form NDE 28-036; and the following as applicable: Annual Financial Statement, Form NDE 01-003 (for Non-Public Schools), and Fruit/Vegetable Claim.

- **Child and Adult Care Food Program:** Application and Agreements, as applicable, NS-407-G, NS-304-H; Form NDE 01-017; Form NDE 01-018, Site Information Sheet; and the following, as applicable: Proprietary For Profit Statement, Form NDE 01-030; Pricing Program Policy Statement, Form NDE 01-036; Adult Center Attachment, Form NDE 01-026; Child Care Claim Form, NDE 28-017; Adult Care Claim, Form, NDE 28-018; Day Care Home Sponsor Claim, Form NDE 28-037.

- **Summer Food Service Program:** Sponsor Application, Form NDE 01-023; Site Application, Form NDE 01-022; Sponsor Budget, Form NDE 01-023; Claim, Form NDE 28-034.

The Authorized Representative/Responsible Individual will be responsible for the security and the integrity of the electronic signature (User ID and Password) as issued by Nutrition Services. The Authorized Representative/Responsible Individual has a duty to exercise reasonable care to retain control of the electronic signature (User ID and Password) and prevent its disclosure to other persons.

Extending Rights to Other Staff

If more than one individual is responsible for entering data, the Authorized Representative/Responsible Individual should assign employees rights to a User ID and Password. Instructions to create a new user are at https://nutrition.education.ne.gov under the Login/Password/System Navigation heading, Security Administrative Manual. The Authorized Representative/Responsible Individual and any sub users who you assign will be liable for any misuse of the electronic signature (User ID and Password).

The Authorized Representative/Responsible Individual and any sub users understand and agree that by using the electronic signature (User ID and Password) he/she is signing and legally validating the electronic document.

NDE requires assurance that the Authorized Representative/Responsible Individual has permission of the System/Sponsor to enter into this agreement. The person who signs as the Board President/Owner/CEO provides this assurance. One of the following persons must complete items 9-14 on page 2 of this application and agreement:

- For Local Education Agencies : Board of Education President or Superintendent
- For Non Profit Agencies: Board President or Chief Executive Officer (CEO)
- For Privately-Owned Center: Owner

Nebraska Department of Education
Nutrition Services
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

Authorized Representative/Responsible Individual Profile
(Information must match online program application and signatures must be kept current)

1. Print Name of Authorized Representative/Responsible Individual	2. Signature of Authorized Representative/Responsible Individual
3. Title of Authorized Representative/Responsible Individual	4. Date of Birth of Authorized Representative/Responsible Individual
5. Sponsor/System Name	6. Agreement Number (assigned by NDE)
7. Email address	8. Telephone Number ( )

Sponsor/System Approval for CNP System Access	
9. Printed Name of Board President/Owner/CEO	10. Signature of Board President/Owner/CEO
11. Title of Board President/Owner/CEO	12. Date of Birth of Board President/Owner/CEO
13. Telephone Number ( )	14. Date Signed

15. Check all Program agreements that apply

- ❑ National School Lunch Program, School Breakfast Program and Special Milk Program
- ❑ Child and Adult Care Food Program
  Check one: ____ Child Care Center ___ Adult Care Center ____ Family Day Care Home Sponsor
- ❑ Summer Food Service Program

Please submit the completed form to Jenna Hilligoss at jenna.hilligoss@nebraska.gov.

NDE USE ONLY

☐ Request Granted ☐ Request Denied

Effective Date_____ _____
Director, Nutrition Services

URL: **https://nutrition.education.ne.gov**

User ID _____ Revocation Date_____

An email with the subject line "Confirmation Email for UserID" will be sent to the email address listed in #7. Please refer to the email for your first time log on to the CNP system. If this individual leaves the organization, a new form must be sent to NDE.

Additional programs requested after initial Computer Access in #15:

Program	Effective Date	Revocation Date
☐ National School Lunch Program, School Breakfast Program and Special Milk Program	_____	
☐ Child and Adult Care Food Program (Check One) ____ Child Care Center ___ Adult Care Center	_____	_____
☐ Summer Food Service Program	_____	_____

Quick Start Guide for Getting a Unique Entity ID

SAM.gov is an official website of the United States government. There is **no** charge to register or maintain your entity registration in SAM.gov.

You can get a Unique Entity ID for your organization without having to complete an entity registration. If you only conduct certain types of transactions, such as reporting as a sub-awardee, you may not need to complete an entity registration. Your entity may only need a Unique Entity ID. Learn more about the difference between getting a Unique Entity ID only and registering your entity.

If your entity is registered in SAM.gov, you already have a Unique Entity ID

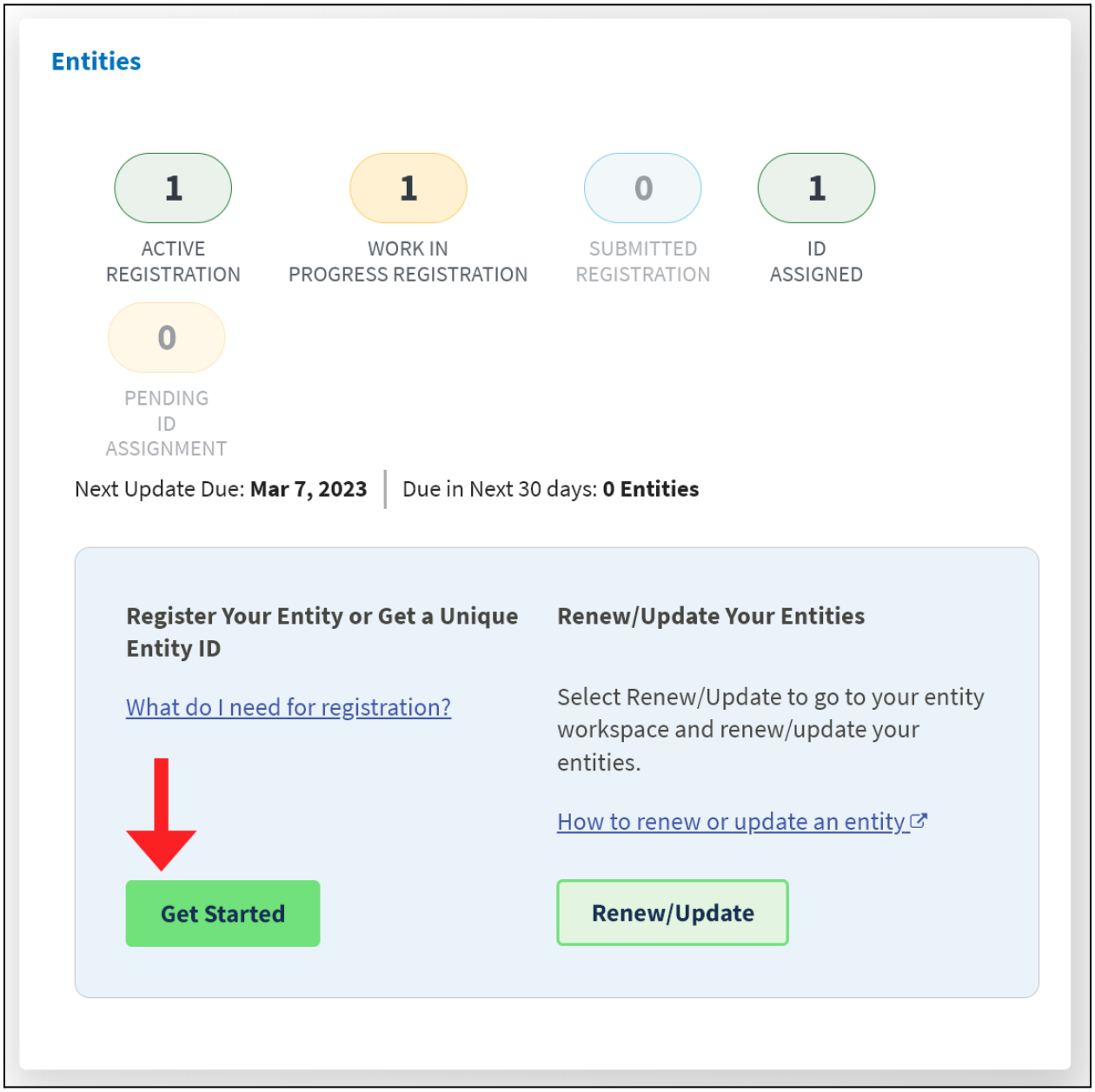
If you have an active or inactive registration in SAM.gov today, you've already been assigned a Unique Entity ID. It's available on your entity registration record in SAM.gov. Learn how to view your Unique Entity ID.

If your entity is not registered in SAM.gov and you only want a Unique Entity ID

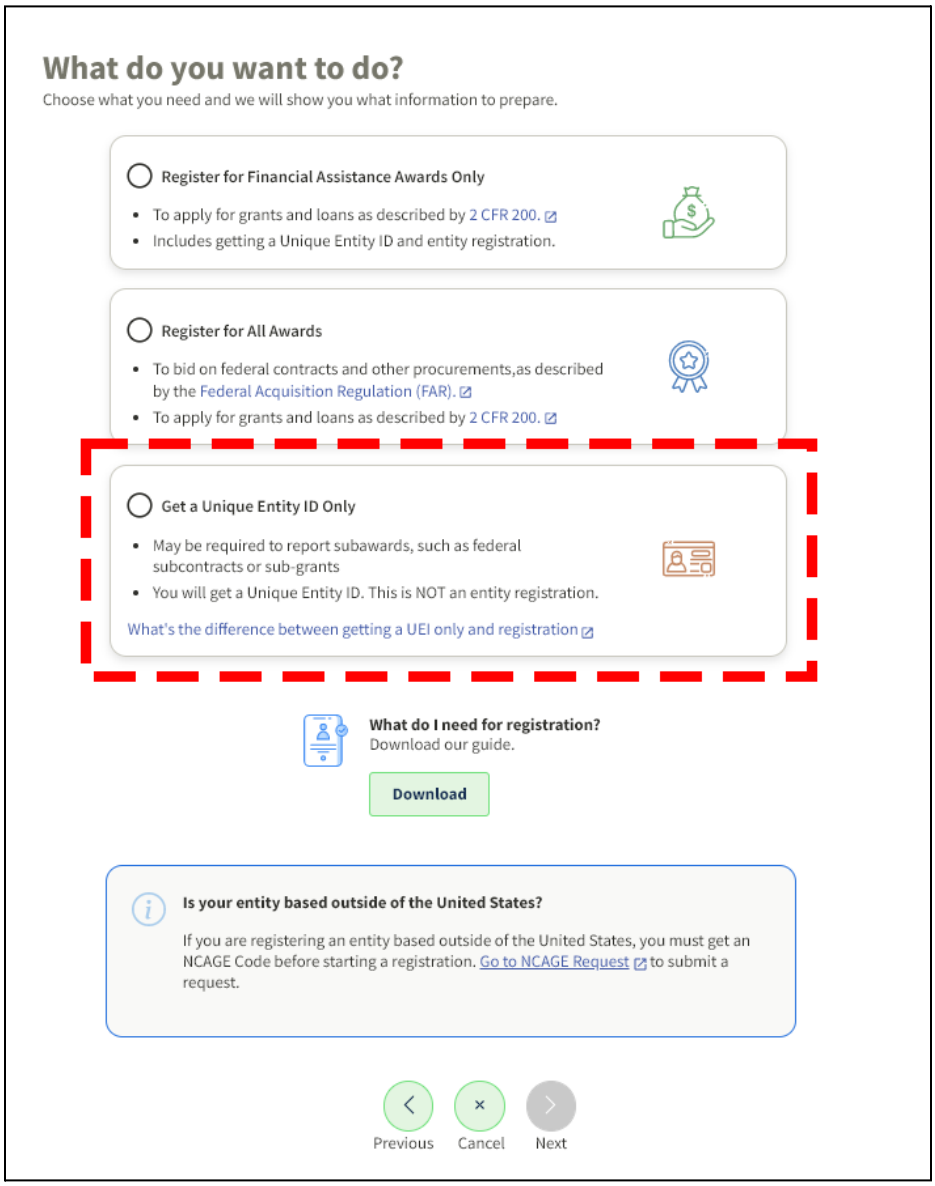
If you want only to get a Unique Entity ID and do not want to complete an entity registration in SAM.gov, follow these steps:.

1. Go to SAM.gov and select "Sign In" from the upper right corner of the page. If you do not have a SAM.gov account, you must create one. SAM.gov uses Login.gov for usernames and passwords. View more help with using Login.gov. Once you create your user account, return to SAM.gov to complete your profile.

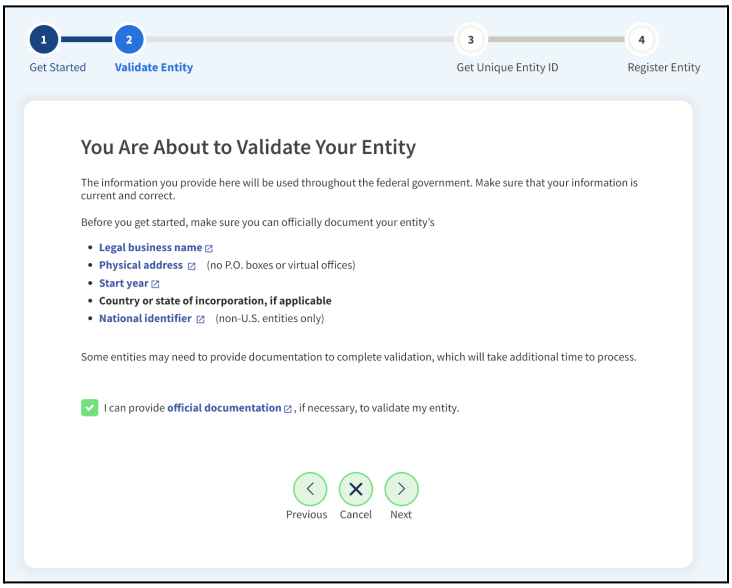
2. After you sign in, the system will navigate you to your Workspace. On the "Entities" widget, select the "Get Started" button.



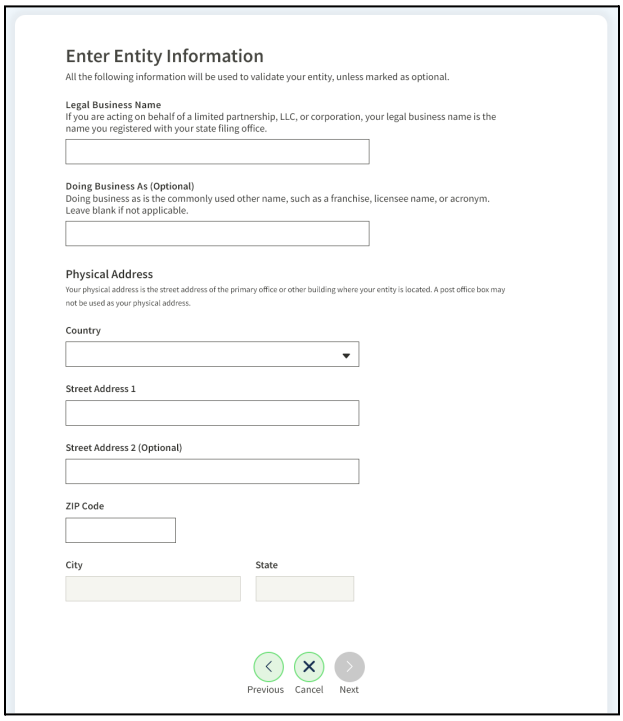
3. Select the "Get Unique Entity ID only" option on the next page.



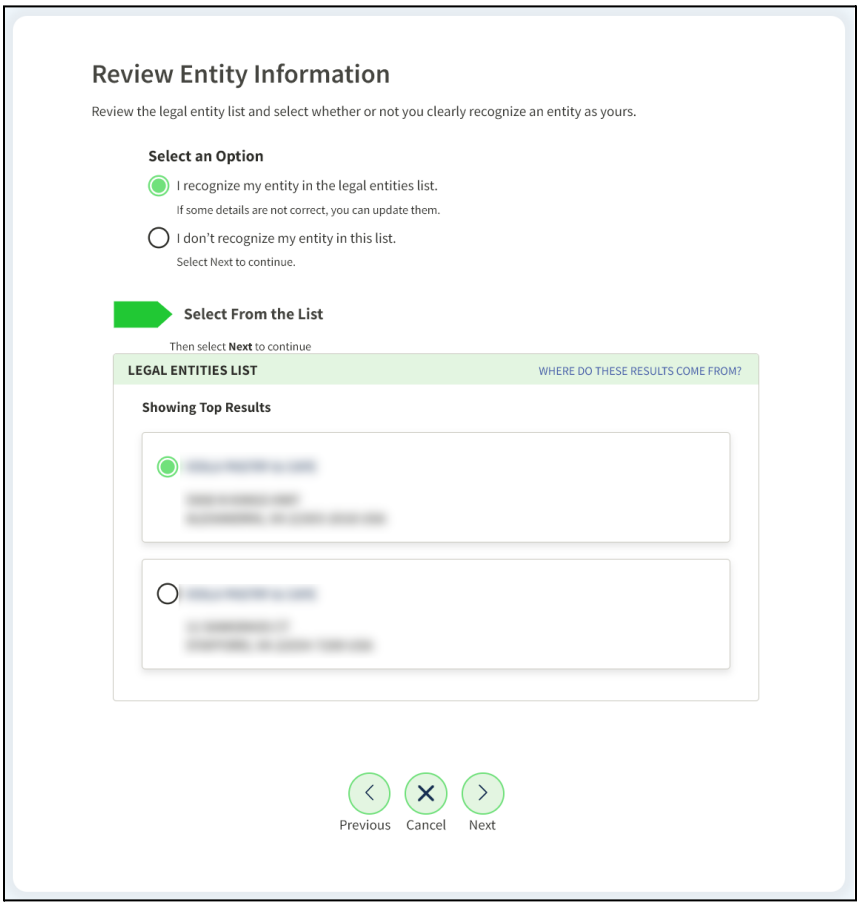
4. Next, the "You Are About to Validate Your Entity" page displays. It lists the information used to validate your entity. You may need to submit documents later in the process to complete validation. Select the checkbox and then select "Next."



5. On the next page, enter your entity's legal business name, doing business as name (if applicable), and physical address, then select "Next." All fields are required, unless marked as optional.

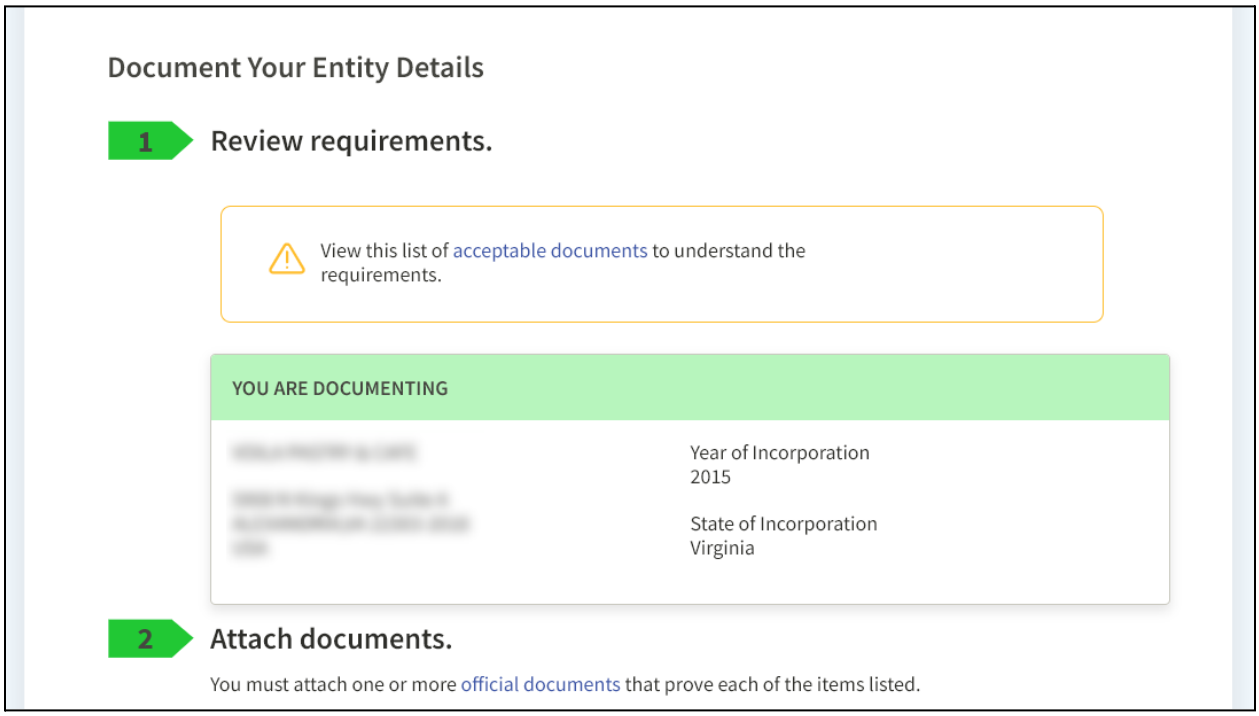


6. Your entity name and address will be validated by the SAM.gov entity validation service (EVS). The EVS independently verifies the uniqueness of an entity.
    a. If the EVS has your entity information or has entities with similar information, the next page will show a list of entities.
        i. If your entity information is shown in the list, select "I recognize my entity in the legal entities list. If some details are not correct, you can update them." Then select the entity from the list, then select "Next."
            1. You should select this option if all entity details are correct or if a few details are missing or incorrect. For example, your legal business name is shown, but LLC or Corp is missing, or an old address for your entity is shown. Go to step 7.

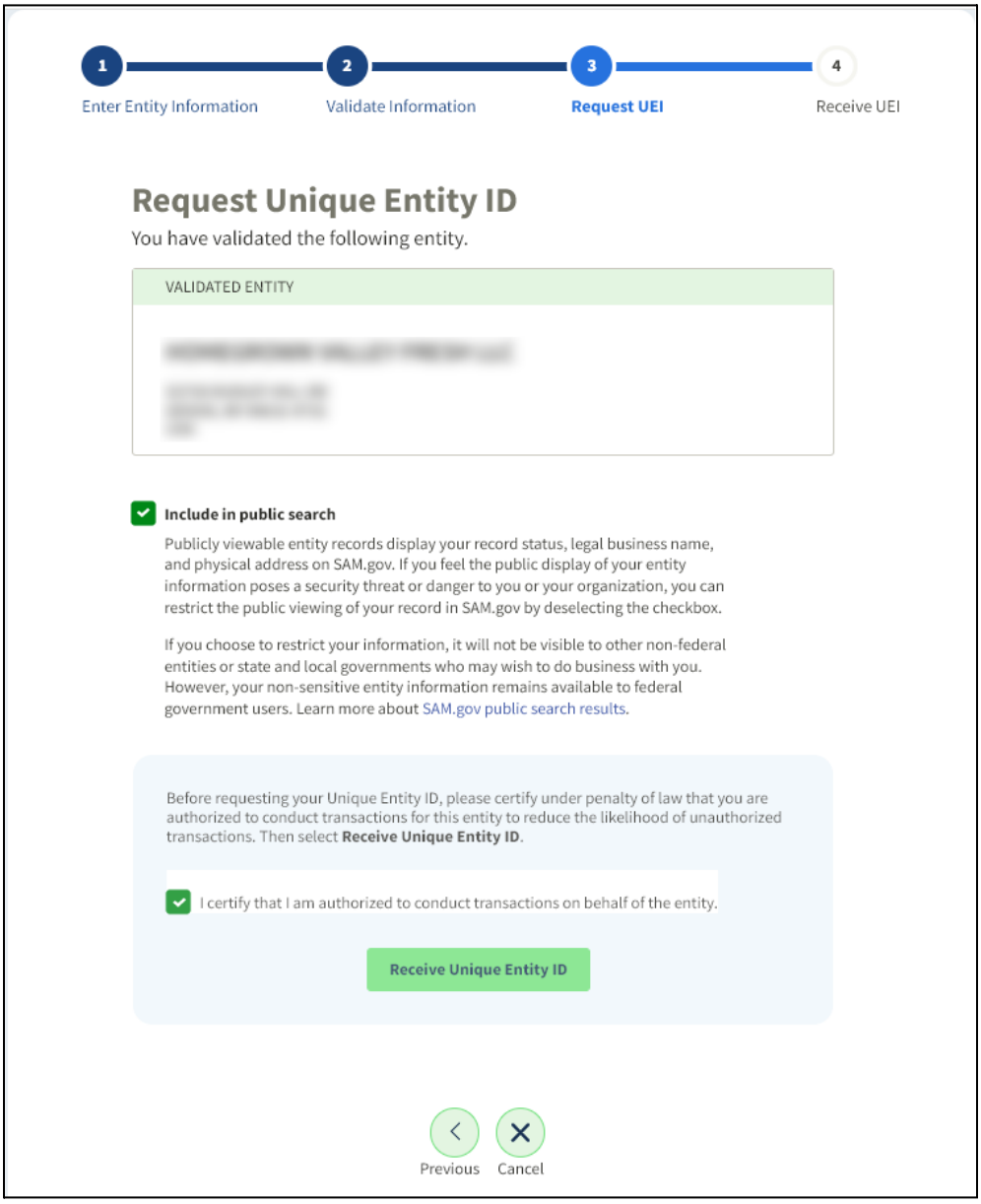


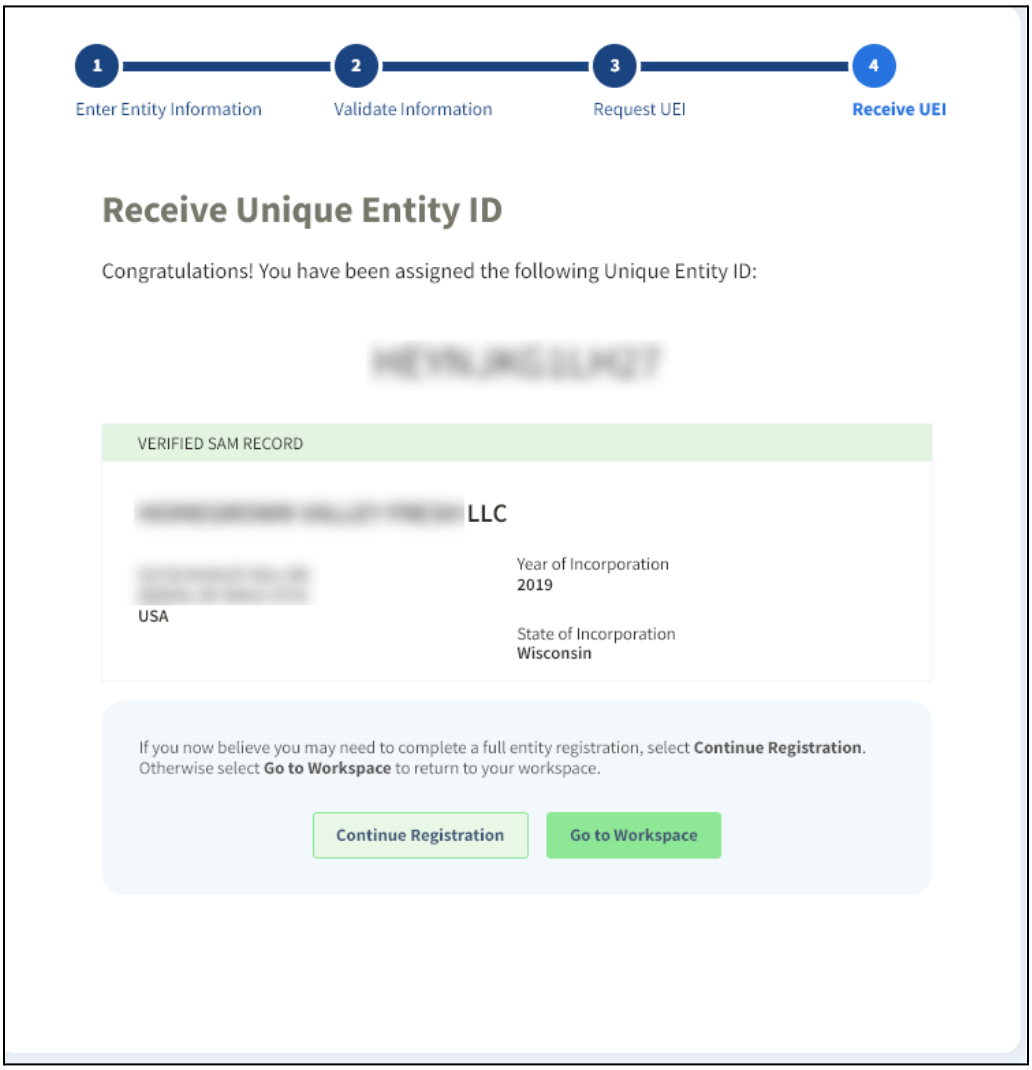
    b. If your entity is not listed, select "I don't recognize my entity in this list." then select "Next." Go to step 8.
    c. If the EVS does not have any entities that resemble your information, the next page will ask for your start year and state of incorporation. (You won't see a list of entities at all.) Go to step 9.

7. If you choose "I recognize my entity in the legal entities list," the next page will ask you to confirm your entity details. If some information is missing or incorrect, select "No." If all information is complete and correct, select "Yes" and go to step 11.
    a. Then, the next page will allow you to update information that needs to be corrected.
    b. Once corrected, the next page will ask for your entity's start year and state of incorporation.
8. If you choose "I don't recognize my entity in this list," the next page will ask for your entity's start year and state of incorporation.
9. Enter your start year and state of incorporation, then select "Next."
    a. Start year could be your year of incorporation, your "established date," the year you legally began doing business, or you received your employer identification number (EIN). If your entity is incorporated, use your year of incorporation.
    b. State of incorporation could be where you incorporated your organization, filed your certificate or articles of formation, or where the organization is located, if not incorporated.
10. If your entity information was not shown in the entity list or if information needs to be updated, you must submit documentation to prove your information. If this is the case for your entity, you will be navigated to a page where the required information will be listed, and you can upload documents. Check your documents against the list to ensure they are acceptable and to avoid unnecessary delays due to unacceptable documents. Once you submit your documents, you will get a reference ID number and you will have to wait until the EVS has entered or updated your validation data before you can proceed.



11. For entities that did not need to update entity information, or for those who have passed entity validation with the EVS, on the next page you will choose whether to allow your entity record to be publicly displayed in SAM.gov. Note that if you deselect this box and restrict the public display of your entity, only you and federal government users will be able to search and view your entity record on SAM.gov. However, your non-sensitive entity information remains available to federal government users and is available through public data services.



12. You must certify under penalty of law that you are authorized to conduct transactions for the entity. Then, select “Receive Unique Entity ID.”

13. The next page will display your Unique Entity ID. If the entity already has a registration or a Unique Entity ID, you will see informational alerts at the top of the page with more details. You can begin to use the Unique Entity ID for your entity right away. Select “Go to Workspace” to exit.