

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Table of Contents

Chapter ONE - Table of Contents – Entering a New Application

Sponsor Application Overview 4

Training..... 5

Entering a New Application 6

 A. Application information..... 7

 B. Address Information 9

 C. Contacts 11

 D. Board Members 13

 E. Authorized Signers..... 15

 F. Financial Information..... 17

 G. Media Release..... 19

 H. Record Keeping 20

 I. WIC Certification (Sponsor) 22

 J. CACFP Compliance..... 23

 M. Center Applications..... 25

 N. Day Care Home Providers 27

 Add a New Provider 28

 O. Day Care Home Budget..... 31

 P. Supporting Application Documents Required..... 34

 Application Menu..... 35

Submitting the Application 36

View Application 37

Modifying the Application 38

Chapter TWO - Table of Contents – Center / Site Application

Chapter THREE - Table of Contents – Modifying the Application

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Log On

Home Page

Shown below is the Child and Adult Food Program (CACFP) home page. At the top of this screen are the following menu choices: CNP2000 Home, CACFP Home, SFSP Home, and Logout.

Menu

CNP2000 Home	Returns to the CNP2000 Home Page.
CACFP Home	Returns to the CACFP Home Page.
SFSP Home	Takes you to the SFSP Home Page.
Logout	Exits the program and returns to the log in screen.

Side Bar Menu

This screen also has a side bar menu. The menu choices are Applications, Claims, and Maintenance. The side bar menu is displayed according to user privilege. If your display does not show all of the below side bar selections it means that you are not authorized to enter those areas.



- Click on **Applications** then on **Sponsor Applications** and the following screen will appear.

Program Year Information Applications

Please select a program year		
Program Year	Begin Date	End Date
2003	10/01/2002	09/30/2003
2002	10/01/2001	09/30/2002
2001	10/01/2000	09/30/2001
2000	10/01/1999	09/30/2000
1999	10/01/1998	09/30/1999

- Select the Program Year by clicking on the year in the Program Year column.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Log On

If an application already exists the following screen will be displayed.

Sponsor Application

Child and Adult Care Food Program			
<input type="checkbox"/> Program Year: 2003 <input type="checkbox"/>			
Select A Sponsor			
Agreement Number	Sponsor Name	Application on File	Action
09-001	A Place to Learn	YES	Modify Delete

- Click on **Modify** to view the Sponsor Application page.

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Help](#)

Application Status and Approval Notification						
App Started	App Status	Submitted for Approval	Review Required	Date to Operate	Date Approved	Approved By
07/23/2002	Active	No	No		Not Approved	

Sponsor Application	
Menu Item	Status
Begin Application	
A. Application Information	Complete
B. Address Information	Complete
C. Contacts	Complete
D. Board Members	Complete
E. Authorized Signers	Complete
F. Financial Information	Complete
G. Media Release	Complete
H. Record Keeping	Complete
I. WIC Certification (Sponsor)	Complete
J. CACFP Compliance	Complete
M. Center Applications	Complete
N. Day Care Home Providers	Complete
O. Day Care Home Budget	Complete
P. Supporting Application Documents Required	Complete

Submit Application to OSR

Comments
Update Comment
Comments

< Back

If this is a new application you will go directly to a listing of sponsors that your login is authorized to access.

- Click on **Add New** to go to Screen **A. Application Information**.

See **Entering a New Application** in the following sections.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Sponsor Application Overview

Prior to the beginning of each program year sponsors are required to enter their applications on-line. These applications are reviewed and approved by OSR. Sponsors with approved applications are eligible to enter claims for reimbursement.

The Sponsor Application has been updated to make information entry easier. The application now consists of a summary page and several entry screens. Screens are displayed according to the type of sponsor. Information entered into the screens is checked by the system for accuracy and completeness.

The following sections describe the steps required to complete the application.

Step 1 Training. If you have not received training, you will not be allowed to enter an application.

Step 2 Enter the Application information including Center or Day Care Home Provider Information, if necessary. See section titled **Entering a New Application** for details on the specific screens.

Step 3 Submit the Application to OSR for review and approval. Some supporting documents must also be submitted.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Training

When entering a new application the following screen may appear.

Sponsor Training Required

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	1231231	86123123	2002-2003

[Sponsor Application page](#) [Help](#)

You must complete "Renewal" training prior to beginning the application for fiscal year 2003.

To register for Training simply select "Logout" from the upper right corner of the page to return to the Child and Adult Nutrition home page, then select the Training Registration button to continue.

Cancel

The application cannot be accessed until training occurs.

- Click on **Logout** in the upper right corner of the page to return to the Child and Adult Nutrition home page.
- Select Training Registration.
- Sign up for training.

Once training is complete the system will allow the application to be entered.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Entering a New Application

This section will describe the steps necessary to enter a new application.

- Click on **Application** on the left side of the screen and the following menu will be displayed.



- Click on **Sponsor Application** and then on **Add New** and the first application screen, the Application Information screen, will be displayed.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

A. Application information

This screen contains basic information about the sponsor including Sponsor Type, Number of Active/Approved Sites/Providers, BOE information, Organization Type, Ownership Code, Vendor Type, Organization's Demographic Designation, Business Type and Application Type.

- Click on the small circle to the left of the category to make your selection.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section A - Sponsor Application Information

(Item #A- 1)			
Sponsor Type	<input type="radio"/> Independent Center <input checked="" type="radio"/> Center Sponsor	<input type="radio"/> Administrative Sponsor <input type="radio"/> Day Care Home Sponsor	
(Item #A- 2)			
Number Active/Approved Sites/Providers: 0			
(Item #A- 3)			
Is Sponsor a Board of Education? (BOE) <input checked="" type="radio"/> Yes <input type="radio"/> No			
(Item #A- 4)			
Organization Type (Business Status)	<input checked="" type="radio"/> Profit <input type="radio"/> Non-Profit	If organization is tax exempt enter, Tax Exemption Date: <input style="width: 100px;" type="text"/>	
(Item #A- 5)			
Ownership Code	<input type="radio"/> Sole Owner <input type="radio"/> Partnership	Non-Incorporated <input type="radio"/> Government <input type="radio"/> Limited Liability Company	Incorporated <input type="radio"/> Out of State Corporation <input checked="" type="radio"/> Corporation
(Item #A- 6)			
Vendor Type	<input type="radio"/> Private <input checked="" type="radio"/> Public <input type="radio"/> Government <input type="radio"/> Other		
(Item #A- 7)			
Organization's Demographic Designation	<input type="radio"/> Asian or Pacific Islander <input type="radio"/> Black or African American <input type="radio"/> Hispanic <input type="radio"/> Other (i.e. Government Agency)	<input type="radio"/> Native American or Alaskan Native <input type="radio"/> White <input checked="" type="radio"/> Multi-racial	
(Item #A- 8)			
Business Type	<input type="radio"/> Minority Company <input type="radio"/> Minority & Small Company	<input checked="" type="radio"/> Small Company <input type="radio"/> Other	
(Item #A- 9)			
Application Type <small>(Check all that apply)</small>	<input checked="" type="checkbox"/> Child Care Sponsor	<input checked="" type="checkbox"/> Adult Care Sponsor	<input checked="" type="checkbox"/> Day Care Home

Created By: Developer	Created Date: 7/23/2002	Modified By: Developer	Modified Date: 7/24/2002
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- After entering the above information click on **Continue >**.

Links	<ul style="list-style-type: none"> • Sponsor Application page • Help 	<ul style="list-style-type: none"> Returns to the Sponsor Application Page Goes to Help screen
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Revised 01-17-03	<p style="text-align: center;">Child Nutrition Programs User Documentation Child and Adult Care Food Program</p>
Georgia	<p>SUBJECT: Application</p>

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

B. Address Information

This screen contains the address information for the sponsor.

- Enter the sponsor street address including the address, City, State, Zip Code and County.

Tip: If the mailing address is the same as the street address, click in the box provided and the system will copy the address information for you.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section B - Sponsor Address Information			
(Item #B- 1) Sponsor Street Address			
Address:	34 E main St		
	Room 25		
City:	Atlanta		
State:	GA	Zip Code:	98748
County:	Appling		

(Item #B- 2) Sponsor Mailing Address			
<input checked="" type="checkbox"/> Check here if the Mailing address is the same as the Street address.			
Address:	34 E main St		
	Room 25		
City:	Atlanta		
State:	GA	Zip Code:	98748
County:	Appling		

Created By: sponsor

Created Date: 5/24/2002

Modified By: Developer

Modified Date: 6/13/2002

- After entering the above information click on **Continue >**. If errors exist a red error message will be displayed at the top of the screen.

[Sponsor Application page](#) [Help](#)

Warning - Business Rule Error(s) Exist		
Error Number	Error Description	Error Type
10019	(B-1), Street Address, County is required.	Inactive

The error description message will display an Item number and an explanation of the error. Make the correction and click on **Save**. Depending on the type of error the **Continue w/ Errors** button will be displayed. This button allows you to continue the application process and return later to correct this error.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

When correcting errors, the **Continue >** button will not be displayed but will reappear after the corrections have been saved.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

C. Contacts

This screen contains the CACFP Program Contact and CACFP Claim Contact information for the sponsor.

- Enter the Name, phone number, position, fax number and email address for each contact.

Tip: If the Claim Contact is the same as the Program Contact, click in the box provided and the system will copy the contact information for you.

The program contact must be a legal employee of your institution who has been trained by OSR and certified by OSR as CACFP qualified. This must be your newly certified “primary trainee” who will now function as your CACFP Program Manager and Trainer for this fiscal year.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section C - Contacts

(Item #C- 1) CACFP Program Contact

Note: Your Program Contact must be a legal employee of your institution, trained by OSR and certified by OSR as CACFP qualified. This must be your newly certified “primary trainee” who will now function as your CACFP Program Manager and Trainer for this fiscal year.

Name: <small>(First, Middle, Last)</small>	Ms. ▾	Molly	T	Brown		
Phone:	555-555-5555	Ext.:	55	Position:	Director	
Fax:	555-555-5555	Email:	mb@state.us			

(Item #C- 2) CACFP Claim Contact

Check here if the claim contact is the same as the CACFP Program contact.

Name: <small>(First, Middle, Last)</small>	Ms. ▾	Molly	T	Brown		
Phone:	555-555-5555	Ext.:	55	Position:	Director	
Fax:	555-555-5555	Email:	mb@state.us			

Created By: Developer	Created Date: 7/23/2002	Modified By:	Modified Date:
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- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.

Revised 01-17-03	<p style="text-align: center;">Child Nutrition Programs User Documentation Child and Adult Care Food Program</p>
Georgia	<p>SUBJECT: Application</p>

	<ul style="list-style-type: none"> Continue with Errors 	<p>If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.</p>
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Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

D. Board Members

This screen displays the board members for your institution.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section D - Board Members List			
Name	Phone	Address	Action
No Board Members available			

Since this is a new application, there are currently no board members.

- Click on **Add Board Members** and the following screen will be displayed.
- Enter the Name, Date of Birth, Phone Number, and Address including Street, City, State, and Zip Code.
- Answer the board member relative question by clicking on the small circle to the left of your response. If 'yes' is selected, enter the specific relationship.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section D - Board Member Information			
(Item #D- 1)			
Name: <small>(First, Middle, Last)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>		
Phone:	<input type="text"/>	Ext.	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text" value="GA"/>	Zip Code:	<input type="text"/>
(Item #D- 2)			
Is this member related to other Board Members? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please specify:			
<input type="text"/>			

- Complete the screen and click on **Continue >**. The updated board member list will be displayed.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: <div style="text-align: center;">Application</div>

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section D - Board Members List			
Name	Phone	Address	Action
Susan Green	(555) 555-5555	123 Main Street Atlanta, GA 10101	View Modify Delete

The board member information can be viewed, modified or deleted. Additional board members can be added to the list.

- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

E. Authorized Signers

This screen displays the list of individuals that are authorized to sign documents on behalf of your institution.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section E - Authorized Signers List

When a new authorized signer is added to the Authorized Signers List, an Authorized Signature Form must be completed, signed and submitted to OSR. You can download the Authorized Signature Form from the "Supporting Application Documents Required" link on the Sponsor Application Screen.

Name	Position	Action		
New Signer	Ast. Signer	View	Modify	Delete

In the above example there is one authorized signer. The signer information can be viewed, modified or deleted by clicking on the appropriate Action.

- To add a signer click on **Add Signer** and the following screen will be displayed.

Signer Information

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section E - Signer Information

(Item #E- 1)	
Signer's Name:	<input type="text"/>
(Item #E- 2)	
Position:	<input type="text"/>

- Enter the Authorized Signer's name and position information and click **Continue >**.

The updated Authorized Signers List will be displayed.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section E - Authorized Signers List					
When a new authorized signer is added to the Authorized Signers List, an Authorized Signature Form must be completed, signed and submitted to OSR. You can download the Authorized Signature Form from the "Supporting Application Documents Required" link on the Sponsor Application Screen.					
Name		Position		Action	
New Signer		Ast. Signer		View	Modify
Jean Moore		Manager		View	Modify
				Delete	Delete

The authorized signer information can be viewed, modified or deleted. Additional signers can be added to the list.

- Click on **Continue >** to view the next screen.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

F. Financial Information

This screen displays the financial information including the Federal Funding Information and Day Care Home Advance information. (DCH advance will only be displayed if DCH is indicated on screen A. Application Information).

- Use the drop down arrow to select your organization's business year. In the following example, January through December has been selected.
- Respond to the source of funds other than CACFP question.
- Enter the Name of Source and Amount for each additional source of funds.
- If item #F-2 is displayed, use the check box to respond to the question regarding Administrative Advance.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section F - Financial Information		
(Item #F- 1) Federal Funding Information		
What is your organization's business year?	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">Business Year</div> <div style="border: 1px solid black; padding: 2px;"> January-December </div> </div>	
Do you receive funds from any other federal source besides CACFP?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please list source(s) and amount(s) expended based on business year selected above.		
	Name of Source	Amounts
1.	<input style="width: 80%;" type="text"/>	<input style="width: 10%;" type="text"/>
2.	<input style="width: 80%;" type="text"/>	<input style="width: 10%;" type="text"/>
3.	<input style="width: 80%;" type="text"/>	<input style="width: 10%;" type="text"/>
4.	<input style="width: 80%;" type="text"/>	<input style="width: 10%;" type="text"/>

(Item #F- 2) Day Care Home Advance
<input type="checkbox"/> Check if you are requesting an Administrative Advance. If you are interested in other advances, please contact OSR.

Created By: Developer	Created Date: 7/23/2002	Modified By: sponsor20	Modified Date: 7/28/2002
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- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.

Revised 01-17-03	<p style="text-align: center;">Child Nutrition Programs User Documentation Child and Adult Care Food Program</p>
Georgia	<p>SUBJECT: Application</p>

	<ul style="list-style-type: none"> Continue with Errors 	<p>If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.</p>
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Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

G. Media Release

This screen records the media release information.

- Click 'Yes' if the media release was submitted in accordance with CACFP guidelines. A copy of the release should be maintained and updated yearly.
- Click 'Not Applicable' if the sponsor only operates a Domestic Violence Shelter.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section G - Media Release	
(Item #G- 1)	
Media Release	<input type="radio"/> Yes, a Media Release was submitted in accordance with CACFP guidelines. A copy of the release will be maintained and updated yearly. Use the OSR ** Media Release Form to log your submissions
	<input type="radio"/> Not Applicable (Sponsor only operates a Domestic Violence Shelter)

Created By: Developer	Created Date: 7/23/2002	Modified By: Developer	Modified Date: 7/23/2002
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- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

H. Record Keeping

This screen is intended to track records and record keepers for the sponsor for three (3) years plus the current fiscal year. Records must be tracked even if the sponsor is no longer on the program.

- Enter the name and address of the location of the records.

Tip: If the address is the same as the street address on the Address Information screen, click in the box provided and the system will copy the address information for you.

- Enter the name and business phone of the individuals who can access the records.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section H - Record Keeping

Federal and State requirements mandate that CACFP participants maintain any information pertaining to the program for three (3) years plus the current fiscal year, even if no longer on the program! Not retaining records is a serious deficiency!

Refer to OSR Policy CACFP/00-9 on Corrective Action and Termination and CACFP/02-18 on Record Keeping Requirements for the Child & Adult Care Food Program (CACFP)

(Item #H- 1)

List name and address/location below where you will maintain CACFP records and also give name and phone number of the individual(s) who can access these records.

Name and Address of location of Records:

Check here if the address is the same as the Street address.

Name(s) and phone number(s) of individual(s) who can access records:

Name: (First, Middle, Last)

Business Phone: **Ext.**

Name: (First, Middle, Last)

Business Phone: **Ext.**

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

- Respond to whether ALL records will be maintained at the location listed in this section by clicking on the small circle to the left of 'Yes' or 'No'. If No is selected, enter details about where the records are stored.
- Indicate if you participate in the CACFP in any state other than Georgia by clicking on 'Yes' or 'No'. If yes is selected, enter the names of the state or states.
- Check the box to indicate that you understand that you must maintain CACFP records for three years plus the current year even if you no longer participate in the program.

(Item #H- 2)

Will ALL records be maintained at the location listed above? Yes No
 If No, list additional details about years and where records are stored.

(Item #H- 3)

Do you participate in the CACFP in any state other than Georgia? Yes No
 If Yes, indicate the other state(s) you currently have programs.

(Item #H- 4)

Yes, I understand that if I no longer participate in the CACFP, I must still maintain CACFP records for three years plus the current year. If an audit is being conducted, I will maintain the records as necessary.

Created By: Developer	Created Date: 7/23/2002	Modified By: sponsor20	Modified Date: 7/28/2002
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Redisplay
< Back
Save
Cancel
Continue >

- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

I. WIC Certification (Sponsor)

This screen indicates that the sponsor agrees to WIC Sponsor Certification requirements.

- By clicking on the box below you certify that as a CACFP Sponsor, you will provide WIC Fact Sheets and Income Eligibility Guidelines to your sponsored sites. You also certify that you will facilitate the distribution of this information to the parents of all enrolled children and agree to verify that the sites under your sponsorship will continue to distribute this information to new participants as they enroll. You also agree to update this information yearly, once new information is received from OSR.
- If you offer Adult Programs Only, At Risk-ASCA Only or OSHC Only click the appropriate box.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section I - WIC Section				
(Item #- 1)				
<p>WIC SPONSOR CERTIFICATION</p> <p><input type="checkbox"/> I certify that as a CACFP Sponsor (more than one location where children are fed), I will provide WIC Fact Sheets and Income Eligibility Guidelines to my sponsored sites. Each site will facilitate the distribution of this information to the parents of all enrolled children. I also agree to verify that the sites under my sponsorship will continue to distribute this information to new participants as they enroll. I will update this information yearly, once new information is received from OSR.</p> <p><input type="checkbox"/> Not Applicable (Sponsors that have Adult Programs Only, At Risk-ASCS Only or OSHC Only)</p>				
<table border="1"> <tr> <td>Created By: Developer</td> <td>Created Date: 7/23/2002</td> <td>Modified By: Developer</td> <td>Modified Date: 7/23/2002</td> </tr> </table>	Created By: Developer	Created Date: 7/23/2002	Modified By: Developer	Modified Date: 7/23/2002
Created By: Developer	Created Date: 7/23/2002	Modified By: Developer	Modified Date: 7/23/2002	

- After entering the above information click on **Continue >**.

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

J. CACFP Compliance

This screen indicates compliance with CACFP requirements.

Click on each box in Item #J-1 to indicate your compliance with the following:

- That you certify that none of the organization's CACFP employees has been convicted of a criminal offense, have been associated with any organization terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or National Disqualified List of Seriously Deficient Organizations.
- That you understand that the submission of false information to the state agency is grounds for termination or application/renewal denial from the Child and Adult Care Food Program as described in 7 CFR 226.6(c) 2.
- That you certify to the best of your knowledge that the information provided in this application is true and correct.

Indicate your compliance in Item #J-2 by clicking on the appropriate circle.

- That you certify that you are compliance or will work on becoming compliant with all applicable state rules and regulations (O.C.G.A. For Profit = 14-2801 through 14-2-844; Non-Profit = 14-3-801 through 14-3-846) regarding boards of corporations.

Child and Adult Care Food Program

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Section J - CACFP Certification
(Item #J- 1)
Review the following statements and indicate your compliance with CACFP by selecting each box.
<input type="checkbox"/> We certify that none of the organization's CACFP employees have been convicted of a criminal offense, have been associated with any organization terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or National Disqualified List of Seriously Deficient Organizations.
<input type="checkbox"/> We understand the submission of false information to the state agency is grounds for termination or application/renewal denial from the Child and Adult Care Food Program as described in 7 CFR 226.6(c) 2.
<input type="checkbox"/> We certify that to the best of our knowledge the information provided in this application is true and correct.
(Item #J- 2)
<u>CACFP Certification of Incorporated Participants:</u>
We certify that we are in compliance or will work on becoming compliant with all applicable state rules and regulations (O.C.G.A. For Profit = 14-2801 through 14-2-844; Non-Profit = 14-3-801 through 14-3-846) regarding boards of corporations.
<input type="radio"/> Yes currently compliant <input type="radio"/> No not currently compliant

Created By: Developer	Created Date: 7/23/2002	Modified By: Developer	Modified Date: 7/23/2002
-----------------------	-------------------------	------------------------	--------------------------

- After entering the above information click on **Continue >**.

Revised 01-17-03	<p style="text-align: center;">Child Nutrition Programs User Documentation Child and Adult Care Food Program</p>
Georgia	<p>SUBJECT: Application</p>

Links	• Sponsor Application page	Returns to the Sponsor Application Page
	• Help	Goes to Help screen

Buttons	• Redisplay	Displays the current screen. Does not save entered information.
	• <Back	Returns to the previous screen. Does not save entered information.
	• Save	Saves information entered and stays on this screen.
	• Cancel	Returns to Application Menu. Does not save entered information.
	• Continue >	Saves entered information and continues to the next screen of the application.
	• Continue with Errors	If errors exist a red error message will be displayed at the top of the screen. The error description message will display an item number and an explanation of the error. Clicking on the Continue with Errors button will not save the page, but will go to the next screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: <div style="text-align: center;">Application</div>

M. Center Applications

The center/site application also consists of several screens and has a menu screen that lists each screen and displays its status.

- Click on **Center Applications** and the following summary screen will be displayed.

This screen lists the Institution Name, Agreement Number, Federal ID, Program Year, Center/Site Name(s), Center/Site Status, Center/Site FEIN, Review Required, OSR Approved Date, Denied Date, Termination Date, Action and Errors.

Child and Adult Care Food Program

Institution								
Institution Name	Agreement Number	Federal ID (EIN)	Program Year					
A Place to Learn	09-001	123456789	2002-2003					
Sponsor Application page Help								
Section M - Center/Site List								
Center/Site Name(s)	Center/Site Status	Center/Site FEIN	Review Required	OSR Approved Date	Denied Date	Termination Date	Action	Errors
No centers for this sponsor								
<input style="border: 1px solid black;" type="button" value=" < Back to Sponsor "/>			<input style="border: 1px solid black;" type="button" value=" Renew/Add Center to CACFP "/>					

In the above example no centers have been entered.

- Click on **Renew/Add Center to CACFP** and the following screen will appear.

Center Enrollment

Institution								
Institution Name	Agreement Number	Federal ID (EIN)	Program Year					
A Place to Learn	09-001	123456789	2002-2003					
Sponsor Application page Help								
Available centers to add								
Click here to enroll A Place to Learn Site One in the Cacfp Program								
Click here to enroll A Place to Learn Site Two in the Cacfp Program								
<input style="border: 1px solid black;" type="button" value=" < Back "/>			<input style="border: 1px solid black;" type="button" value=" Cancel "/>			<input style="border: 1px solid black;" type="button" value=" Add New Center "/>		

This screen displays a list of sites that have previously been added to the system for this sponsor. Click on the phrase, "Click here to enroll..." to select a site to enroll. The Site Menu Screen will appear. If the site you are adding has not previously participated with this sponsor, it will not appear on the list. In that case you will need to add the site by clicking on the "Add New Center" button. The following sponsor/site information screen will appear. This screen allows you to add a site and then go to the Site Menu Screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: <div style="text-align: center;">Application</div>

Sponsor			
Sponsor	Agreement Number		
A Place to Learn	09-001		
Site Information			
Site Name:	<input type="text"/>		
Site Number:	<input type="text"/>	Site Status:	Active <input type="button" value="v"/>
Federal ID No.(FEIN):	<input type="text"/>		
Created By:	Created Date:	Modified By:	Modified Date:

Enter the Site Name, Site Status and Federal Id No. (FEIN) and click on Submit to reach the Site Menu Screen.

SITE MENU SCREEN

Center/Site Information				
Institution Name	Center/Site Name	Center/Site FEIN	Agreement Number	Program Year
A Place to Learn	A Place to Learn Site One		09-001	2002-2003

[Help](#)

Application	
Menu Item	Status
Begin Center/Site Application	
A. Center/Site Address and Contact Information	Complete
B. Licensing and Operating Months Information	Complete
C. Organization Type	Complete
D. At-Risk After School Snack Care Program	Complete
E. Hours of Operation and Meals Served	Complete
F. Emergency/Homeless Shelter Meals Served	Complete
G. Racial/Ethnic Data	Complete
H. Center/Site Application Internal Use Only	Complete
I. Center Application Summary	
J. Supporting Application Documents Required	Complete

Comments
Update Comment

See the **Chapter** on *Center Application* for an explanation of this menu.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

N. Day Care Home Providers

Click on **Day Care Home Providers** to view the following screen. This screen is used to manage the sponsor's Day Care Home Providers. This screen displays the Institution Name, Agreement Number, Federal ID, and Program Year.

There is also a section that lists the total number of providers enrolled by Approved, Unapproved and Terminated or Expired.

The provider search section allows you to find a provider by category.

- Use the dropdown arrow to select a category, and then click on 'Search'.

Day Care Home Providers

Institution				
Institution Name	Agreement Number	Federal ID (EIN)	Program Year	
A Place to Learn	09-001	123456789	2002-2003	
Sponsor Application page Help				
Section N - Provider Totals				
Enrolled			Total	Expired
Approved	Unapproved	Terminated		
0	0	0	0	0
Provider Search				
Search By: <input type="text"/> <input type="text"/> <input type="button" value="Search"/>				
Please choose a DCH Provider from the index below				
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0-9 All				
<input type="button" value=" < Back to Sponsor"/>		<input type="button" value=" Add New Provider"/>		

You may also click on any of the headings under the Enrolled section to view a list of providers for this institution. Since this is a new application no providers exist. See **Add a New Provider** in the following section.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Add a New Provider

This section will explain the steps necessary to add a new provider.

- Click on **Day Care Home Providers** to view the following screen.

New Day Care Home Provider

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003
Sponsor Application page Help			
Provider Information			
Please enter the following information.			
Provider SSN (Complete number required)		<input type="text"/> - <input type="text"/> - <input type="text"/>	
<input style="border: none; background-color: #d3d3d3; padding: 2px 10px;" type="button" value=" < Back "/>		<input style="border: none; background-color: #d3d3d3; padding: 2px 10px;" type="button" value=" Next > "/>	

- Enter the Provider Social Security number and click **Next >**

The system will verify that the number is not already assigned to another provider and the DCH Provider application will be displayed.

Day Care Home Provider Application

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003
Sponsor Application page Help			
Section N - Day Care Home Provider Application			
(Item #N- 1) Provider Information			
Application Effective Date: <input type="text" value="October"/> <input type="button" value="v"/>			
Provider Name: (First, Middle, Last)	<input type="text"/>	SSN: 999-99-9999	<input type="text" value="888-11-2222"/>
Address:	<input type="text"/>	Registration Type:	<input type="text" value="v"/>
	<input type="text"/>	Registration No.:	<input type="text"/>
City:	<input type="text"/>	Effective Date:	<input type="text"/>
State:	<input type="text" value="GA"/>	Zip:	<input type="text"/>
County:	<input type="text" value="v"/>	<input type="button" value="Refresh School Names"/>	
Phone Number:	<input type="text" value="() -"/>		
Email:	<input type="text"/>		

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: <p style="text-align: center;">Application</p>

(Item #N- 2) Racial/Ethnic Data						
Select the name of the school in the zone in which the home is located					No Records Available	
American Indian/Alaskan Native	Asian or Pacific Islander	Black (not of Hispanic origin)	Hispanic	White (not of Hispanic origin)	Multi-Racial	Total
%	%	%	%	%	%	%
Input the NUMBER of enrolled participants in each racial/ethnic group						
[]	[]	[]	[]	[]	[]	[]
%	%	%	%	%	%	%

(Item #N- 3) Tier Information	
Tier Level:	[]
(Item #N- 4) Providers Eligibility	
Provider eligible to claim own children?	<input type="radio"/> Yes <input type="radio"/> No

(Item #N- 5) Months Served											
<input type="checkbox"/> Select all Months											
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Use the drop down arrow to select an application effective date.
- Enter the name, street address, county, phone number and email.
- After entering the county click on **Refresh School Names**.
- Use the drop down arrow to indicate a Registration Type, and then enter the Registration Number, Effective Date and Expiration Date.
- Enter the racial percentages for the school zone and the enrolled participants.
- Use the drop down arrow to select a tier level.
- Answer the provider eligibility question by clicking on the small circle to the left of your response.
- Click on the months the provider will be operating or click on the check box to select all months.

Scroll down to complete the form.

(Item #N- 6) Meal Times										
	Begin	End	M-F Only	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast	[]	[]	<input type="checkbox"/>							
Morning Snack	[]	[]	<input type="checkbox"/>							
Lunch	[]	[]	<input type="checkbox"/>							
Afternoon Snack	[]	[]	<input type="checkbox"/>							
Supper	[]	[]	<input type="checkbox"/>							
Evening Snack	[]	[]	<input type="checkbox"/>							

(Item #N- 7) Provider Status			
CACFP Start Month	Termination Date	Termination Reason	Status Inactive
[]	[]	[]	
Terminated By:		<input type="checkbox"/> Provider was dropped for cause.	

(Item #N- 8) Internal Use Only			
OSR Verified Date:	[]	[]	[]
Created By:	Created Date:	Modified By:	Modified Date:

- Enter the meal times and days served for each meal provided.
- Use the drop down arrow to indicate the CACFP start month.
- When applicable, enter the termination date and reason.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

If errors exist a message will be displayed.

- Click on < **Edit** to return to the provider application to correct any errors.

When all errors have been resolved the following confirmation screen will be displayed.

Day Care Home Application Save Page

Sponsor	
Sponsor Name	Program Year
A Place to Learn	2003

Application Saved

- Click on '**Finish**' to return to the Day Care Home Provider Application List.

OSR will review the Day Care Home Provider and enter an Approval Date.

Day Care Home Provider Application List

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Provider Status			
Provider Name	SSN (Last 4 Digits)	Start Date	Termination Date
Olsen, Mary D	2222	1/1/01	

Effective Applications					
Effective Date	Tier	Approved Date	Errors	Status	Action
Oct 2002	Tier 2 High	01/01/2001	0 Errors	Active	Modify Delete

- Click on **Add Application** to add another Day Care Home Provider.
- Click on '<**Back**' to return to the list of approved Day Care Home Providers

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

O. Day Care Home Budget

The Administrative Budget for Family Day Care Home Sponsors is required for each Sponsor offering Day Care Homes.

- Click on **Day Care Home Budget** and the following screen will appear.

Administrative Budget For Family Day Care Home Sponsors

Sponsor			
Sponsor Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003
Sponsor Application page Help			
Budget			
Revision Number	Date Last Modified	Action	
No budget information available			
<input style="border: 1px solid black;" type="button" value=" < Back to Sponsor "/>		<input style="border: 1px solid black;" type="button" value=" Add Budget / Revision "/>	

- Click on **Add Budget / Revision** to view the Budget screen.

Administrative Budget For Family Day Care Home Sponsors

Sponsor			
Sponsor Name	Sponsor Number	Program Year	Revision No.
A Place to Learn	09-001	2002-2003	0
Homes			
(Item #O-1)	Number of Homes:	<input type="text" value="1"/>	
Expenses			
(Item #O-2)	Category	Amount	
ADMINISTRATIVE LABOR			
	1. Salaries, Required Employer Taxes (Totals forms 1a and 1b only)	<input type="text" value="\$100.00"/>	
	2. Benefits	<input type="text" value="\$10.00"/>	
	3. Total (Lines 1 + 2)	<input type="text" value="\$110.00"/>	
ADMINISTRATIVE SUPPLIES			
	4. Equipment	<input type="text"/>	
	5. Durable Supplies	<input type="text"/>	
	6. Expendable Supplies	<input type="text"/>	
	7. Supplies – Educational	<input type="text"/>	
	8. Printing	<input type="text"/>	
	9. Postage	<input type="text"/>	
	10. Total (Lines 4 through 9)	<input type="text"/>	

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

ADMINISTRATIVE SERVICES	
11. Office Space/Rental/Lease	<input type="text"/>
12. Utilities, Facility Maintenance	<input type="text"/>
13. Insurance Premiums	<input type="text"/>
14. Contracted/Professional Services	<input type="text"/>
15. Equipment Rental/Lease	<input type="text"/>
16. Telephone, Fax, Email, Cell Phones	<input type="text"/>
17. Advertising/Public Relations Costs	<input type="text"/>
18. Dues, Memberships, Subscriptions	<input type="text"/>
19. Day Care Home Licensing Expenses	<input type="text"/>
20. Other	<input type="text"/>
21. Total (Lines 11 through 20)	<input type="text"/>
TRAVEL	
22. Program Operations	<input type="text"/>
23. In State Travel	<input type="text"/>
24. Out of State Travel	<input type="text"/>
25. Total (Lines 22 through 24)	<input type="text"/>
TRAINING/EDUCATION	
26. Participant Training & Support Costs	<input type="text"/>
27. Staff Training	<input type="text"/>
28. Total (Lines 26 + 27)	<input type="text"/>
29. Indirect Costs (Submit copy of plan approved by cognizant agency)	<input type="text"/>
Total Administrative Budget	<input type="text" value="\$0.00"/>
Internal Use Only	
Budget Approval Date <input type="text"/> <input type="text"/> <input type="text"/>	
Created By:	Created Date:
Modified By:	Modified Date:

- Enter the budget amounts, including totals and click **Submit**.

If errors exist a message will be displayed. When all errors have been corrected a confirmation screen will be displayed.

- Click on **Finish** to view the Budget menu screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: <div style="text-align: right;">Application</div>

**Administrative Budget For
Family Day Care Home Sponsors**

Sponsor			
Sponsor Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Budget		
Revision Number	Date Last Modified	Action
Original	07/28/2002	Modify

[< Back to Sponsor](#)

This screen lists budgets and subsequent revisions. A budget can be modified until it has been approved by OSR. After it has been approved the only action available will be View. Any revisions to the budget will be listed as revisions.

- Click on **<Back to Sponsor** to return to the Application Menu.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

P. Supporting Application Documents Required

This screen lists and tracks the documents that must be submitted to OSR.

Supporting Application Documents

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Note: Copies of required Forms and Documents are sufficient

Section P - Required Application Forms and Documents						
Required Forms/Documents to send to OSR	Documents submitted to OSR	Document on file with OSR	Date submitted to OSR	(OSR) Document Status	(OSR) Document Status Date	(OSR) Update Userid
Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/26/2002	-		Developer
Budget Package	<input type="checkbox"/>	<input type="checkbox"/>		-		Developer
Agreement for Participation (submit two original copies with signatures)	<input type="checkbox"/>	<input type="checkbox"/>		-		Developer
Authorized Signature Form	<input type="checkbox"/>	<input type="checkbox"/>		-		Developer
W-9	<input type="checkbox"/>	<input type="checkbox"/>		-		Developer

The Required Forms/Documents to send to OSR column contains hyperlinks.

- Click on any of the listed items to go directly to the form or document.
- Click on the check box to indicate the forms have been submitted to OSR and enter the date submitted.
- After entering the information click on **Submit**.

The following confirmation screen will be displayed.

Application Approval Checklist

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Sponsor Application page](#) [Help](#)

Checklist Updated

- Click on **Finish** to return to the Site Menu.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Application Menu

The following menu lists each of the screens that make up the application. The list will vary slightly depending on the type of application. For example the following screen displays section N. Day Care Home Providers and section O. Day Care Home Budget. These menu items only appear if Day Care Home is selected in section A. Application Information.

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Help](#)

Application Status and Approval Notification						
App Started	App Status	Submitted for Approval	Review Required	Date to Operate	Date Approved	Approved By
07/23/2002	Active	No	No		Not Approved	

Sponsor Application		
Menu Item	Status	Notes
Begin Application		
A. Application Information	Complete	
B. Address Information	Complete	
C. Contacts	Complete	
D. Board Members	Complete	1 Board Member
E. Authorized Signers	Complete	2 Authorized Signers
F. Financial Information	Complete	
G. Media Release	Complete	
H. Record Keeping	Complete	
I. WIC Certification (Sponsor)	Complete	
J. CACFP Compliance	Complete	
K. Sponsor Application Summary		
L. OSR Internal Use Only	Complete	
M. Center Applications	Incomplete	0 Approved Centers
N. Day Care Home Providers	Complete	1 Approved Provider
O. Day Care Home Budget	Incomplete	
P. Supporting Application Documents Required	Incomplete	5 Pending Documents
Z. Application Suspense Tracking		

In the example above some of the screens are Complete, while others are Incomplete or Not Started. Some of the screens also display additional information, for example: listing the number of Board Members or the number of Approved Centers.

- Click on any of the above menu items to go to that screen.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Submitting the Application

After all screens have been completed the following application menu will be displayed. This screen lists each of the screens required to complete the application and the status of each screen. When the status for every screen is Complete the Submit Application to OSR button will appear with dark lettering as shown below.

Institution			
Institution Name	Agreement Number	Federal ID (EIN)	Program Year
A Place to Learn	09-001	123456789	2002-2003

[Help](#)

Application Status and Approval Notification						
App Started	App Status	Submitted for Approval	Review Required	Date to Operate	Date Approved	Approved By
07/23/2002	Active	No	No		Not Approved	

Sponsor Application	
Menu Item	Status
Begin Application	
A. Application Information	Complete
B. Address Information	Complete
C. Contacts	Complete
D. Board Members	Complete
E. Authorized Signers	Complete
F. Financial Information	Complete
G. Media Release	Complete
H. Record Keeping	Complete
I. WIC Certification (Sponsor)	Complete
J. CACFP Compliance	Complete
M. Center Applications	Complete
N. Day Care Home Providers	Complete
O. Day Care Home Budget	Complete
P. Supporting Application Documents Required	Complete

Submit Application to OSR

Comments
Update Comment

< Back

- Click on **Submit Application to OSR** and the following confirmation screen will appear.

Package Approval Status Page

Errors	
Code	Description
60006	Package has been submitted for approval

< Back to Sponsor

- Click on **<Back to Sponsor** to return to the Sponsor Application page.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

View Application

The View Application feature allows access to the information contained in the Application without the risk of accidentally making changes.

- Click on **Application** to view the following screen.



- Click on **View Application** to access the View Only version of the application.

This feature allows you to view the application information without making any changes.

See Sponsor Application for screens and navigation.

Revised 01-17-03	Child Nutrition Programs User Documentation Child and Adult Care Food Program
Georgia	SUBJECT: Application

Modifying the Application

Applications can be modified if the application has not been submitted to OSR for approval.

- Click on **Application** to view the following screen.



- Click on **Sponsor Application** and the following screen will appear.

This is the Site Menu Screen. It lists each of the screens that make up your application.

SITE MENU SCREEN

Center/Site Information				
Institution Name	Center/Site Name	Center/Site FEIN	Agreement Number	Program Year
A Place to Learn	A Place to Learn Site Two		09-001	2002-2003

[Help](#)

Application		
Menu Item	Status	
Begin Center/Site Application		
A. Center/Site Address and Contact Information	Complete	
B. Licensing and Operating Months Information	Complete	
C. Organization Type	Not Started	
E. Hours of Operation and Meals Served	Not Started	
G. Racial/Ethnic Data	Not Started	
H. Center/Site Application Internal Use Only	Not Started	
I. Center Application Summary		
J. Supporting Application Documents Required	Incomplete	2 Pending Documents

Comments
Update Comment

< Back

Journal

See **Chapter on Modifying the Application** for an explanation of this menu.