

## I. PURPOSE AND SCOPE

The Nebraska Department of Education (NDE) announces the continued availability of additional administrative payments to increase participation in the Child and Adult Care Food Program (CACFP) among licensed, registered and legally exempt family child care providers. Two types of additional payments are available to CACFP Sponsoring Organizations (Sponsors): Start-up or Expansion Payments. Start-Up Payments are available on a one-time basis to new or existing organizations that sponsor fewer than 50-day care homes. These payments can assist Sponsors to initiate successful CACFP operations among licensed, registered, and legally-exempt family child care providers. Expansion Payments are available to Sponsors of any size to increase CACFP participation among licensed, registered and licensed-exempt family child care providers in rural, low income and/or unserved areas only. A Sponsor can apply for further Expansion Payments 12 months after satisfying all obligations under the previous start up agreement. The 12-month period commences from the date of the previous grant completion letter.

These instructions describe: who is eligible, how payment amounts are determined and other requirements for both Start-Up and Expansion Payments. The attached application is used to apply for either Start-up or Expansion Payments. Sponsors may apply for only one type of additional payment at a time.

Sponsors applying for either type of additional payment will be notified of approval or disapproval by NDE in writing, within 30 calendar days of filing a complete and accurate application. If a Sponsor submits an incomplete application, NDE will notify the Sponsor within 15 calendar days of receipt of application. NDE will provide technical assistance and direction to the applicant so that the application can be completed correctly. 

## II. START-UP PAYMENTS

As described in the federal regulations governing CACFP (7 CFR 226.12), Sponsors of fewer than 50 day care homes may receive Start-Up Payments to develop or expand CACFP licensed, registered, and legally-exempt family child care providers. 

### A. Basic Eligibility

1. Must be an approved CACFP Sponsoring Organization of Day Care Homes with fewer than 50 day care homes, or an approved new Sponsor with no homes under their jurisdiction.
2. New organizations will need to complete an application and management plan to become an approved CACFP Sponsoring Organization of Day Care Homes in conjunction with completing the application for Start-Up Payments. Contact NDE for more information on the application and management plan.
3. A Sponsor is eligible to receive Start-Up Payments only once. If an organization has received Start-Up Payments previously, they may apply only for Expansion Payments. 
4. A Sponsor must have a history of successfully managing funds and ongoing activities for public or private programs to be eligible to receive Start-Up Payments. An organization may satisfy this requirement with its good standing in CACFP. Sponsoring Organizations that are seriously deficient are not eligible until the serious deficiency has been delared temporarily deferred.
5. Day care home providers who have changed sponsorship from another organization currently participating in CACFP cannot be included in the start-up recruitment efforts, unless the provider's previous organization has closed or terminated its agreement to sponsor day care homes.

### B. Payment Terms

1. The maximum Start-Up Payment is determined as follows:
  - a. For new Sponsors the calculation is based on 50 homes, while for existing Sponsors the calculation is based on 50 homes minus the number of homes already administered (e.g., claimed) by the Sponsor.
  - b. The Sponsor may receive an amount equal to one month's administrative payment, but not more than two months' payment, earned from the number of homes calculated from above (a.)
  - c. Start-Up Payments will be based on the administrative rate in effect at the time the application is submitted. 
2. Start-Up Payments are issued in two parts:
  - a. The first Start-Up Payment will be handled as follows: At the time of the Start-Up Payment application approval, an advance equal to one-half of the total award will be electronically transferred to the sponsor's bank account. Typically, these funds will be received 1-2 weeks from the date of the approval letter. 

- b. The second payment will be issued following the submission of a written final report. A final report must be submitted to NDE documenting how the entire payment was utilized in conducting start-up activities. Original receipts must be included. This report must be submitted no later than one month after the end date for start-up activities. The time frame encompasses the dates of the supplemental agreement.

*Example*

Two CACFP Sponsors apply for Start-Up Payments in July 20XX based on an administrative payment of \$111 for the first 50 homes. 

1. The first Sponsor does not yet administer any day care homes. It may receive Start-Up Payments for as many as 50 homes. The organization may request no less than \$5,550 (50 x \$111 x 1 month) and not more than \$11,100 (50 x \$111 x 2 months). If the organization requests \$11,100, the first payment will be \$5,550. The start-up activities result in the recruitment of 10 family day care home providers who submit a claim for reimbursement for the second month of the grant period. The final grant payment will also be \$5,550, if documentation supports the full grant amount. The number of recruited providers will have no effect on the total grant award when the Sponsor has no providers under their jurisdiction at the time of the Start-Up Payment Application.
2. The second Sponsor currently administers CACFP for 30 day care homes. It may receive Start-Up Payments for 20 homes in order to reach the 50 home limit for Start-Up Payments. The organization must request at least \$2,220 (20 x \$111 x 1 month) and not more than \$4,440 (20 x \$111 x 2 months). In this instance, the first payment will be \$2,220. As a result of the start-up activities funded by the first payment, 10 family day care providers were recruited by the Sponsor. The final payment will also be \$2,220. The number of newly recruited providers will have no effect on the total grant award.

C. Agreement

As part of the application, Sponsors applying for Start-Up Payments must enter into a supplemental agreement with NDE. The supplemental agreement includes the time frame for completing the start-up efforts. If the Sponsor anticipates that start-up activities cannot be completed within the time frame outlined in the application, a written request for an extension must be submitted to NDE. 

D. Final Report

At the end of the grant period, Sponsoring Organizations must submit a written report that includes the number of providers recruited and actually participating, documentation of activities performed (e.g. recruitment meeting dates and attendees, publications developed, etc.) and expenses incurred (actual receipts are required). Verification of the documentation and expenses submitted to NDE will be conducted. Documentation must support that every reasonable effort has been made to carry out the activities specified in the application. Expenses will be verified against the approved grant budget and should be supported by ledger reporting separate from the annual administrative CACFP budget in accordance with OMB Circular A-110. In general, expenses should reflect only the incremental expenditures necessary to support this start-up project. Please note that expenditures of the Grant funds are not to be reported on the monthly claims for reimbursement. 

Expenses incurred and reported must be in compliance with CACFP regulations (7 CFR 226), relevant FNS instructions, CACFP guidance materials, policy memoranda issued by NDE, and all applicable State and Local Laws. To the extent that allowable costs meet or exceed the Grant award, repayment of all or part of the Grant will not be requested. 

**EXPANSION PAYMENTS**

Expansion Payments provide administrative funds in addition to regular administrative funds earned through monthly claims, for existing Sponsors to expand CACFP among licensed, registered and legally exempt family child care providers licensed in rural, low-income and/or unserved areas. The additional payments are intended to be applied to the higher-than-normal costs experienced by Sponsors when expanding into these areas. The payments may assist a Sponsor to add as many as 50 additional homes under their sponsorship.

A. Basic Eligibility

1. Participating Sponsors that administer CACFP for more than 50 day care homes, or Sponsors of fewer than 50 homes previously awarded Start-Up Payments, are eligible for Expansion Grants.

2. A Sponsor must have a history of successfully managing funds and ongoing activities for public or private programs to be eligible to receive Expansion Payments. CACFP may be included as relevant experience. Sponsoring Organizations that are declared seriously deficient are not eligible until the serious deficiency is temporarily deferred.
3. A period of 12 months must elapse after the Sponsor has satisfied all obligations under its original Start-Up or previous Expansion Grant before applying for additional Expansion Payments. The 12-month period commences from the date of the previous grant completion letter.
4. If one Sponsor has been approved for expansion in a specific targeted area, a second organization will not be granted approval to recruit in the same area.
5. Day care home providers who are changing sponsorship from another organization currently participating in CACFP cannot be included in the expansion recruitment efforts, unless the previous Sponsor has closed or terminated its agreement to sponsor day care homes.

#### B. Payment Terms

Sponsors will receive one Expansion Payment. The calculation for payment is based on the number of day care homes, up to 50 homes,. This 50 home limit does not include homes already operated by the Sponsor requesting the funds. Expansion Payments will be based on the administrative rate in effect at the time the application is submitted. The amount paid to a Sponsor is the administrative payment for at least one month, and not more than two months, multiplied by the number of homes targeted for expansion.

*Example*

A Sponsor applies for Expansion Payments to add 50 day care homes. The administrative payment rate at that time is \$111 for the first 50 family day care homes. The organization may request no less than \$5,550 (50 x \$111 x 1 month) and not more than \$11,100 (50 x \$111 x 2 months). One payment will be issued for the entire amount approved.

#### C. Agreement

As part of the application, Sponsors applying for Expansion Payments must enter into a supplemental agreement with the NDE. The supplemental agreement includes a time frame for completing the expansion efforts. If the Sponsor anticipates that the expansion activities cannot be completed within the time frame outlined in the application, a written request for an extension must be submitted to NDE.

#### D. Final Report

At the end of the grant period, Sponsoring Organizations must submit a written report that includes the number of providers recruited and actually participating, documentation of activities performed (e.g. recruitment meeting dates and attendees, publications developed, etc.) and expenses incurred (actual receipts are required). Verification of the documentation and expenses submitted to NDE will be conducted. Documentation must support that every reasonable effort has been made to carry out the activities specified in the application. Expenses will be verified against the approved grant budget and should be reported by ledger reporting separate from the annual administrative CACFP budget in accordance with OMB Circular A-110. In general, expenses should reflect only the incremental expenditures necessary to support this expansion project. Please note that expenditures of the Grant funds are not to be reported on the monthly claims for reimbursement.

Expenses incurred and reported must be in compliance with CACFP regulations (7 CFR 226), relevant FNS instructions, CACFP guidance materials, policy memoranda issued by NDE, and all applicable State and Local Laws. To the extent that allowable costs meet or exceed the Grant award, repayment of all or part of the Grant will not be requested.

#### E. Definitions

Expansion Payments are to be used to reach licensed, registered, and legally-exempt family child care providers in rural, low-income and/or unserved areas. Below are the definitions for **rural**, **low-income** and **unserved**, and guidance for the applicant in completing related questions.

1. **Rural:** USDA has defined rural to mean any area in a county which is not part of a Metropolitan Statistical Area, or any pocket within a Metropolitan Statistical Area that may be determined to be geographically isolated from an urban area. If the applicant is expanding into an area not clearly rural, justification should be provided in order to assist NDE to determine if the area could be defined as rural. Applicants may contact their public library, county planning office or NDE for assistance in determining rural status.
2. **Low-income:** USDA requires that school lunch participation data be used to determine if an area is one in which poor economic conditions exist. School data demonstrates that an area is low-income when 50% or more of the children enrolled in schools, in the area where the CACFP expansion is to take place, are eligible for free or reduced-price meals under the National School Lunch or School Breakfast programs.

Sponsors will annually receive from NDE a list of all schools in the state in which at least 50 percent of the enrolled children are eligible for free or reduced-price meals. Sponsors must include school information to describe the low-income area. To strengthen the argument that the area is indeed low-income, in addition to the school information; Sponsors may also document the need of an area by using census tract data to show that the median income for the area where expansion is planned is lower than the reduced-price guideline. Information on low-income census block groups can be obtained from <https://www.education.ne.gov/ns/>

3. **Unerved:** In general, an unerved area is one in which day care home providers desire to participate in CACFP but cannot because of a lack of Sponsoring Organizations. Sponsors need to demonstrate that there are licensed, registered and legally-exempt family child care providers within the targeted geographical area who are not already participating in CACFP. You may contact Nebraska Department of Health and Human Services for information on areas with non-participating providers.

F. Limitations

1. The final rule governing the amendment which provides Expansion Payments for rural or low-income areas specifically prohibits Sponsors from using Expansion Payments to target individual day care homes that are not located in low-income areas. The funds can only be used to target providers in rural, low-income and/or unerved areas, not individual low-income providers located outside of such areas.
2. A Sponsor who has successfully expanded in the area(s) for which Expansion Payments were originally approved, may apply for a second round of Expansion Payments for expansion into other rural, low-income and/or unerved areas. The second application must justify the need for further expansion.
3. A Sponsor is not eligible to apply for a second round of Expansion Payments until at least 12 months have elapsed after the Sponsor has satisfied all obligations under its previous agreement. The 12-month period commences with the date of the previous grant completion letter.

If Sponsors have questions about either Start-Up or Expansion Payments, or need assistance in completing the application, please call NDE at 402-471-2488 or 800-731-2233.

**Instructions:** Refer to the attached instructions for a description of Start-Up or Expansion Payments before completing this application. Attach additional sheets when necessary.

Mail completed application to: Nebraska Department of Education, Nutrition Services 301 Centennial Mall South PO Box 94987 Lincoln, NE 68509

1. CACFP Agreement # \_\_\_\_\_

2. Name of Sponsoring Organization  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number

\_\_\_\_\_ Ext \_\_\_\_\_

\_\_\_\_\_ Ext \_\_\_\_\_

Fax Number

\_\_\_\_\_ Ext \_\_\_\_\_

E-mail Address  
\_\_\_\_\_

3. Check which application this is for

Start-Up Payments - Have Start-Up Payments ever been received by your organization?

Yes. If yes, date of payment \_\_\_\_\_

No

Expansion Payments - Have Expansion Payments ever been received by your organization?

Yes. If yes, date of payment \_\_\_\_\_

No

4. Indicate the number of day care home providers, if any, that are currently operating under your sponsorship.

\_\_\_\_\_ None (If *none*, go to question 5)

\_\_\_\_\_ Total number of homes connected to your sponsorship

\_\_\_\_\_ Number of homes claiming last month

\_\_\_\_\_ Number of homes inactive last month

\_\_\_\_\_ Number of licensed, registered, and legally-exempt family child care providers claiming

5. How many years has your organization sponsored day care home providers?

\_\_\_\_\_ Number of years

6. Estimate the number of new day care home providers that will participate in CACFP under your sponsorship if Start-Up or Expansion Payments are granted and expansion plans are successful.

\_\_\_\_\_ # of additional licensed/registered day care home providers

\_\_\_\_\_ # of additional legally-exempt family child care providers

7a. Provide the geographical boundaries of the area that is currently served by your Sponsoring Organization.

7b. Provide the geographical boundaries of the area(s) that will be served if Start-Up or Expansion Payments are approved, if different from above (7a).



11. Explain in detail your plan to locate and contact non-participating day care home providers. Describe the activities that will be taken to initiate or expand program operations in unserved day care homes. Attach copies of outreach flyers or brochures, if applicable. Please note that active recruitment of providers who are already participating in CACFP is strictly prohibited.

12. Describe the training plan your organization will establish for new day care home providers. Attach any educational handouts that will be used in this training.

13. Describe procedures for conducting pre-approval visits to each proposed new CACFP day care home. Include in this description the time frame from initial contact with the provider to the date of the pre-approval visit. Identify which staff member(s) will conduct the visits. Attach copies of forms to be used.

14a. How many day care home providers, that are not currently under your sponsorship, have you contacted at this time? \_\_\_\_\_

14b. How many of these do you estimate could be recruited to participate in CACFP under your sponsorship? \_\_\_\_\_

14c. How many of the day care home providers, that you plan to target in your start-up or expansion activities, are currently participating in CACFP with another Sponsor?

Number of CACFP providers \_\_\_\_\_

Name of the other Sponsor(s) \_\_\_\_\_

15. Provide the time frame for the start-up or expansion activities. The time frame should be less than one year and should not cross Federal fiscal year (October 1 to September 30).

\_\_\_\_\_ to \_\_\_\_\_

16. Enter the budget from your Sponsoring Organization's approved CACFP application for the current fiscal year. Provide the year-to-date expenditures for each budget category. In the Start-Up or Expansion Payments column, enter the requested budget amounts. Attach a detailed justification for each budget category for which Start-up or Expansion Payments are being requested.

**NOTE:** Payments for start-up or expansion activities will be issued in an amount equal to the administrative reimbursement your Sponsoring Organization would earn for administering CACFP for not more than 50 homes, for not less than 1 month and for not more than 2 months. *See the attached instructions.*

BUDGET CATEGORIES	CURRENT APPROVED BUDGET	EXPENDITURES (YEAR TO DATE)	ADDITIONAL START-UP OR EXPANSION PAYMENTS
Personnel <i>(from Question 18)</i>			
Operating Costs			
Allocated Costs			
Travel			
Training			
Professional Service			
Capital Outlay			
Other			
Indirect			
<b>Total</b> (not to exceed 50 x the current administrative rate)			

17. List the sources and amounts of funds, other than CACFP Start-Up or Expansion Payments that will be spent on your organization's start-up or expansion efforts, if any.

Source

Amount (\$)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. If applicable, list your Sponsoring Organization's personnel who will be involved in expanding CACFP in day care homes and indicate which personnel costs will be paid with Start-Up or Expansion Payments. Attach additional sheets if necessary. Please attach job descriptions.

EMPLOYEES				HOURS WORKED PER WEEK			CURRENT ANNUAL SALARY		EXPANSION SALARY	
1 Employee Name	2 Title of Position	3 Currently Funded by CACFP? (Y/N)	4 Hourly Wage	5 Hours Currently Worked for CACFP	6 Hours to be Worked on Start-Up or Expansion Activities	7 Total Hours Worked for CACFP	8 Current Annual CACFP Salary	9 Total Current Salary and Fringe Benefits	10 Additional Start-Up or Expansion Activities Salary	11 Total Start-Up or Expansion Activities Salary and Fringe Benefits
<b>Grand Totals</b>										

Please complete all information for employees who will be conducting CACFP Start-Up or Expansion activities, whether paid with CACFP funds or not. Attach job descriptions, which include CACFP duties for each employee or title. Round total figures to the nearest dollar.

**Column:**

1. **Employee Name:** Enter the name of the employee working on CACFP activities.
2. **Title of Position:** Enter the position title of the employee listed in column 1 (i.e., claims processor, monitor, director, accountant, etc.).
3. **Currently Funded by CACFP? (Y/N):** Indicate (Yes/No) if the position is funded by CACFP.
4. **Hourly Wage:** Enter the employee's hourly rate of pay.
5. **Hours Currently Worked for CACFP:** Enter the number of hours per week the employee currently works on CACFP activities.
6. **Hours to be Worked on Start-Up or Expansion Activities:** Enter the number of hours per week the employee will work on Start-Up or Expansion activities.
7. **Total Hours Worked for CACFP:** Enter the total number of hours per week the employee will be working on CACFP or Start-Up or Expansion activities.
8. **Current Annual CACFP Salary:** Enter the employee's current annual salary (may be obtained from your organization's approved CACFP budget).
9. **Total Current Salary and Fringe Benefits:** Enter the employee's total current annual salary plus fringe benefits.
10. **Additional Start-Up or Expansion Activities Salary:** Enter the employee's additional salary for Start-Up or Expansion activities.
11. **Total Start-Up or Expansion Activities Salary and Fringe Benefits:** Enter the employee's total Start-Up or Expansion activities salary plus fringe benefits.

19. Does your Sponsoring Organization participate, or has it participated, in any State- or Federally-funded programs other than CACFP, funded through USDA?

NO       YES - If yes, please list the programs.

20. Has your Sponsoring Organization or any of its principals ever been terminated from a USDA or other publicly-funded program?

NO       YES - If yes, please give the name of the program and an explanation.

21. Has an independent audit been conducted of your Sponsoring Organization in the past 2 years?

NO       YES – Attach a copy of the audit to this application *if* it has not been previously submitted to the NDE.

22. Print the name and title of your Sponsoring Organization's Board of Directors President, as indicated on the Certificate of Authority (NDE 01-017). This person will sign the Supplemental Agreement for Start-Up or Expansion Payments.

Name \_\_\_\_\_

Title \_\_\_\_\_

CACFP Agreement # \_\_\_\_\_

*Instructions:* Two copies of this Supplemental Agreement are required, each with an original signature.

I CERTIFY that the information on this application is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program at day care homes that are under my administration or will be under my administration, and that Start-Up or Expansion Payments (whichever is granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the Child and Adult Care Food Program at day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at day care homes, Start-Up or Expansion Payments which I have received will be refunded upon demand to the Nebraska Department of Education. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The Program must be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

DATE	NAME OF SPONSORING ORGANIZATION (PLEASE TYPE OR PRINT)	SIGNATURE OF SPONSORING ORGANIZATION'S BOARD PRESIDENT

Supplemental Agreement in Effect

From \_\_\_\_\_  
DATE

To \_\_\_\_\_  
DATE

\_\_\_\_\_  
 NDE Director, Nutrition Services

\_\_\_\_\_  
 DATE

CACFP Agreement # \_\_\_\_\_

*Instructions:* Two copies of this Supplemental Agreement are required, each with an original signature.

I CERTIFY that the information on this application is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program at day care homes that are under my administration or will be under my administration, and that Start-Up or Expansion Payments (whichever is granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the Child and Adult Care Food Program at day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at day care homes, Start-Up or Expansion Payments which I have received will be refunded upon demand to the Nebraska Department of Education. I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The Program must be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

DATE	NAME OF SPONSORING ORGANIZATION (PLEASE TYPE OR PRINT)	SIGNATURE OF SPONSORING ORGANIZATION'S BOARD PRESIDENT

Supplemental Agreement in Effect

From \_\_\_\_\_  
DATE

To \_\_\_\_\_  
DATE

\_\_\_\_\_  
 NDE Director, Nutrition Services

\_\_\_\_\_  
 DATE