

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:	<input type="checkbox"/> Public Agency (Tax supported)	<input type="checkbox"/> Non-Profit IRS 501 (c) (3)	<input type="checkbox"/> For-Profit (Privately owned)
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Civil Rights Compliance

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the Sponsor accept all participants regardless of race, color, age, sex, disability or national origin?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Has the Sponsor ever been found to be in noncompliance of the civil rights laws by any Federal agencies? <i>If YES, describe the noncompliance finding.</i>

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.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does your facility deny access to persons on the basis of race, color, national origin, sex, age or disability? <i>If YES, describe why access is denied.</i>
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>6. Are there any plans presently to relocate your facility in the near future?</p> <p><i>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?</i></p>										
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>7. Does the applicant have an advisory body or board functioning as an integral part of the organization?</p> <p><i>If YES, give a breakdown of the advisory body by race.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Black or African American</td> <td style="width: 50%;">_____ American Indian or Alaskan Native</td> </tr> <tr> <td>_____ Asian</td> <td>_____ Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>_____ White</td> <td>_____ TOTAL</td> </tr> </table> <p><i>If YES, please give a breakdown of the advisory body by ethnic identity.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Hispanic or Latino</td> <td style="width: 50%;">_____ Not Hispanic or Latino</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ TOTAL</td> </tr> </table>	_____ Black or African American	_____ American Indian or Alaskan Native	_____ Asian	_____ Native Hawaiian or Other Pacific Islander	_____ White	_____ TOTAL	_____ Hispanic or Latino	_____ Not Hispanic or Latino		_____ TOTAL
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_____ Asian	_____ Native Hawaiian or Other Pacific Islander										
_____ White	_____ TOTAL										
_____ Hispanic or Latino	_____ Not Hispanic or Latino										
	_____ TOTAL										
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>8. Does the applicant employ minority persons in this operation?</p> <p><i>If NO, is the applicant willing to hire minorities?</i></p>										
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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</p> <p><i>If YES, describe the services provided and in what languages.</i></p>										
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>10. Has there ever been a complaint or a civil rights lawsuit filed against the applicant? (federal programs only)</p> <p><i>If YES, did the applicant notify the proper federal authorities?</i></p> <p><i>If YES, explain the nature of the complaint or lawsuit filed against your agency.</i></p>										

Federal Funding Accountability and Transparency Act of 2006 Requirements

DUNS Number: _____	Date Registered with Central Contractor Registration (CCR) System: _____	____/____/____ mo/day/year
Register for Duns Number at http://fedgov.dnb.com/webform	Register in the CCR System at https://www.bpn.gov/ccr/default.aspx	
<i>By providing this date, you are confirming that you have successfully registered online in the Central Contractor Registration (CCR) System.</i>		

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 organization's 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
- One of the following to demonstrate financial viability: profit and loss statement (most recent two months), statement of income and expenses (most recent two months), organization wide audit (most recent), or company's business plan.