

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

| Sponsor Name | Sponsor Number<br>(will be assigned by NDE) | Program Year<br>(will be assigned by NDE) |
|--------------|---|---|
|              |   |   |

|   |   |  |  |
|---|---|--|--|
| Check the <b>one</b> sponsor type that applies to this Sponsor: | <input type="checkbox"/> Public Agency<br>(Tax supported) | <input type="checkbox"/> Non-Profit<br>IRS 501 (c) (3) | <input type="checkbox"/> For-Profit<br>(Privately owned) |
|---|---|--|--|

| <b>Civil Rights Compliance</b>  |   |
|---|---|
| <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?<br><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. <i>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.</i>                                       |   |
| 4. Describe what efforts have been made to contact minority and grassroots organizations about the opportunity to participate. <i>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.</i> |   |
| <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?<br><i>If YES, describe why access is denied.</i> |

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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> <p> <input type="text"/> Black or African American      <input type="text"/> American Indian or Alaskan Native<br/> <input type="text"/> Asian      <input type="text"/> Native Hawaiian or Other Pacific Islander<br/> <input type="text"/> White      <input type="text"/> <b>TOTAL</b> </p> <p><i>If YES, please give a breakdown of the advisory body by ethnic identity.</i></p> <p> <input type="text"/> Hispanic or Latino      <input type="text"/> Not Hispanic or Latino<br/> <input type="text"/> <b>TOTAL</b> </p> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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? <b>(federal programs only)</b></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: _____  | ____/____/____<br>mo/day/year |
| Register for Duns Number at <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>  | Register in the CCR System at <a href="https://www.bpn.gov/ccr/default.aspx">https://www.bpn.gov/ccr/default.aspx</a> |                               |
| <p><i>By providing this date, you are confirming that you have successfully registered online in the Central Contractor Registration (CCR) System.</i></p> |   |                               |

**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 must submit**

- W-9 Form from Internal Revenue Service
- Most recent month of Profit/Loss statement, year to date Profit/Loss statement, and either a current Balance Sheet prepared by an outside source OR 2 months of recent bank statements to demonstrate financial viability. Non-Profit organizations can submit an organization wide audit in lieu of the Balance Sheet/Bank statements.