



New groups are eligible to apply if they:

- Provide a safe and nurturing space for youth, and enrichment activities
- Serve in the City of Rochester
- Operate between September 2011 and June 2012
- Serve at least 25 youth

Application

Deadline:

Aug. 22nd

Mandatory Trainings will be held August 23rd and 24th

Submit all completed materials to: Freshwise

Attn: LaDonna Lewis
138 Joseph Avenue
Rochester, NY 14605

Fax: 585. 647.2808

Note: NEW sites MUST mail in ORIGINALS to Freshwise

Application Checklist

- Freshwise Application
- Freshwise Agreement
- CACFP Application x 2
- CACFP Agreement
- Training Registration
- Program Calendar (including field trips)
- List of Enrichment Activities
- Proof of 501(c)3 Status
- Most recent NYS Childcare License (unless exempt)





Application for Freshwise Kids Cafe Meals

2011-2012

Program Title : _____

Agency Name: _____

Program Location
(Full Address) _____

Mailing Address
(if different) _____

Fax Number _____

Program Contacts

	<u>NAME</u>	<u>EMAIL</u>	<u>PHONE</u>
Director / Supervisor	_____	_____	_____
Primary Site Contact	_____	_____	_____
Secondary Site Contact	_____	_____	_____

Participant Age Range: _____

Projected Enrollment: _____

Program is open: *(circle all that apply)* Monday / Tuesday / Wednesday / Thursday / Friday

Daily Program Hours Opens _____(AM/PM) Closes: _____(AM/PM)

Open During School Breaks? Yes / No

Kids Cafe Service Request

Meal Program Dates: Start _____ Finish _____

Dinner Service

Requested: Yes No Requested Days: Mon / Tues / Wed / Thurs / Fri
Desired Time: _____ to _____ Anticipated High: _____ Anticipated Low: _____

**There must be a minimum of 1.5 hours between snack and dinner*

Snack Service

Requested: Yes No Requested Days: Mon / Tues / Wed / Thurs / Fri
Desired Time: _____ to _____ Anticipated High: _____ Anticipated Low: _____

**There must be a minimum of 1.5 hours between snack and dinner*

NOTE: These are suggested times only. Freshwise reserves the right to adjust these times based on transportation logistics and partnering site needs.

Special requirements or other information: _____

Are there any other programs operating at your site? Please list below:

Program _____

Phone _____

Email _____

Please sign, date, and return this original to LaDonna Lewis at Freshwise:

Signed _____

Date _____

Print Name: _____



* LaDonna Lewis * 138 Joseph Avenue Rochester, NY 14605 *
* phone: 585.254.4423 * fax: 585.647.2808 * llewis@foodlinkny.org *



2011-2012 Kids Cafe Meals Agreement with Foodlink, Inc.

The terms of the following agreement have been agreed upon and understood by Foodlink, Inc. with Foodlink's Freshwise kitchen operating as the meal provider ("Sponsor") and _____ ("Program Partner").

By signing this agreement, both parties acknowledge their respective duties and responsibilities related to the administration of Kids Cafe. The Kids Cafe program, sponsored locally by Foodlink, aims to lessen the impact of hunger by offering children enrichment activities, nutritional education and nutritious meals.

Program Partner Responsibilities:

1. Serve nutritious meals and snacks provided by Sponsor free of charge to children up to the age of 19.
2. Serve all components of every meal and/or snack at the assigned time and according to the provided menu specifications.
3. Ensure that your site complies with all applicable Federal and local statutes, ordinances and regulations pertaining to the meal program.
4. All key staff, with a minimum of two (2), must attend all training sessions required by Sponsor (Freshwise).
5. Make reasonable efforts to teach participating children about nutrition, meal preparation, hygiene, and table etiquette. Ensure that children complete appropriate hand washing prior to eating.
6. Children should be involved in serving or cleaning up after meals at least one day per week.
7. Track and record DAILY: number of meals delivered, number of snacks delivered, number of meals and second helpings served, number of snacks and second helpings served, temperature logs, equipment received and attendance records.
8. Submit paperwork including all the counts for daily records listed above no later than 8:00am Tuesday morning of the following week. **Failure to submit paperwork will lead to citation and possible suspension.**
9. Adjust the number of meals requested, based on attendance, to limit waste. Call no less than 48 hours prior to meal delivery to adjust meal counts to meet increased or decreased demand. (Sponsor reserves the right to adjust meals counts as deemed necessary based on recorded attendance and/or monitored evaluation of participants).
10. Maintain the program binder, provided by Sponsor, with copies of all weekly reports and signed daily delivery tickets for monitoring by Sponsor and/or New York State Education Department.
11. Post all signage as provided by Sponsor and CACFP to support and/or advertise the Kids Cafe program.
12. **Use products received from Sponsor, under this agreement ONLY, for on-site feeding at the scheduled serving time for the designated Kids Cafe location.**
13. Notify Sponsor of any/all unscheduled closings or when meal service is not required due to an on-site program event. If your program fails to notify Sponsor of site closing 72 hours prior to the date, you **will be INVOICED** for the price of meals delivered.
14. If you are taking a field trip, the box lunch request form must be submitted no later than a week before the field trip.
15. A signature is required on all meal and paper product delivery slips. In the event there is no one available to sign for the delivery, **all items will be returned to Sponsor as undeliverable and will be INVOICED for the price of the meal order.**



16. Take and record all food temperatures upon delivery. Immediately report foods received not within a safe temperature range (45° – 145° unsafe range per Monroe County Department of Health). Take and record all food temperatures just prior to serving.

17. Please circle requested meal type and days of service:

Snack: M T W TH F
Supper: M T W TH F

18. Requested meal service time: Fill in the times

Snack: from _____ to _____
Supper: from _____ to _____

Any site in violation of the above named rules may be placed on probationary status. If the above named responsibilities are not adhered to, Foodlink reserves the right to suspend and/or discontinue food service at any time.

B) Sponsor Responsibilities:

1. Fulfill the child pattern meal requirements using a variety of nutritious foods as identified by USDA/CACFP.
2. Provide nutrition education, advice and support to the Kids Cafe site as requested.
3. Provide technical support and assistance to the Kids Cafe site, including monitoring and helping to seek community support.
4. Provide ample paper products as needed by Program Partner for use in serving Kids Cafe only. This includes: plates, bowls, napkins, forks, spoons, hair restraints, plastic gloves, and thermometers.
5. Provide peanut butter, jelly, and bread to Program Partner for emergency purposes only.
6. Take and record food temperatures before the food leaves the kitchen facility.
7. Take and record food temperature upon delivery of food to program site.
8. We will deliver to _____(full address) at a time dictated by Sponsor.

C) Term of Agreement: This Agreement will begin on _____(date) and continue until _____(date) at which time the Agreement may be terminated.

D) Use of Foodlink/Freshwise Equipment: All equipment supplied by Sponsor is expected to be returned in the same condition as it was when it was lent to the Partner Program. This includes but is not limited to: utensils, cambros, cambro transporters, paper products, pans/trays, thermometers. Any and all damages done to the equipment will result in the cost of the equipment being charged and invoiced to the Partner Program. All Sponsor equipment is to be returned to the Sponsor when the agreement expires.



IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates indicated below.

Foodlink, Inc., Freshwise

Program Partner

By: _____ Date: _____
Site Coordinator *Signature*

By: _____ Date: _____
Program Partner Representatvie *Signature*

Site Coordinator *Print Name*

Program Partner Representatvie *Print Name & Title*

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.





AGREEMENT BETWEEN
Sponsoring Organization and Day Care Center

Center/Site Number: _____

NAME OF CENTER: _____

TELEPHONE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

This Agreement specifies the rights and responsibilities of the Sponsoring Organization (_____), hereinafter referred to as SO, and the Day Care Center (_____), hereinafter referred to as Site, as participants in the New York State Department of Health, Child and Adult Care Food Program, hereinafter referred to as CACFP.

RIGHTS AND RESPONSIBILITIES – SPONSORING ORGANIZATION

1. SO agrees, in accordance with CACFP Regulations (7 CFR 226), to:
 - a) Accept final administrative and financial responsibility for CACFP operations at Site.
 - b) Collect and file all necessary approval information and recordkeeping documentation with CACFP.
 - c) Conduct pre-approval visits to Site and assure food service operations do not exceed capacity.
 - d) Provide training to Site on CACFP duties and responsibilities, to include but not limited to, completion of recordkeeping requirements such as: Income Eligibility Applications (DOH-3688), daily attendance, meal counts, daily delivery invoices, CACFP meal patterns and component requirements. If applicable, seconds documentation and required mealtime spacing will be covered. Initial training will occur before CACFP participation and additional training will be provided annually at a minimum.
 - e) SO may retain reimbursement for all costs incurred in the provision of meals to the site. Any reimbursement remaining after food expenses may be applied toward operating and administrative expenses of the SO with the SA approval. However, payment will be made within 5 working days of the receipt of reimbursement from CACFP for any food purchased by the Site in the event the meals are not delivered or do not meet CACFP meal requirements, and the SO has made claim for those meals.
 - f) SO may not charge additional operating or administrative fees from sites without prior approval from the State Agency.
 2. SO shall visit Site a minimum of 3 times per year (2 of those times to be unannounced) to review meal service and program records during normal hours of child care operations.
 3. SO may terminate this Agreement with Site with or without cause.
- SO will not penalize Site for initiation of a direct Agreement with CACFP.

NOTE: THE SPONSORING ORGANIZATION WILL NOT BE LIMITED TO THE ABOVE

RIGHTS AND RESPONSIBILITIES – DAY CARE CENTER

1. Site is approved to claim the following meal opportunities: _____
2. Site agrees, in accordance with CACFP Regulations (7 CFR 226), to:
 - a) Provide meals to all children enrolled in day care without regard to race, color, national origin, sex, handicap, or income category.
 - b) Attend training provided by SO prior to participation in CACFP and at least once annually.
 - c) Maintain accurate and complete records as required by SO, to include but not be limited to, the Income Eligibility Application (DOH-3688), daily attendance, meal counts, daily delivery invoices, CACFP meal patterns and component requirements. If applicable, documentation on seconds and meal time spacing will also be maintained.
 - d) Comply with day care regulations, especially as pertains to meal service and attendance capacity.
 - e) Serve meals that meet CACFP requirements. Site will be reimbursed by SO for any components purchased to ensure meals meet CACFP requirements as a result of incomplete or insufficient meals delivered. Prior approval of SO is necessary.
3. In Outside School Hours Child Care Centers, there will be at least 3 hours between the beginning of one meal service and the beginning of another, except that 4 hours will be between lunch and supper when no snack is served.
4. Seconds will only be included in meal count when entire meal is provided to a single participant and total meal count does not exceed daily delivery invoice.
5. Site must notify SO _____ day(s) in advance of any changes in the number of meals the site requires and _____ day(s) prior to a site closing.
6. Site will allow each and every representative from the SO, the State Agency and USDA to visit announced or unannounced during hours of operations for the purpose of reviewing CACFP operations. Anyone making such visits must show photo identification.
7. Site must submit income eligibility, signed daily delivery invoices, meal count records, daily attendance sheets and, if applicable, information on the number of subsidized children to SO no later than _____ day(s) after the end of the month for which they apply. (Note: A for-profit site must maintain monthly records that show at least 25% of the total enrollment or licensed capacity is subsidized children or children eligible for free or reduced price meal reimbursement.)
8. Site reserves the right to apply directly to CACFP (1-800-942-3858) to become a Sponsoring Organization and receive reimbursement for meals directly.
9. Site may terminate this Agreement at any time with or without cause.

CERTIFICATION

On behalf of the Sponsoring Organization, I certify that I have read and explained this Agreement to the site identified on this form. As a Representative of the Sponsoring Organization, I acknowledge that the Sponsoring Organization understands and agrees to comply with the rights and responsibilities outlined in this Agreement.

I certify that this Agreement has been read and explained to me by the Sponsoring Organization identified on this form. I also certify that this Site is not participating in the Child and Adult Care Food Program under any other Sponsoring Organization. I understand that any deliberate misrepresentation of CACFP records will subject me to prosecution under applicable State and Federal Criminal Statutes. I certify that I will comply with the rights and responsibilities outlined in this Agreement.

Signature of Sponsoring Organization Representative

Title of Sponsoring Organization Representative

Date

Signature of Day Care Center Representative

Title of Day Care Center Representative

Date

Instructions on back

CACFP Center Number	
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1. **Name of Sponsoring Organization**

Name of Sponsoring Organization	
Sponsor Phone #	
Center Name	
Center Phone #	
Center Address	
City	Zip
County	

2. **Federal Tax Status of Center** (Check one)

For-Profit Nonprofit

3. **Type of Center** (Check one)

Child Care Center School Age Child Care

Head Start Emergency Shelter

4. **Age range of enrolled children:** _____

5. **Type of Approval** (Attach copy)

Licensed/Registered License Exempt

Military School

6. **Participant Data**
By visual appearance, using your best judgment, first count the number of children at this center in each ethnic category and report these numbers below.

Ethnic Category	# of Children
Hispanic or Latino	
Not Hispanic or Latino	

Now indicate the Racial Category for each child	# of Children	For State Use Only Census Data
American Indian or Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		

7. Estimate the number of enrolled children in each of the reimbursement categories:

Free	Reduced	Paid	Total

8. **Hours open:** From _____ To _____

Hours open on School Vacations & Weekends: From _____ To _____

Days open:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Months open:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

9. **How will the food be prepared?** (Check all that apply)

- A. Prepared at this center
- B. Prepared at the organization's central kitchen
- C. Purchased from a local school system
- D. Purchased from a food service vendor

10. **Meal Service:**

Meal Served	Usual Service		School Vacation/ Weekend Schedule
	Number of Children Served	Time Meal Served	Time Meal Served
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> AM Snack			
<input type="checkbox"/> Lunch			
<input type="checkbox"/> PM Snack			
<input type="checkbox"/> Supper			
<input type="checkbox"/> LN Snack			

11. What is the name of the elementary school children would attend if they lived next door to the center?

School Name & Address	
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12. I certify this information is correct to the best of my knowledge.

Print name of person in charge of this center on a daily basis

Title _____

Signature _____

Date _____

Instructions on back

CACFP Center Number	
---------------------	--

1. Name of Sponsoring Organization			
Sponsor Phone #			
Center Name			
Center Phone #			
Center Address			
City		Zip	
County			

2. **Federal Tax Status of Center** (Check one)

For-Profit Nonprofit

3. **Age range of teens in attendance:** _____

4. **Participant Data**
By visual appearance, using your best judgment, first count the number of teens at this center in each ethnic category and report these numbers below.

<i>Ethnic Category</i>	<i># of Teens</i>
Hispanic or Latino	
Not Hispanic or Latino	

<i>Now indicate the Racial Category for each Teen</i>	<i># of Teens</i>	<i>For State Use Only Census Data</i>
Alaskan Native or American Indian		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		

5. **Hours open:** From _____ To _____

Hours open on School Vacations & Weekends: From _____ To _____

Days open:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Months open:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

6. **What is the plan for meal preparation?** (Check all that apply)
- A. Prepared at this center
 - B. Prepared at Sponsor's central kitchen
 - C. Purchased from a local school system
 - D. Purchased from a food service company
 - E. Purchased from a food service company as part of an umbrella contract
 - F. Other _____

7. **Meal Service:**

Meal Served	Usual Service		School Vacation/ Weekend Schedule
	Number of Teens Served	Time Meal Served	Time Meal Served
PM Snack			
Supper			

8. What is the elementary school young children would attend if they lived next door to the center?

School Name & Address	
-----------------------	--

9. I certify this information is correct to the best of my knowledge.

Print name of person in charge of this center on a daily basis _____

Title _____

Signature _____

Date _____

This form is to be completed for each afterschool program serving 13-19 year olds planning to participate in CACFP. Programs are eligible to be reimbursed for snack and/or supper if they are located in an eligible low-income area. Programs must also provide regularly scheduled educational or enrichment activities in an organized structured environment.

INSTRUCTIONS FOR COMPLETING DOH-4154

The number of each instruction corresponds to the numbered questions on the form that may need clarification.

3. Enter the age range of the teens in attendance at the center. Teens up through age 18 (or 19, if the teen turn 19 during the school year) who attend this program after their school day ends are eligible. If the center provides care and meals to children younger than 13, a DOH-3682 must be completed.
4. Federal civil rights laws require that each center provide this information.
5. Snacks and suppers must be served in a program that operates after the school day has ended. Snacks and/or suppers may be reimbursed if they are served on weekends or holidays, including vacation periods (e.g., spring break) during the regular school year only. Programs are not eligible for reimbursement during the summer unless the schools operate on a year-round basis.
- 6B. *Prepared at the Sponsor's central kitchen.* Meals for the center are prepared at the Sponsor's kitchen and delivered to this center.
- 6D. *Purchased from a food service company.* The meals served are purchased from a food service company, caterer, restaurant, hospital, etc.
- 6E. *Purchased from a food service company as part of an umbrella contract.* An example of an umbrella contract might be an afterschool program on a college campus. The campus is under contract with a food service company and the contract includes all food service operations on that campus.
- 6F. *Other.* If your food preparation method is not described in the options listed above, explain your specific situation.
7. Identify which meals are served at the center on a daily basis and school vacations/holidays/weekends, if different. On the line next to the meals that have been checked, enter the number of teens usually served daily and the time the meal is served. Afterschool centers for teens may claim up to **one** snack and **one** supper per child per day. If both are served, three hours must elapse between the beginning of one meal service and the beginning of another. Centers may request a waiver from this requirement by contacting CACFP. Snacks and suppers must be served after the end of the regular school day and prior to midnight that day.
9. **This application must have the original signature of the person in charge of this center on a daily basis.**

FOR STATE USE ONLY

Date eligible for CACFP: _____

Eligible for seconds Yes No

Eligible At Risk Yes No

At Risk Verification:
BEDS No. _____

At Risk Expiration Date: _____

Approved for:

At Risk Snack At Risk Supper

10 Month (Sep-Jun) 12 Month

Staff Initials: _____

Date: _____

Comments: _____



MANDATORY TRAINING

Training is required of **at least 2 key staff** from each site. If you do not attend one of the trainings you will be unable to host a summer food site. Foodlink will provide this training at 2 different dates and times. Each site will be receiving the necessary information and supplies to run the Summer Food portion of your program at this meeting.

Please Circle the date you will be attending:

Tuesday, Aug. 23 ----- 9:00 - 10:30 AM

Wednesday, Aug.24 ----- 12:00 - 1:30 PM

*** Please print the names of those who will be attending this training**

1. _____
2. _____
3. _____
4. _____

*** Please print the name of your site _____**

This training will take less than 1.5 hours to complete. It will be held at:

Freshwise Kitchen
138 Joseph Ave.
Rochester, NY 14605

**For questions or concerns please contact LaDonna Lewis
at 585-254-4423 or by email at llewis@foodlinkny.org**

