TX-UNPS CACFP Training Packet for Child & Adult Application Packet New or Renewal Applications



Food and Nutrition



Have questions about CACFP forms, claims and applications? Contact your local Community Operations Office for assistance.

- Technical Assistances are locally available to help you with questions you have about the Child and Adult Care Food Program and the forms it requires.
- To contact a Technical Assistant, contact the closest Community Operations Office in your area, and request to speak to a Technical Assistant.

 El Paso Field Office 	(915) 834-7506
 Dallas/Fort Worth Metroplex Field Office 	(817) 321-8101
 Houston Field Office 	(713) 921-8201
 San Antonio Field Office 	(210) 820-0288
 Austin Satellite Office 	(877) 839-6325
 San Juan Office 	(956) 787-8866

Have questions about issues, such as errors or warnings, in TX-UNPS? Contact the TX-UNPS Help Desk for TX-UNPS software issues.

- The Help Desk is available to Contracting Entities (CEs) who need assistance with TX-UNPS.
- The TX-UNPS Help Desk specializes in helping you, the CE, correct errors and warnings issued by TX-UNPS, in order to get your application or claim ready for submission.
- The TX-UNPS Help Desk can be reached at: 1-877-TEX-MEALS

Food and Nutrition Division

Se's of healthy living Education, Exercise and Eating Right

TEXAS DEPARTMENT OF AGRICULTURE COMMISSIONER TODD STAPLES

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Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Centers Contracting Entity Application section of the Application Packet.



Slide 6 – First Center CE Slide

To create a new CACFP application, or to renew your CACFP application, you will have to go to the TXUNPS website. You will need a user id and password.

If you are an existing Contracting Entity, you will receive two emails. One email will have your user id. The second email will have your password. This information is this way to make it harder for malicious others to steal your information.

If you want to create a new application, select the request TXUNPS ID link.



Slide 7 - CCC1

Once you have logged in to TXUNPS, select Applications.



Slide 8 - CCC2

For child care and adult care, select application packet – center.

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Kasilipakiens >	Select	Program Year	
Durnly District Code: 10 DA Region: Currently, there are 3	9 year 4 Program Year(s) available. Select ti	he year you wish to access.	
Program Year	Date Range	Application Packet	
HEW 2010 - 2011	10/01/2010 - 09/30/2011	Not Started	
2009 - 2010	10/01/2009 - 09/30/2010	Not Started	
2008 - 2009	10/01/2008 - 09/30/2009	Not Started	
		< Back	

Slide 9 - CCC3

Select the year you are applying for, or renewing. For the purpose of this training we will work in 2010-2011.

Applications > Applic	ation Packet - Centers >			Everyam Years 2010 - 2
	No. 1 No. 1	Application	a Packet nt Center	in the second
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Action	Form Ne		Latest	Status
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Next Base Year Re	mewal: 2013 - 2014			
		- Da	ck	
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Slide 10 - CCC4

You will then click on the Add link to begin an application packet.

	Applications Dates		in the real in Search		Year 1	talar Lang
100	ofication)e # Application Packet - Centreix				Rogra	TR Years 2010
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	Co	Child & Adu	Application for	2010 - 2011		
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-	TIN	Type	Anency	Type of CACEP - C	enters	1
				Organization		
	30580530580	Private Non P	rofit Crosnication	Independent Ce	rter	
1.	Are all of your organization's C	ACFP participating sit	as located in the sam	e building?	C Yes	C No
2,	Dees your organization operate	the CACFP in any of	her state(s)?		C Yes	© No
	Name of State(s):			· ·		
	Which would your organization	prefer to receive?	Cash payment	t in Neu of commodities		

Slide 11 - CCC5

You have been directed to the CE application. If you are a new contracting entity, almost all of the questions/fields will be blank. If you are renewing, you will see that some questions/fields have answers and that others are blank.

It is the CE's responsibility to review all information that is already in the application, and to fill in all blanks, unless told otherwise through the process of this training.

Question 1 asks if all of your organizations sites are located in the same building.

Question 2 asks if you operate the CACFP program in other states. If the answer is yes, you must list the states in the text box provided.

Question 3 asks if your organization would prefer to receive cash payment in lieu of commodities.

Ad	dresses						
Ste	reet Address						67
٤.	Address Line 1:						
	Address Line 2:						
5.	City:						
5.	State:	TX	Zip:				
Ma	iling Address						
	III Mailing Address is	the same as	the Street	Address			
۰.	Address Line 1:						
	Address Line 2:						
5.	City:						
é	State:	TX	Zipt				

Slide 12 - CCC6

The next section requires addresses for your contracting entity location. Questions 4-6 requires that you input the physical street address that you are located.

Questions 7-9 requires you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

Contracting Entity A	dministrator			
he Contracting Entity A	dministrator must t	e an individual wh	o has been authorized to a	act on behalf of the Contracting Entity
ry agreeing to and signin	ng the Certificate of	Authority.	1.000	
O Name	Service	First Harrie	Cast rearrie	
1. Empil Address	1			
Contraction and the second			- Rever	
iz. rauny moner		1040	Faxi	
13. CellyArt Phone:				
ia, inter				
Claim Preparer				
Claim Preparer is	the same as the Con	iracting Entity Admir	latrator	
	Selutation	First Name	Last Name	
15. Name:	1001			
16. Email Address:				
17. Facility Phone:		Exti	Fax:	
18. Cell/Alt Phone:				
19. Title:				

Slide 13 - CCC7

The next section requires contact information for key people in your organization. The information you provide in regards to email and phone should be the contact information that allows TDA to contact the individuals any time during business hours.

Fields 10-14 require that you input the contact information for the Contracting Entity Administrator. The CE Administrator is the same person who signs the Certificate of Authority.

Fields 15-19 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.

An #	ing the Certificate of	l is an individual w Authority.	ho has been	authonize	d to act on be	half of the	Contracting	Entity by agreeing to a	nd
	E Authorized Indivi	dual t is the same a	s the Contrac	ting Entity	Administrator				
		Selutetion	First Name		Last A	inme			
20,	Namer		1						
21.	Email Address:								
22.	Pacility Phone:		Ext:		Paxe				
23.	Cell/Alt Phone:								
3.4.	Titlet								
	Authorized Indivi	dural 2 in the surrow of			PERSONAL PROPERTY AND ADDRESS OF THE OWNER OF				
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25.	Name:	dual 2 to the same a Salutation	First Name	and rund	Last A	(ame			
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25. 26. 27. 28.	Mame) Email Address: Faolity Phone: Cell/Alt Phone: Title:	dual 2 is the series a Statutation	First Name		Fax:				
25. 26. 27. 28. 29.	Authorised Indivi Name) Email Address: Facility Phone: Cell/Alt Phone: Title:	Salutation	First Name		Fax:				

Slide 14 - CCC8

Fields 20-29 require that you input the contact information for 2 authorized individuals who can act on behalf of the Contracting Entity. These two contacts would have signed the Certificate of Authority. These two sections may be the same as the Contracting Entity Administrator.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.



Slide 15 - CCC9

The next section covers Unmet Need.

Question 30 wants to know if you are applying as a sponsoring organization. If you are only operating one center than the answer is no. If you are operating more than one center the answer would be yes.

Question 31 wants to know if you are already participating in the CACFP as a sponsoring agency.

Question 31 asks whether the sites you sponsor are affiliated or unaffiliated. Affiliated means that the sites are part of the CE organization. Unaffiliated means that the sites are not part of the CE organization. If you are an Independent Center, you should select affiliated on this question in order to continue.

Question 33 asks if any of the unaffiliated sites you wish to sponsor have participated in the CACFP in the past 12 months. If you are an Independent Center, you should select no on this question in order to continue.

If you are unsure of this information, please review your CACFP Handbook or call your local Community Operations Office.

Gei	neral Questions				
34.	Do you engage in any business or activities not related to CACFP during normal business hours? If yes, explains	0	Yes	0	No
			0		
35.	Does the Contracting Entity have less than three years of Administrative and Pinancial History?	0	Yes	10	No
36.	Do you eponeor 25 or more sites?	0	Yes	0	No
37.	Will you be averaging your monitor reviews?	0	Yes	0	No
38.	Do you want to receive advance payments if funds are available?	0	Yes	0	No
39.	Have all sites complied with training requirements?	0	Ves	0	No
	If no, explain:				
			-		
-	Do you subcontract for any CACPP functions?	0	Yes		No

Slide 16 - CCC10

The next section is General Questions

Question 34 asks if you engage in any business or activities not related to CACFP during normal business hours. If you answer yes, you are required to explain in the text box provided.

Question 35 asks if the CE has less than three years of administrative and financial history.

Next question 36 asks if you sponsor 25 or more sites.

You will then be asked in question 37 if you will be averaging you monitoring reviews. Unless you have had your Applications & Management Plan Change approved, you must enter NO on this question.

Question 28 asks if you would like to get advance payments if the funds are available.

Question 39 asks if you have complied with training requirements. Remember that if you are a new CE you are required to attend training, and that as a CE you are required to ensure that your organization has trained all of your sites.

If you answered no to complying with training requirements, you will be required to explain in the text box provided.

Question 40 wants to know if you subcontract for any CACFP functions. Please remember that there are specific portions of the CACFP that are not allowed to be subcontracted.

If you are unsure of any of this information, please review your CACFP Handbook or call your local Community Operations Office.



Slide 17 - CCC11

Certification

Federal regulations require that TDA certify information regarding past participation and any potential criminal issues. Read the questions thoroughly in Field 41, and answer accurately in regards to your organization.



Slide 18 - CCC12

Question 41.3 can be skipped if you answered NO to question 41.2.



Slide 19 - CCC13

Read the certification statement for number 42. After you have read the entire statement, check off the box if you agree and understand. Then click on the red Save button.

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Slide 20 - CCC14

If there were any errors in your CE application, you will see a screen like this. In order to later submit your application packet, the CE Application must be free of errors. Select Edit to return to the application, and correct the errors now shown in red.

Child and	Adult Care Food P	Program	/TX-UNPS 🛔
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The Application has been saved			
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Slide 21 - CCC15

Once you have corrected your errors, and resaved the application. You will see a screen telling you your application has been saved.

Please note: SAVED does NOT mean it has been SUBMITTED. You must complete the entire application packet prior to being able to submit your application.

Select Finish to continue.

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Slide 22 - CCC16

You will see your application packet screen. Green checkmarks show you sections that have been successfully saved, and the red arrows show you sections still needing attention.

The next section of the application packet we have to complete is the Board of Directors.



Slide 44 - Help desk



Slide 45 - Legal Screen



Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Board of Directors for Centers Section of the Application Packet.



Slide 5-First TXUNPS Slide

Once you have logged in to TXUNPS, select Applications.



Select Application Packet Center

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You will now be looking at your Application Packet. You will see a red arrow next to the Board of Director section.

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		Center Board of Directors Member List for 2010 - 2011	DÉLETS
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Created By: TCar	nuCE oni 7/30/2011 9-29:44 AM	< Back Add Member	

Once you have clicked on the Board of Directors, select Add Members.

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, Dat	te of Birth:	04/05/1977 (min/cd/yyyy)		
. Em	all Address:	tcentu@email.com		
. Pho	one:	(979) 323-5522 Ext:	Fax:	
. Oes	rupations	Director		
		March & some William Train Buffel and		

Question 1 asks that you select the appropriate title for this board member

Input the length of time on the Board on question 2.

Question 3 asks that you input the name of the board member. Please use the legal name of the person and not a nickname.

The date of birth for the board member is required in Question 4.

Question 5 asks for a valid email address that the board member checks frequently.

Provide a phone number where the board member can be reached during business hours Monday – Friday in question 6.

Question 7 asks for the board members occupation, and question 8 asks for their current employer. If board member is unemployed or retired please note that here.

	rent cmproyer >	Address
9.	Address 1:	222 Knox St
10.	Address 2:	
11.	Cityi	Dime Box
12.	State:	TX Zip: 77053
Ho	me Address	
13.	Address 1:	157 Mein St
14.	Address 2:	
15.	City:	Dime Box
16.	State:	TX Zipi 77853
17.	Is this member re organization?	lated to other board members or staff of this Yes No
	If Yes, please spe	scify name and position held:
	You must submit responsibilities an	documentation that confirms your organization's governing body is aware of the organization's d liabilities associated with participation in the CACFP.
crea	ted By: TCamuce on: 3	//20/2011 9/29/39 AM Modified By: TCamuCE on: 7/20/2011 9/37/44 AM
		Save Eancel
		VIEW MODIFY GELETE

Questions 9 -12 require the mailing address of the board members current employer. In fields 13-16 input the home address of the board member. If it was noted in Question 7&8 that the board member is retired or unemployed, please input home address in both sections.

Question 17 asks if the board member is related to any staff of the Contracting Entity. If yes, you must input the name and family relation in the text box. For example, Jane Doe, daughter.

Once all fields are filled in, click the red Save button to continue.

Child and	d Adult Care Fo	od Program	TX-UNPS
Applications Claims	ettern 1 tim	- Search	Vear Help Leg Out
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TEST) BAY AREA TURNING 1981 22 Knox St Iimebox, TX 77853 Jounty District Code: 101 DA Region:	S POINT INC		
he board member has been	saved.		
	< Edit	Finish	

You will now be taken to this screen which confirms that the information you just inputted has been saved.

Click on the Finish button to continue.

Applanence - Apple	atter Packat - Carriera #	and the second se	Program Years 2010 - 201
	Cent	er Board of Directors ur List for 2010 - 2011	1100
Class / blatust / (TEST) BAY AR DEA: 222 Kosse St Dimeters, TX 72652 County District Cod TDA Region:	EA TURNING POINT INC		
Action	Name	Board Position	Version: Original
/iew Modify	Tracie Cantu 222 Knox St Dime Box, TX 77853	Chairman of the Board	(979) 323-5522
	DOB: 02/05/1953		
Dreated By: TCantuCt	t oni 7/26/2611 9129144 AM Modified B	Eack Add Member	
			OFLEYE

You will now be on the Board of Directors Member List screen. You will see a summary of the board member you just completed, and will be able to add more board members at this point.

To add more board members, click on the red Add Member button, and repeat the process we just reviewed to complete the next board member.

If you have finished adding board members, select the Back button to return to the application packet.

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On the application packet screen you will notice that the red arrow by board of directors has been replaced with a green checkmark.

You are now ready to continue on to the next section of the application packet: contracting entity budget detail.



Slide 14 - Help desk



Slide 15 - Legal Screen



Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Center Budget Section of the Application Packet.



Slide 5 – First TXUNPS Screen

Once you have logged in to TXUNPS, select Applications.


Select Application Packet - Center

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You will now be looking at your Application Packet. You will see a red arrow next to the Center Budget Detail section.

	Applications Claims Commentered	Security In Search	Year Help Log Out
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			VIEW MODIFY DELETE
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۸.	ANTICIPATED ANNUAL CACEP REIMBURSEMEN	CE Complete This Column	FOR STATE USE ONLY Approved
	Number of sites anticipated for sponsorship		
			\$0.00

Now that you are in the CE Budget Detail, let's review all of the fields.

Section A Anticipated Annual CACFP Reimbursement

Enter the number of sites you plan on sponsoring. If you are an independent center, that number would be 1.

Question 1 asks that you input how much revenue you expect to receive from your meal reimbursement for the entire program year from CACFP for all of your sites.

Remember: revenue is the money that your business earns. Profit is what is left of your revenue after you have paid all of your expenses.

B. 1	OPERATING EXPENSES		
1.	Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	\$0.00
2.	Total Food Expenses		\$0.00
3.	Facilities and Space		\$0.00
4.	Supplies and Equipment	5	\$0.00
5.	Purchased Services		\$0.00
6.	Financial Costs	4	\$0.00
7.	Media Costs		\$0.00
8.	Contracting Organization Cost	5	\$0.00
9.	Unaffiliated Facility Cost		\$0.00
10.	Other	4	\$0.00
	Total Operating Costs	\$0.00	80.00
C. 1	NET OPERATING AMOUNT	120.00	1977.04
1.	Difference (A-B)	\$0.00	\$0.00

Section B. Operating Expenses

Question B1 asks for the total labor cost you will incur running the CACFP program at your centers.
B2 wants to know how much money you expect to spend on total qualifying food expenses for CACFP
B3 wants you to in input how much money you expect to spend on facilities and space used for CACFP.
B4 wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.
B5 wants you to in input how much money you expect to spend on purchased services used for CACFP.
B6 wants you to in input how much money you expect to use on financial costs for CACFP.
B7 wants you to in input how much money you expect to use on media costs for CACFP.
B8 wants you to in input how much money you expect to use on contracting organization cost for CACFP.
B9 wants you to in input how much money you expect to use on unaffiliated facility cost for CACFP.
B10 wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.

D.	ADMINISTRATIVE EXPENSES		
1.	Total Labor Costs (Salaries, Wages, Taxes and Benefits)	5	\$0.00
2	Facilities and Space	\$	\$0.00
э.	Supplies and Equipment		\$0.00
4.	Purchased Services		\$0.00
5.	Financial Costs	8	\$0.00
6.	Media Costs	\$	\$0.00
7.	Contracting Organization Cost		\$0.00
8.	Unaffiliated Facility Cost		\$0.00
9,	Other	8	80.00
	Total Administrative Costs	\$0.00	\$0.00

Section D Administrative Expenses

Please note: Administrative Expenses are to be equal to or less than 15% of your meal reimbursements.

D1 wants you to in input how much money you expect to spend on total labor costs for CACFP.

D2 wants you to in input how much money you expect to spend on facilities and space used for CACFP.

D3 wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.

D4 wants you to in input how much money you expect to spend on purchased services used for CACFP.

D5 wants you to in input how much money you expect to use on financial costs for CACFP.

D6 wants you to in input how much money you expect to use on media costs for CACFP.

D7 wants you to in input how much money you expect to use on contracting organization cost for CACFP.

D8 wants you to in input how much money you expect to use on unaffiliated facility cost for CACFP.

D9 wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.

OTAL ADMINISTRATIVE EXPENSES		
7 CFR 226.6 limits center sponsoring organizations' administrative costs charged to CACFP to 15% of meal reimburgements.		
Allowed Administrative Costs	\$15,000.00 15.00	94
Calculated Administrative Costs	\$0.00 0.00	96
Waiver Requested?	13	
Source of Funds for Operating Costs (including food costs):		
		(A)
		-

Section E. Total Administrative Expenses double checks that your administrative costs are equal to or less than 15% of your meal reimbursements.

If you went over the 15%, and you feel that the cost is justifiable, you may request a waiver, and justify your request to TDA in the text box provided.

If you are unsure of what criteria qualifies for a waiver, please review your CACFP Handbook or call your local Community Operations Office.

F. :	SUMMARY		
1.	Total Expenses (Operating and Administrative)	50.00	\$0.00
3.	Total Other Income		\$0.00
	Explanation of Source of Other Income		
			(*)
		40.00	-
۰.	Total Income (F2 + F3)	\$0.00	\$0.00

Section F Summary

F1 will be entered by the TXUNPS software.

F2 wants you to input what you expect your meal reimbursement for the year from CACFP will be for all of your sites.

F3 asks for you to input any additional income you will receive. If you are receiving additional income, you will be required to explain where and who the income is coming from in the text box provided.

F4 will be entered by the TXUNPS software.



The CE is to read and review the certification which explains that projected reimbursement is an estimate, and that the CE will be reimbursed the lesser of the following: actual costs or actual reimbursements.



After inputting your budget estimates, and certifying the budget detail, you will be required to upload the Budget Justification and Disclosure Document. This document is a detailed justification of the larger numbers that were inputted above.

This document can be found on the CACFP Program Forms website. Make sure you have already gone to the CACFP Programs form webpage, and downloaded, completed & saved the document on your computer.

Let's walk through how we would upload this document to our TXUNPS Budget Detail.

Click on Add an attachment

	Dame	CONTRACTOR OF THE OWNER.	Seeth .	Vase Hate Log Con
And store & Ands	cainer Parket - Dation	18		5.Jand Vest - 2810 - 2811
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Uplued Detail				1
1. File To Uplo	adt .			Browes
2 Commerts				
				-
		Es.	Carnel	
				PROPERTY LEASEN

Once you have been clicked on add an attachment, you will be directed to this upload screen.

To upload your completed Budget Justification and Disclosure form to the system go to Upload Detail Field 1 and click on browse.

A CONTRACT & DESCRIPTION OF A DESCRIPTIO			and the second	-
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The stop	* Heme	Cate modified	Xyp.e	
Dever-leads	(N) Budget Aurthitation and Dischassine Eay Area.dag	7/2C/2013 C-M-AAA	Add allowed Fail of R	1
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		Oper	Cancel	

A pop up box will appear, select the Budget Justification and Disclosure Document you have already completed, and click Open.

Contraction of the local distance		Genter -	I Year tide I	Leg Ove
Paralises and A Applicance in	and an operation of the		Eather Married	COMP. AND
	Child & Adult Care Ducu	Food Program Contraction	ng knitity Kudget	
01987 Elabori Artiva (TEST) RAY AREA 1 904 2022 Jones Gi Li sobus, 72 77833 Carto Bartial Date: 101 TDA Bades	TURNING POINT INC			
nødget Version: Drig Bødget	e al			
Uplood Detail				
1. Fee To Upload:	El\budget\ Iul	last Authheat on and Discours Bay Aread	loc LBroro	611110
2. Comment:				(m)
		Casta dantal		

Once you see this screen showing that your document was selected for upload. Click the red Save button.

C	niid and A	duit Car	re Food I	rogram	TX-UNPS
Applications	Claums Demote	THE OWNER WATER OF	a la seconda da la	bearch	Year Hoto Log Out
AppRoxima > Apple	Estion Packet - Centers I				School Years 2010 - 20
(TEST) BAY A DBA: 222 Knox St Dimebox, TX 7781 County District Co TDA Region:	REA TURNING P	DINT INC			
The Budget Fil	e Upload has been	processed.			
			Le Edit	ich i	

You will then be directed to a screen that will tell you your budget file upload has been processed. Once seeing that message, you can click the Finish button and proceed with finalizing your Budget Detail in TXUNPS.



You have been brought back to the Budget Detail screen in TXUNPS, and click the red Save button.

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Applications Claims	Reput terms and the America		Search	Year Help Log Gut
	Child & A Contracting I	Adult Care F Intity Budge	ood Program et for 2010 - 201	1
11887 Status: Active (TEST) BAY AREA TURNIN DBA: 222 Knok St Dimebox. TX 77833 County District Code: 101 TDA Region:	IG POINT INC			
The Dudget has been saved.				
		S Edit	nish	

If there were no errors on your contracting entity budget detail, you will see this message telling you that your budget has been saved.

Click Finish to continue.

Sectorious + Sintamo	Partiel Content #					*****	
		Api	plication Pac	ket			
01887 Bielos Auto (TEST) DAY AREA DAA 222 Kross II 0 makes Tri 77988 County Datest Codes J 704 Regime	TURNING POINT	INC		1	Packet Bala Packet Acc facket Original Ac Pa	revel Date revel Date revel Date reet Statut	
Action	Form Non		100	Late	ion Stetus	w.	
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S for Application(s)	0	0	¢	0	0	0	0
Next Bace Year Renew	wa's 2013 - 2014						
Show Packet History	a Ba	sk. Submit	t for Approval.]	Withdraw a	ladat)		

You have now been brought back to the Application Packet screen. You will see that the red arrow has changed to a green checkmark next to Contracting Entity Budget Detail.



Slide 22 - Help desk



Slide 23 - Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Checklist Section of the Application Packet.



Slide 6 - First Checklist Slide for TXUNPS

Once you have logged in to TXUNPS, select Applications to go to the Checklist.



Select Applications Packet - Center

Applications Claim	· in the second second	the second second	No. Inc. of Lot.	Grandia		A New Lot	tela Leg Dic
						Proprie	W Vasr: 2010 - 33
		APP	lication Pac	ket			
TESTI BAY AREA T	URNING POINT	INC			Packet subr	Intel Date:	
DBA	oknine Point	and a			Parkat Original An	Interest Dates	
Dimebox, TX 77853						and Cratcal	
County District Code: 10: TOA Region:	1, · · ·						
				2505	-		
Action	Form Nam	10		Late	ion Status		
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view Modify	Coard of D	rectors		Ong	inn Pending		
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Contails	+ Checklet (10)					
	Approved	Pending	Return for	Denied	Withdrawn/	brier	Total Applications
Oite Application(a)	0	0	0	0	0		0
Next Base Year Senew	1: 2013 - 2014						
		this Statemi	for fightwork	Withsh are 1	Partilities		
and a second sec							

You will now be looking at your Application Packet. You will see a red arrow next to the Checklist section.

Click on the Details link in the Checklist section of the Application Packet.



You will be directed to the checklist summary page. If you have checklist items that need to be submitted, you will see the 1 or more under Total Items.

Click on the name of the entity that has 1 or more showing under total items.

Applications Caluta	and the local division of the local division	States in the second	- Brench		1 7847	Hele Dat
Applications -					fregs	pm Years 2916 - 2211
						VIE- HOOMY
		CACPP C	TREEKIISE			
CTEST) BAY AREA TURNING Dea 222 Know Bi Linearty, L. 2 Arts To A Region	POINT INC					
Required Forms/Documents	Decument Submitted	Dute Submitted	Or File	Status	Status	Last Updated Dy
Application for Texas Identification tramber (AP-102)	10	6	E1	Approval	27/20/2031	TCar tuce
Certificate of Authority	173			Pending	37/20/2015	TCar LuCE
Pro Avere Civil Rights Compliance Review	irs.		111	Approval	37/20/2011	TCartuCE
ID-D Fermanent Agreement	123			Approval	97/30/2011	TCartuCE
Governing Body Awareneos	121		-113	Approval	57/20/2011	TCartuCE
Legal Decumenta	123		10	Approval	57/20/2011	TCAPTUCE
Management Han	100		13	approval	3//20/2031	1 Cantuck
performance bend	121		(1)	Critered	97/20/2011	TCartuce
Subcontract Agreements	123		- E1	Paralina	37/20/2011	TCar LuCE
Vendor Direct Deposit/Advance	123		- ITC	Pendina	57/20/2011	TOH WE

After clicking on the entity name, you will be sent to the checklist screen.

This screen lists all of the documents you will need to send to TDA to complete your application. These documents can be found under the Download Forms section, which we will see on the next screen.



You can need to download copies of the documents you can go back to the main Application screen and select Download Forms, or you can go to: <u>http://netx.squaremeals.com/SNP/forms.html</u>

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						10.00-00 1 000 00 00
		CACEP CH	recktist			
(TEST) BAY AREA TURNING Davis 222 Knew 61 Dimason, TX 72853 County Feature Folder, 613 -108 Beg res	POINT INC					
Required Forms/Documents to send to TDA	Submitted to TDA	Dele Submitted	Document on File W/TDA	Status	Status	Last Updated by
Application for Texas Icentification Number (AP-182)	191	C7/20/2011	1 7	Pending	07/20/2011	TCentu-CE
Cartificate of Authority	IMI.	C7/20/2015		Pending	07/20/2011	TCentuCE
Pre Award Civil Lights Compliance Review	190	07/20/2011		Approval	07/20/2011	TCENN-CE
FNO Dermanent Agreement	190	07/20/2011		Pending	07/20/2011	TCanh.CE
luoverning Body Awareness	583	0.7720/2011		Panding	0772072031	ILANGULE
Lega Consuments	192	07/20/2011		Pen Jing Approval	07/20/2011	TCIME CP
Marieven ent Plan	0921	C7/20/2011		Peri-Jima Astur unal	07/20/2011	TCentuCE
Performance Bone	ind .	C7/20/2018		Pending	07/20/2011	TCentuCE
Subcontrast Agreementa	680	07/20/2011		Pending	07/20/2011	TELANCE
Vender Direct Deposit/Advance	[53]	07/28/2011		Pending	07/30/3011	TCantu-CE

Once you have downloaded and completed the forms, mail or fax them to TDA. Once you have completed that step, select the check box stating that you have submitted the documents to TDA. A date will auto-populate in the date submitted field. At this point you would select Save.

By doing this you let TDA know that we need to be looking for your documents to review. Once TDA has the documents and completes the review, we will check the box stating documents received and the status will change to approved or returned.

Child and Adu	t Care Food Program	K-UNPS 💼
Applications Claims	Chinese Chevron Search	fear Help Log Cur
Repleations *	CACFP Checklist	Dragram Vaars 2010 - 201
TEST) RAY AREA TURNING POINT DDA: 222 Knok 81 Dimebox, TX 77853 County District Code: 101 TDA Region:	NC	
The Checklist has been saved.		
	< Edit Finish	

Once your checklist has been saved for that entity, you will see a confirmation screen. You will now click Finish to return to the Checklist Summary Screen.



If you have any additional sites with items showing under Total Items and zero under Submitted Items, you must click on each entities' name and repeat the same process we just reviewed.

Once all entities and sites have the same number showing under total items and submitted items, you can then select the Back button to return to the Application Packet.

Applications Use		Contraction of the second s	1	Berner 1		1 Tant	Prop 1 Long 0
		API	plication Par	ker			
51087 Status Autor (TEST) RAY AREA 504- 517 Carls for Bowdows 70 P7455 County Detrict Coder 5: 704 August		INC			Packet Scir Packet App Acket Ungenel App Pa	othed Eater reveal Cater reveal Cater lost Status	
As then	Form Nam	1.0		Late	si Status		
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Distaila	Checkint (10)					
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Site Application(a)	0	9	c	C	0	D	2
fort Base Year Banav	val+ 2015 - 2014						
Chaw Parint Hatary	[interna	aka] (minut	for Approval	Weiheden-	and at 1		

You are now back to the application packet, and if you completed your checklist section correctly, you will see a green checkmark next to Checklist.



Help desk



Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Site Application section of the Application Packet.



Slide 6 – First Center Slide

Once you have logged in to TXUNPS, select Applications.



Select Application Packet - Center

Applications = Application	Pacert I Cartiers >					Hogh	m /ear: 2010 - 21
		Ind	plication Par	hort ntor			
C1807 Bieles 610 (TEST) BAY AREA DEL: cold Eners bit 01 ratios, TV 27433 (Soundy Distance Code: 1 10.6 diagram)	TURNING POINT	INC			Packet Dub Padiat Jap acket Urginal Ap Pa	nilled Data round Data round Data round Data round Data round Data	
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View Modify Details	 Contracting Entity Dudget Detail Checklist (10) 			Oriel	nal Perding	Approval	
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Fire Apparcation(s)	n .	n	0	n	0	n	n
NEXCENSE FEAT ANTE	Na : 2013 - 2014						
Show Packet History	- 5+	.k. Siler	Ton Awar need	William 1	lan, k. al.		
ow Packet History	- Be	te Siler	The Assessed	Witchawi	lan, han l		

You will now be looking at your Application Packet. Toward the bottom of the Application Packet you will see a link for Site Applications.



If there are no sites listed, or you wish to add a brand new site, select Add Site.
(s)	Vear Help	Lug Out
a(s)	The second s	
(a)		
	Site Status	
	Active	
		Site Status Active

If you see a screen like this select the site you wish to submit an application for, or add a new site by selecting the Add New Site link.

We will select our site that is already listed.

Potentiation Clarin	Search	Wear Help Los Out
Applications & Application Racket - Centers & Racket Canter ster - 1	CACF >	Program Searc 2010 - 201
Child & Ad Site Appli	lult Care Food Progra cation for 2010 - 20	am 11
01887 Status Active (TEST) BAY AREA TURNING POINT INC 004- 282 State State DataBook, TK 77803 Control DataBook Control	1031 Statut Ac	THE NING POINT, INC
License / Registration Information		Version: Original
AL. Size Type: Child Care Center Child Care Cente	School Hours Care Center	Energency Sheller

You will then be directed to the site application for that location.

Please note: some sites will already have information in the application, you must review that information to make sure it is correct, and you must fill any additional blank questions on the application.

With that stated, let's review our Center site application.

A1 asks what type of site you are operating. You must select whether you are an:

- Adult Care Center
- Child Care Center
- Child Care Center Head Start
- Child Care Center Outside School Hours
- Child Care Center At Risk
- Child Care Center Emergency Shelter.

A2 asks what your tax status is: For Profit, Non Profit, Public or Other. If you select Other, you must explain in the text box. If you are **For** Profit, you must select which of the following apply to your site: Title XIX/XX if you're an Adult Center, Title XX if you're a Child Care Center or Free and Reduced Price. All others can skip the additional information.



A3 asks who your Center is licensed by: DFPS (Child Care Centers), DADS (Adult Day Care Centers), Exempt, Not Required (operate less than 2 hours a day), Other. If you choose Other, you must provide an explanation in the text box.

A4 requires all licensed Centers to provide their License Number.

A5 requires all licensed Centers to provide the effective date of their license.

A6 requires all licensed Centers to provide the expiration date of their license.

A7 requires all licensed Centers to provide the license capacity. If you do not have a license, due to not being required, you are exempt or you selected other, you can leave questions A4-A7 blank.

Question A8 wants you tell TDA the age range of those your site cares for. You will provide the youngest age and the oldest age you provide for. AN example would be that you care for 2 month olds through 7 year olds. You would select **From:** 0yrs 2 mos **To:** 7yrs 0mos.

A9 You are required to inform TDA if you provide for infants under 12 months old.

A10 Please list the either the elementary, middle or high school that a child would go to if they lived next door to your center. Provide the name of the school along with the street address of the school.

Street Address				
A11. Address Line 1: Address Line 2: A12. City: A13. State:	TX	Zip:	- N	
Mailing Address				
Mailing Address to A14. Address Line 1: Address Line 2: A15. City:	the same as th	a Otraat Addrass		

The next section requires addresses for your site. A11-A13 requires that you input the physical street address that your site is located at.

A14-A16 requires you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

617.	Affiliation	3	Affiliated	1		sted		
200	Affiliated means the	e cites are	part of the	Contracting	Entity organizati	ion.		
A18.	5. Has this site previously participated in the CACPP under a sponsoring 💿 Yes 💿 No organization?							
	If yes, provide prev	neus Spor	name (e)neme	s and particip	pating dates:			
							2	
A19.	Date of Pre Approv	al visiti				•		
	Unaffiliated site will make meal counts and menu records available to the Contracting Entity by the followion date of each month:							
A20.	Unaffiliated site will following date of ea	sch month	1					

Question A17 asks if this site is affiliated or unaffiliated. Affiliated means the sites are part of the Contracting Entity organization. Unaffiliated means the sites are not part of the Contracting Entity organization.

A18 wants to know if this site has previously been in the CACFP under a sponsor. If yes, the sponsor's name and the participation date must be listed in the text box.

A19 requires you to input that date of the pre-approval visit.

A20 if this is an unaffiliated site, you must provide by what day each month the site will submit your meal counts and menu records to the CE. For example, the 3rd of every month would be a valid input in this field.

Center Contact - Pe	rson in charge of	f this cent	er on	a daih	/ basis			
	Salutation	First Name			Lass N	iama		
B1. Name:	1001							
D2. Email Address:		110 100			122			
B3. Facility Phone:		Ext:			Fax:			
84. Cell/Alt Phone:								
Additional Center Co	Salutation	e person i	in cha	rge of	this cer	nter on a	daily basis	
B6. Name:	(m)							
B7. Email Address:								
88. Facility Phone:		Extr			Pant			
D9. Cell/Alt Phone:								
B10. Title:								

Questions B1-B5 requires that you input the Contact information of the person in charge of this center on a daily basis.

Questions B6-B10 requires that you input contact information of an alternate person who would be in charge of the center on a daily basis if the 1st contact person was office for out of any reason.



- C1.A requires that you check each month you operate this site.
- C1.B requires that you check each day that this site is open and operating

Rec	ular Schedule				
C2.	Normal Hours of Chil	d Care Operations: Tir	ne Open:	:00 Time Close	.00
C3.	Regular Meals				
		Firs	t Shift	Secon	d Shift
	Meals	Start Time	End Time	Start Time	End Time
	Breakfast	100 ×	· 100 ·	× 100 ×	
	AM Snack			× 00 ×	.00
	El Lunch	100 💌	.00 💌	100 💌	(m) :00 (m)
	PM Snack	.00 .	.00:	.00:	• 00: •
	E Supper	.00 .	.00	(m) 100 (m)	
	Evening Snack	- 100 -	- :00 -	- 00 -	- :00

C2 Requires that you input your hours of operation.

C3 requires that you select which reimbursable meals you serve and what their start and end times are. If you have a second shift of reimbursable meals, you will input the second shift start and stop times here as well. If you do not have a second shift, leave the times blank.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

	First	e Shife	Seco	nd Shift
Meals	Start Time	End Time	Start Time	End Time
E Breakfast	× 100 ×	¥ :00 ¥	.00	× 100 ×
Snack	.00	• 100 •	• 100 •	.00
E Lunch	(A) 100 (A)	× 100 ×	× 100 ×	.00
III Supper	· 100 ·	× 100 ×		· :00 ·

C4 is only for those serving At Risk Meals. Select the reimbursable meals you serve and what their start and end times are.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Weel	kend Schedule Weekend Hours of O	perations: Time Open:		Time Close:	.00
Cf.	Regular Meals		19 AC 205 AL A		C. 145507761 Tel
		First	Shift	Seco	ad Shift
	Meals	Start Time	End Time	Start Time	End Time
	Breakfast	× 100 ×	·m 100 ·m	× 100 ×	× 100 ×
	AM Sneck	.00 .	· 100 ·	(00 m)	.00 .
	E Lunch	× 100 ×	× :00 ×	.00	00 .
	E PM Snack	· :00 ·	· :00 ·	· 100 ·	.00
	Suppor		.00 .		.00 .
	IT suggesters strength				

If you operate on the weekend, you are required to answer questions C5 & C6.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

7.	At-Risk Meals	First	shift	Seco	ad shift
	Meals	Start Time	End Time	Start Time	End Time
	E Breakfast	.00 .	· 100 ·	T 100 T	(m) :00 (m)
	E Sneck		· 100 ·	· :00 ·	· 00 ·
	E Lunch	- 100 -	· 100 ·	· 100 ·	.00 .
	Supper	.00 .		· (00 ·	.00 .
	Anticipated Closur				
	interpated closes				2

If you serve At Risk Meals on the weekend, you are required to answer question C7.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

If you have any anticipated closures, for example you are closed the 2nd week of June every year in order to perform a heavy cleaning on your site, please list those dates in the text box.

Food Service						
C9. How are meals prepared?	Prepu Prepu Conto Purch Othe	ared on site ared at Central Pa racted with a Pub hased from a foor r	acility and Deli lic School I service vend	vered		
if Other, please explain:						
C10. How are meals served?	E Unit	(Cafeteria) ly				
C11. Check all meals that are pur a food service vendor:	chased through	🖾 breakfast	E Lunch	E supp	ier 🖾 Snacks	
C12. Do you have a food service o	iontract?	0 Yes 0 1	No			
C13. Name of Food Service Vendo	es.					
C14. Contract Period:		From:	0	Ter		0

Question C9 asks how meals are prepared. Select one of the options. If you select Other, you will have to explain in the text box.

C10 asks how the food is served; unit/cafeteria style of family style.

C11 If you purchase meals through a food service vendor for this site, you have to select which meals are purchased: breakfast, lunch, supper and/or snacks.

C12 asks if you have a food service vendor

C13 If you said yes in question C12, you have to provide the name of your food service vendor, and

In C14 you have to input the dates of the contract as well.

Adult Care Centers Only	
C15. Does the site receive Title III-C funds or T	Title III-C commodities for meals
served at the site?	
served at the site? C16. Which meal types does offer vs. serve apply?	Breakfast Lunch Supper None
served at the site? C16. Which meal types does offer vs. serve apply?	Breakfast Lunch Supper None
served at the site? C16. Which meal types does offer vs. serve apply?	Dreakfast Lunch Supper Rifore
served at the site? C16. Which meal types does offer vs. serve apply?	Dreakfast Lunch Supper Hone
served at the site? C16. Which meal types does offer vs. serve apply?	ftreatfast Lunch Suppor ftone

If you are a Child Care Center SKIP questions C15 through C16.

If you are an Adult Care Center, you must answer C15 & C16.

Question C15 asks if the site receives Title III-C funds or commodities.

C16 which if any meals do this site use offer vs. serve?

Please note: If you are unsure of what either question is asking, please review your CACFP Handbook or call your local Community Operations Office.

Part	licipants Number of enrolled participants in each income eligibility	A Free Colonia	
1	category:	B. Reduced-Price Category:	
		C. Paid Category:	
		D. Total Enrolled:	
22.	Number of enrolled children receiving Title XX:		
>3.	Number of enrolled participants (Adult Child Care) receiving Title XIX/XXi		

In question D1, input the number of enrolled participants (enrolled means number of children and/or adults registered to attend the site) in each of the categories: free, reduced-free, and paid.

D2 if you are a Child Care Center enter the number of enrolled children who receive Title XX. The number could be zero or higher. Adult Care Centers enter zero for D2.

D3 if you are an Adult Care Center enter the number of enrolled participants receiving Title XIX/XX. The number could be zero or higher. Child Care Centers enter zero for D2.

sig	nature Date	
11.	If Site is Unaffiliated, enter Signature Date of Site Representative from Site Application:	\$
12.	If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Site Application:	٩
3.	If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:	\$
14.	If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:	۲

Questions E1-E4 asks for unaffiliated site information in regards to signature dates on program documents. If this site is affiliated, skip questions E1-E4.



Certification.

All site applications require the Contracting Entity read the certification statement, click the check box certifying that they agree to the statement.

At this point, the person inputting the information can select Save.

Applications Claims Commission Commission	Veet Net Log O.
Applications > Application Packat - Canters > Packet Center Lot - I	CACE > Wegram Years 2010 - 2
Site Appli	cation for 2010 - 2011
Statues Active TEST) BAY AREA TURNING POINT INC BA: 23 FAMM BE 23 FAMM BE 23 FAMM BE 20 FAT 27 FAMM State Code: 103 DAR Regioni	1001 STATUS ACTIVE RAY AREA TURNING POINT, INC 232 Koss DI Dimélées, TA 77833
he Site Application has been saved with errors.	
nformation entered is either incomplete or is not in co equiations. All errors listed on the form must be correc 'ou may correct the errors now by clicking '< Edit' or y	mplance with the Texas Department of Agriculture rules and cted before the Site Application can be processed, rou may return to the Site Application later.
	< Edit Finish
	CEREMON CONTRACTOR

If errors exists in the application, you will see this screen after clicking Save. You must correct all errors prior to being able to submit an Application Packet.

If you get this screen, select Edit and correct all the errors and warnings listed on the application screen, and then resave the application to proceed.

Child and Adult Car	e Food Program	TX-UNPS 👬
Applications Claime Committee Jacob	Second Exactly	Vear Halp Log Out
Child & Ac	lult Care Food Program ication for 2010 - 2011	Program Years 2010 - 2011
Diago Biatouri Active (TEST) BAY AREA TURNING POINT INC DBA DBA DBA DBA DBA DBA DBA DBA DBA DBA	1001 Statust Active BAY AREA TURNING POINT, 322 Knaw St Dimeben, 7X 77052	INC
The Site Application has been saved.		
6	< Edit Finish	

When all the errors have been corrected and you have resaved the corrected application, you will see this screen telling you that your Site Application has been saved. You can now click on the Finish button.

			T	X-UN	PS 🚦
Applications Claim	 I constant 	- I seeda I perinte I peero	1.	vear Help	Long Over
Applications > Application I	Ap	Child & Adult Care Food Program plication Packet - Site List for 2010 - 20	11	Program V	eer: 2010 - 20
222 Knox St Dimebox, TX 77853 County District Code: 10 TDA Region: Action	Site #	Site Name	Type	Latest	Status
View Modify	+ 1001	BAY AREA TURNING POINT, INC	cc	Original	Not
Add Site					
Total Sites Enrolled:	1				

You will be directed back to your site list. If you have additional site applications to complete, you will select the next one in the list and complete it the same way that was just reviewed.

If you have no more sites in your list, and you do not wish to add new sites, select the Back button now.

Approximent the			Acceleration of the	Baseda	_	Year 1	Hudge Long Dun
Approximations a Application	Tarbar(+,Carrante(A))					Proders	PA 18871 2010 - 201
		Inde	spendent Ces	nter			
(TEST) BAY AREA UBA 222 Grass 31 Dimeters TH 72633 Courty Unstrict Loder 11 TDA Region	TURNING POINT	INC		,	Pecket Subr Pecket App suket Crighted App Pe	nitted Sate roved Cate roved Sate roved Status	
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Warm I Healify	Carrie athing	Entity Appli-	ation	Oriu	roal Next Sular	oitheat -	
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Details	Checklist ()	10					
	Levona	Pending	Reisen for Correction	Desired	Willahama/	Frent	Tutal Applications
Dits Application(a)	0	1	0	0	0	0	1
Show Packet History	xali 2013 - 2014 [€8a	Submit	for Approval	Withdrame is	Net Net 2		

You are now at the Application Packet Screen. We can see that the CE Application, Board of Directors, Contracting Entity Budget Detail and Checklist all have Green Checkmarks next to them. We can also see that we have a Site Application in the Pending Status at the bottom of the Application Packet.

We now have all of the necessary parts of the Application Packet correctly completed and saved, and we are ready to submit our Application Packet to TDA for approval.

Click the red Submit for Approval button to instantly submit your Application Packet to TDA.



Help desk



Legal Screen

TX-UNPS CACFP Training Packet for Day Care Home Application Packet New or Renewal Applications



Food and Nutrition



Have questions about CACFP forms, claims and applications? Contact your local Community Operations Office for assistance.

- Technical Assistances are locally available to help you with questions you have about the Child and Adult Care Food Program and the forms it requires.
- To contact a Technical Assistant, contact the closest Community Operations Office in your area, and request to speak to a Technical Assistant.

 El Paso Field Office 	(915) 834-7506
 Dallas/Fort Worth Metroplex Field Office 	(817) 321-8101
 Houston Field Office 	(713) 921-8201
 San Antonio Field Office 	(210) 820-0288
 Austin Satellite Office 	(877) 839-6325
 San Juan Office 	(956) 787-8866

Have questions about issues, such as errors or warnings, in TX-UNPS? Contact the TX-UNPS Help Desk for TX-UNPS software issues.

- The Help Desk is available to Contracting Entities (CEs) who need assistance with TX-UNPS.
- The TX-UNPS Help Desk specializes in helping you, the CE, correct errors and warnings issued by TX-UNPS, in order to get your application or claim ready for submission.
- The TX-UNPS Help Desk can be reached at: 1-877-TEX-MEALS

Food and Nutrition Division

Se's of healthy living Education, Exercise and Eating Right

TEXAS DEPARTMENT OF AGRICULTURE COMMISSIONER TODD STAPLES

The Texas Department of Agriculture's Food and Nutrition Division is funded by the U.S. Department of Agriculture, Food and Nutrition Service.

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Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Day Care Home Contracting Entity Application section of the Application Packet.



Slide 23 – First Day Care Home Slide for TXUNPS

To create a new CACFP application, or to renew your CACFP application, you will have to go to the TXUNPS website. You will need a user id and password.

If you are an existing Contracting Entity, you will receive two emails. One email will have your user id. The second email will have your password. This information is this way to make it harder for malicious others to steal your information.

If you want to create a new application, select the request TXUNPS ID link.



Slide 24 - DCH002

Once you have logged in to TXUNPS, select Applications.



Slide 25 - dch003

For child care and adult care, select application packet – DCH Contracting Entity.

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Applications >			and the second se
	select	Program Year	
No enliness on Re for Un County District Code; D4 TDA Region; 2 Currently, there are 3	Program Year(s) available. Select ti	he year you wish to access.	
Program Year	Date Range	Application Packet	
2011 - 2012	10/01/2011 - 09/30/2012	Not Started	
2010 - 2011	10/01/2010 - 09/30/2011	Application Packet on File	
2009 - 2010	10/01/2009 - 09/30/2010	Not Started	
		e Back	

Slide 26 - DCH004

Select the year you are applying for, or renewing. For the purpose of this training we will work in 2010-2011.

	Contraction of the second s	Search	Veer Hels Log Out
Applications & Appl	arten Pashes - DCH Sponser &		Program Years 2010 - 20
	Application P Day Care Home Contr	acting Entity	
(TEST) RED R INC DBAs No address on Ole County District Co TDA Region: 2	IVER CHILD CARE FOOD PROGRAM	Packet	Pecket Approval Date: Onginal Approval Date: Pecket Status: Not Submitted
Action	Form Name	Latest	Status
	DOM Contraction Setting Application		Not Started
Add	- Den contracting enery Application		
Add Next Base Year P	enewal: 2011 - 2012		

Slide 27 - DCH005

You will then click on the Add link to begin an application packet.

	oplications Claims	Search Search	Vear Help Log Out
100	Instant - Apelication Packas - DCH C		
			VIEW HODIFY DELET
	c	Day Care Home ontracting Entity Application for 2010 - 2	2011
Cou	address on file for this year nty District Code: 049		
Cou	address on file for the year ney District Code: 049 Region: 2 Atracting Entity Descriptio TIN 17523	n Type of Agency Private Non Profit Organization	Version: Origina
Cor TDA	addreas on file for the year needon: 2 metracting Entity Descriptio THA 17523 Does your organization operat	n Private Non Profit Graphication ie the CACF in any other state(s)?	Version: Origina
Cou TDA	address on file for the year network District Code: 049 Intracting Entity Descriptio The 15523 Does your organization operat Name of State(s):	n Type of Agency Drivate Non Profit Organization ie the CACPP in any other state(s)?	Version: Origina
Cou TDA	address on file for the year exp Detrict Code: 049 Region: 2 atracting Entity Descriptio 1710 17523 Does your organization operat Name of State(a):	n Type of Agency Private Non Profit Organization is the CACFP in any other state(s)?	Varsion: Origina

Slide 28 - DCH006

You have been directed to the CE application. If you are a new contracting entity, almost all of the questions/fields will be blank. If you are renewing, you will see that some questions/fields have answers and that others are blank.

It is the CE's responsibility to review all information that is already in the application, and to fill in all blanks, unless told otherwise through the process of this training.

Question 1 asks if you operate the CACFP program in other states. If the answer is yes, you must list the states in the text box provided.

	dresses					
St	reet Address					
2.	Address Line 1: Address Line 2:					
4.	States	TX	Zipt			
M	Hailing Address	the same as	the Street Ad	dress		
5.	Address Line 1: Address Line 2:					
6.	City:					
7.	State:	TX	Zipt			

Slide 29 - DCH007

The next section requires addresses for your contracting entity location. Questions 2-4 require that you input the physical street address that you are located.

Questions 5-7 require you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

Contacts						
Contracting Entity A	dministrator					
he Contracting Entity A	dministrator must b	e an individual who	has been autho	orized to act	on behalf of the	Contracting Entity
y agreeing to and signis	ng the Certificate of	Authority.	Loss N			
Name:						
Email Address:						
10. Facility Phone:		Enti	Fani			
1. Cell/Alt Phone:						

Slide 30 - DCH008

The next section requires contact information for key people in your organization. The information you provide in regards to email and phone should be the contact information that allows TDA to contact the individuals any time during business hours.

Fields 8-12 require that you input the contact information for the Contracting Entity Administrator. The CE Administrator is the same person who signs the Certificate of Authority.

Fields 15-19 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

		me as the Contra	cting Entity Administra	ator	
Name:	54	ilutation Fi	rst Name	Last Name	
Email Addr	rees!		Exti	Fexi	
Cell/Alt Pho	one:				

Slide 31 - DCH009

Fields 13-17 require that you input the contact information for the person who will be preparing your claims each month. If this person is the same as the CE Administrator, input the CE Administrators contact information.

Aut	horized Individu	al 1						
	authorized Individua	l is an individual wh	o has been	authorized	to act on b	ehalf of the	Contracting Entity by a	greeing to and
	Authorized Indivi	dual 1 is the same as	the Contract	ng tintity A	dministrator			
		Gelutation	First Name		Last	Name		
18.	Name:							
19.	Email Address:							
20.	Facility Phone:		Extr		Fax:			
21.	Cell/Alt Phones							
22.	Title:							
	horized Individu	al 2						
	[7] Authorized Indust	dual 2 is the same as	the Contracti	na Entity A	desiniatestor			
	In Province Indian	Seluceton First Name			Last	Neme		
23.	Name:	-						
24.	Email Address:							
25.	Facility Phone:		Extr		Faxt			
20.	Cell/Alt Phone:							

Slide 32 - DCH010

Fields 18-27 require that you input the contact information for 2 authorized individuals who can act on behalf of the Contracting Entity. These two contacts would have signed the Certificate of Authority. These two sections may be the same as the Contracting Entity Administrator.



Slide 33 - DCH011

As a Day Home sponsor, the Tiering section requests that you break down you provider counts, along with child eligibility.

Question 28.A requires you input how many Tier I providers you are sponsoring

Question 28.B requires you input how many Tier II providers you are sponsoring

Question 28.C requires that you input how many children are enrolled in Tier I providers you sponsor

Question 28.D requires that you input how many children are enrolled in Tier II providers you sponsor

Question 28.E requires that you input how many children are enrolled in Tier II providers that are eligible for Tier I reimbursement.


Slide 34 - DCH012

Question 29 requires you to select the approved method you will use to determine Tier I status.

Question 30 asks how you will notify your Tier II providers of the reimbursement options. If you select other, you will are required to explain in the text box provided.



Slide 35 - DCH013

Question 31 asks you to inform TDA of the procedure you will use to distribute and collect income eligibility forms from the children's households in Tier II providers claiming at both reimbursement rates. If you choose other, you are required to explain in the text box provided.

Question 32 requires you to provide how you will keep the information on the income eligibility forms confidential.



Slide 36 - DCH014

The next section is General Questions.

Question 33 asks if you are currently participating in CACFP as a sponsoring organization.

Question 34 asks if any of the providers you are going to sponsor have participated in CACFP in the past 12 months.

Question 35 asks if you engage in any business or activities not related to CACFP during normal business hours. If you answer yes, you are required to explain in the text box provided.



Slide 37 - DCH015

Question 36 asks if the CE has less than three years of administrative and financial history.

Next question 37 asks if you sponsor 50 or more providers.

You will then be asked in question 38 if you will be averaging you monitoring reviews. Unless you have had your Applications & Management Plan Change approved, you must enter NO on this question.

Question 39 asks if you would like to get advance payments if the funds are available.

Question 40 asks if you have complied with training requirements. Remember that if you are a new CE you are required to attend training, and that as a CE you are required to ensure that your organization has trained all of your sites.

If you answered no to complying with training requirements, you will be required to explain in the text box provided.

Question 41 wants to know if you subcontract for any CACFP functions. Please remember that there are specific portions of the CACFP that are not allowed to be subcontracted.

If you are unsure of any of this information, please review your CACFP Handbook or call your local Community Operations Office.



Slide 38 - DCH016

Certification

Federal regulations require that TDA certify information regarding past participation and any potential criminal issues. Read the questions thoroughly in Field 42, and answer accurately in regards to your organization.



Slide 39 - DCH017

Question 42.3 can be skipped if you answered NO to question 42.2.



Slide 40 - DCH019

Read the certification statement for number 43. After you have read the entire statement, check the box if you agree and understand. Then click on the red Save button.



Slide 41 - DCH020

If there were any errors in your CE application, you will see a screen like this. In order to later submit your application packet, the CE Application must be free of errors. Select Edit to return to the application, and correct the errors now shown in red.

Availations Claims		1 Samb	TA-ONPS
phramers > Apphramen Pachat - DCH 3pts	ner >		
Cor	Day o tracting Entity A	are Home pplication for 2011 -	2012
920 Status: Active EST) RED RIVER CHILD CAR! Adv address on file for this year unty District Code: 049 M Region: 2	FOOD PROGRAM	INC	
e Application has been saved.			

Slide 42 - DCH021

If you have correctly inputted your application, you will see a screen telling you your application has been saved.

Please note: SAVED does NOT mean it has been SUBMITTED. You must complete the entire application packet prior to being able to submit your application.

Select Finish to continue.

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	(Dealerships	Citche II fo	r Aurmal [1	Withdraw Cas	Ave.		

Slide 43 - ADC19

You have been directed back to the Application Packet screen to complete the next portion of your packet.



Slide 44 - Help desk



Slide 45 - Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Board of Directors for Day Homes Section of the Application Packet.



Slide 2 - DCH001

Once you have logged in to TXUNPS, select Applications.



Select Application Packet DCH Contracting Entity

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Previder Application(s)	2011 - 2212						
Provider Application(s) Next Base Year Earlevals							

You will now be looking at your Application Packet. You will see a red arrow next to the Board of Director section.



Once you have clicked on the Board of Directors, select Add Members.

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					Second 12	/	TX-UNPS
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Bo:	ard Member Inform Board Member type: Length of time on board:	Salutation	First Name	-	Last Name		
Bo. 1. 2.	ard Member Inform Board Member type: Length of time on board: Name:	ation Salutation	First Name		Last Name		
Bo 1. 2. 3.	and Member Inform Board Member type: Length of time on board: Name: Date of Birth:	ation Salutation	First Name (mm/dd/vyvy)		Last Name		
Bo. 1. 2. 3. 4. 5.	Anagoni and Member Inform Board Member type: Length of time on board: Name: Date of Birth: Email Address:	ation Salutation	First Nama (mm/dd/vyvy)	•	Last Name		
Bo 1. 2. 3. 4. 5.	and Member Inform Board Member type: Length of time on board: Name: Date of Birth: Email Addreas: Phone:	Salutation	First Name (mm/dd/www) Ext:		Last Name		_
Bo 1. 2. 3. 4. 5. 5. 7.	and Member Inform Board Member Types Length of time on board: Name: Date of Births Email Addresss Phone: Occupation:	Salutation	First Nama (mm/dd/vyvy) EXE:		Last Name Päx:		

Question 1 asks that you select the appropriate title for this board member

Input the length of time on the Board on question 2.

Question 3 asks that you input the name of the board member. Please use the legal name of the person and not a nickname.

The date of birth for the board member is required in Question 4.

Question 5 asks for a valid email address that the board member checks frequently.

Provide a phone number where the board member can be reached during business hours Monday – Friday in question 6.

Question 7 asks for the board members occupation, and question 8 asks for their current employer. If board member is unemployed or retired please note that here.

Curr	rent Employer	Address					
9.	Address 1:						
10.	Address 2:						
11.	Citys						
12.	State:	TX	Zipi				
Hom	e Address						
3.3.	Address 1:						
14.	Address 2:						
15,	Cityr						
16.	State:	T ×	Zip:				
17.	ts this member re organization? If Yes, please spi	lated to other	board members o	r staff of this	O Yes 💿 N		
	You must submit responsibilities an	documentation id liabilities ass	that confirms yo ociated with part	ur organization cipation in the	s governing body i CACFP.	s aware of the org	anization's
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				Save Cane	et :		
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Questions 9 -12 require the mailing address of the board members current employer. In fields 13-16 input the home address of the board member. If it was noted in Question 7&8 that the board member is retired or unemployed, please input home address in both sections.

Question 17 asks if the board member is related to any staff of the Contracting Entity. If yes, you must input the name and family relation in the text box. For example, Jane Doe, daughter.

Once all fields are filled in, click the red Save button to continue.

Child	and Adult Ca	are Food Pro	gram	TX-UNPS
Applications Claims	Contraction (Contraction	Canard		Yese Help Log Cur
Contrasteria >	DCH Board of	Directors - Member	Information	
02930 Statusi Active (TEST) RED RIVER C DBAI 225 Knox St Dimetex, TX 77853 County District Code: 049 TDA Region:	HILD CARE FOOD PRO	GRAM INC		
The board member ha	s been saved.			

You will now be taken to this screen which confirms that the information you just inputted has been saved.

Click on the Finish button to continue.

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opposite opposite a spin	STREET PACING STOLEN		D	HLETE
		DCH Board of Directors Member List for 2010 - 2011		
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County District Co TDA Region:	53 ede: 049 Name	Board Position	Versioni Ori	nginal
County District Cr TDA Region: Action View Modify	52 odei 049 Name Tracie Cantu 225 Knox St Dimebox, TX 7705:	Board Position Chairman of the Board	Versioni Ori Phone (979) 323-5522	nginal
County District Cr TDA Region Action View 1 Modify	87 order 049 Tracie Cantu 225 Knox St Dimebox, TX 7765 DOB: 04/05/1977	Board Position Chairman of the Board	Phone Versioni Gri (979) 323-5522	nginal
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You will now be on the Board of Directors Member List screen. You will see a summary of the board member you just completed, and will be able to add more board members at this point.

To add more board members, click on the red Add Member button, and repeat the process we just reviewed to complete the next board member.

If you have finished adding board members, select the Back button to return to the application packet.

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Applications 3, 442 Collect, 25	DOM: / AND MADER OF T	Арріі	cation Pack	et		Program	N 1497 4535 A 4533
	D	ay Care Hor	ne contract	ing Entity			
02230 Diavasi Adive (TEST) RED RIVER C INC DIAL 23 Knew R Dires Dear Th 72056 County Dialitic Docks 249 - 26 Register 2	HILD CARE FOR	D PROGRAM			Packat 0/2/m Packat Appr Packat Appr Packat Appr Packat	ted Deter mes Date must inter ret statue	66/01/2011
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reader application(s)							
reaching application(s) Next Pase Year Received							

On the application packet screen you will notice that the red arrow by board of directors has been replaced with a green checkmark.

You are now ready to continue on to the next section of the application packet: contracting entity budget detail.



Slide 11 - Help desk



Slide 12 - Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Budget Detail for Day Homes Section of the Application Packet.



Slide 2 - DCH001

Once you have logged in to TXUNPS, select Applications



Select Application Packet DCH Contracting Entity.

Applications Clarma	a la forma de la compañía de	Concession in the	and the second second second	eesth		3000 1	THE LECOU
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You will now be looking at your Application Packet. You will see a red arrow next to the Center Budget Detail section.



Now that you are in the CE Budget Detail, let's review all of the fields.

Section A Anticipated Annual CACFP Reimbursement

Enter the number of sites you plan on sponsoring.

The next field asks that you input how much revenue you expect to receive from your meal reimbursement for the entire program year from CACFP for all of your sites.

Remember: revenue is the money that your business earns. Profit is what is left of your revenue after you have paid all of your expenses.

A Total Labor Costs (Salaries, Wages, Taxes and Benefits)		\$0.00
B. Facilities and Space		\$0.00
C. Supplies and Equipment		\$0.00
D. Purchased Services		\$0.00
E. Financial Costs		60.00
F. Media Costs	5	\$0.00
G. Sponsoring Organization Cost	\$	\$0.00
H. Other		\$0.00
Total Administrative Costs	\$0.00	\$0,00

Next is the section on Projected Annual Administrative Expenses

- A wants you to in input how much money you expect to spend on total labor costs for CACFP.
- B wants you to in input how much money you expect to spend on facilities and space used for CACFP.
- C wants you to in input how much money you expect to spend on supplies and equipment used for CACFP.
- D wants you to in input how much money you expect to spend on purchased services used for CACFP.
- E wants you to in input how much money you expect to use on financial costs for CACFP.
- F wants you to in input how much money you expect to use on media costs for CACFP.
- G wants you to in input how much money you expect to use on sponsoring organization cost for CACFP.
- H wants you to in input how much money you expect to spend on Other, which must be explained in the text box, for CACFP.

If you are unsure of how to complete these budget questions, please review your CACFP Handbook or call your local Community Operations Office.

Su	mmary		
1.	Total Expenses (Administrative)	\$0.00	\$0.00
2	Total Other Income		\$0.00
	Explanation of Source of Other Income		
			-
١.	Total Income	\$0.00	\$0.00

The next section is the Summary

Question 1 will be populated by the TXUNPS system.

Question 2 asks that you input the amount of money you anticipate to get from your annual CACFP reimbursements.

Question 3 asks for the dollar amount of any other income that you receive. You will have to explain any other income in the text box required.

Question 4 will be calculated by TXUNPS based off of the number entered in the Summary section.



The next section is Certification.

The CE is to read and review the certification which explains that projected reimbursement is an estimate, and that the CE will be reimbursed the lesser of the following: actual costs or actual reimbursements.

Lastly, we will review the Document Attachments.

After inputting your budget estimates, and certifying the budget detail, you will be required to upload the Budget Justification and Disclosure Document. This document is a detailed justification of the larger numbers that were inputted above.

This document can be found on the CACFP Program Forms website. Make sure you have already gone to the CACFP Programs form webpage, and downloaded, completed & saved the document on your computer.

Let's walk through how we would upload this document to our TXUNPS Budget Detail.

Click on Add an attachment

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Once you have been clicked on add an attachment, you will be directed to this upload screen.

To upload your completed Budget Justification and Disclosure document to the system go to Upload Detail Field 1 and click on browse.

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		Oper	Cancel	100

A pop up box will appear, select the Budget Justification and Disclosure Document you have already completed, and click Open.

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Once you see this screen showing that your document was selected for upload. Click the red Save button.



You will then be directed to a screen that will tell you your budget file upload has been processed. Once seeing that message, you can click the Finish button and proceed with finalizing your Budget Detail in TXUNPS.


You have been brought back to the Budget Detail screen in TXUNPS, and click the red Save button.

Child	and Adult Ca	re Food Program	TX-UNPS 🔝
Applications Claims	Constance I Avenue	Telefite Bearch	Vear Help Log Out
	Child & A Contracting E	dult Care Food Program ntity Budget for 2010 - 2011	
22930 Status: Active (TEST) RED RIVER CH 38A: 225 Knox St Dimehov, TX 77853 Sounty District Code: 049 TDA Region:	IILD CARE FOOD PROG	RAM INC	
The Budget has been sa	aved.		
		Income Incomental	

If there were no errors on your contracting entity budget detail, you will see this message telling you that your budget has been saved.

Click Finish to continue.

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You have now been brought back to the Application Packet screen. You will see that the red arrow has changed to a green checkmark next to Contracting Entity Budget Detail.



Slide 16 - Help desk



Slide 17 - Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Checklist Section of the Application Packet.

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	Welcome to	the Texas Un	ified Nutrition	Programs Sys	tem
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Slide 16 - DCH1

Once you have logged in to TXUNPS, select Applications to go to the Checklist.



Select Application Packet - DCH

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						Bregra	m vaar: 2010 - 3
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Next Base Year Senew	al: 2013 - 2014						
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You will now be looking at your Application Packet. You will see a red arrow next to the Checklist section.

Click on the Details link in the Checklist section of the Application Packet.



You will be directed to the checklist summary page. If you have checklist items that need to be submitted, you will see the 1 or more under Total Items.

Click on the name of the entity that has 1 or more showing under total items.

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Applications In					fregs	am Years 2910 - 2211
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TEST BAY AREA TURNING EQA 222 Year Di Lamatra, Li John Ton Region	POINT INC					
Required Forms/Documents	Document Submitted	Date Submitted	Gecoment on File w/TDA	Status	Status	Last Updated Dy
Application for "exes Identification tramber (AP-102)	10	0		Approval	27/20/2011	TCartuce
Certificate of Authority	173			Pendina	97/20/2011	TCar LoCE
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Vendor Direct Deposit/Advance	13		- TC	Pendina	59/20/2011	TOH WE

After clicking on the entity name, you will be sent to the checklist screen.

This screen lists all of the documents you will need to send to TDA to complete your application. These documents can be found under the Download Forms section, which we will see on the next screen.



You can need to download copies of the documents you can go back to the main Application screen and select Download Forms, or you can go to: <u>http://netx.squaremeals.com/SNP/forms.html</u>

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(TEST) BAY AREA TURNING Davis 222 Knew 61 Dimason, TX 72853 County Feature Folder, 613 -108 Beg res	POINT INC					
Required Forms/Documents to send to TDA	Submitted to TDA	Dele Submitted	Document on File W/TDA	Status	Status	Last Updated by
Application for Texas Icentification Number (AP-182)	1921	C7/20/2011	1 =	Paniling Autoropal	07/20/2011	TCentu-CE
Cartificate of Authority	IMI.	C7/20/2015		Pending	07/20/2011	TCantu CE
Pre Award Civil Lights Compliance Review	190	02/20/2011		Pending	07/20/2011	TCENN-CE
FND Dermanent Agreement	190	07/20/2011		Pending	07/20/2011	TCanh.CE
luoverning Body Awareness	583	0.7720/2011		Approval	0772072031	ILANGULE
Lega Consuments	583	07/20/2011		Pending	07/20/2011	TCARL CP
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Subcontrast Agreementa	(92)	07/20/2011		Pandang Approximit	07/20/2011	TELANCE
Vender Direct Deposit/Advance	1921	07/28/2011		Pending	07/20/2011	TCantu-CE

Once you have downloaded and completed the forms, mail or fax them to TDA. Once you have completed that step, select the check box stating that you have submitted the documents to TDA. A date will auto-populate in the date submitted field. At this point you would select Save.

By doing this you let TDA know that we need to be looking for your documents to review. Once TDA has the documents and completes the review, we will check the box stating documents received and the status will change to approved or returned.

Child and Adult C	are Food Program	TX-UNPS
Applications Claims	Search	Vear Help Log Out
	CACFP Checklist	
VALUE 7 DEBUT RECEVE CON. 222 Knok 81 Dimebox 7X 77853 Guarty District Code: 101 Tod Region		
The Checklist has been saved.		
	< Edit Finish	

Once your checklist has been saved for that entity, you will see a confirmation screen. You will now click Finish to return to the Checklist Summary Screen.



If you have any additional sites with items showing under Total Items and zero under Submitted Items, you must click on each entities' name and repeat the same process we just reviewed.

Once all entities and sites have the same number showing under total items and submitted items, you can then select the Back button to return to the Application Packet

Applications Da		A Constant	1 1	- Berner, 1		Test	Photo I Long D
		Ap.	plication Par	ker		ATRONY	m yaan 2016 -
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thew Paricel Hallary	(i.e.Ba	aka] (mana)	for Approval	Withdra- 2	ashat		

You are now back to the application packet, and if you completed your checklist section correctly, you will see a green checkmark next to Checklist.



Help desk



Legal Screen



Slide 1 - Welcome

The Texas Department of Agriculture, Food & Nutrition Division, would like to welcome you to the TXUNPS Software Demonstration Series.

In this session, we will be reviewing the Day Care Home Provider Application section of the Application Packet.

Cashine		Beards	News 11 Hole 1
Welcome to	the Texas Unifie	ed Nutrition Pro	ograms System

Slide 30 – First Slide for DCH in TXUNPS

Once you have logged in to TXUNPS, select Applications



Select Application Packet - DCH

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		Da	Appli	cation Pack	et			
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Provider Application	nte)	0			0	0	0	1.
CONTRACTOR OF THE	Cardina Contra	2012						
		Con Rach	Character	Parente C	withdraw Bart	Lat]		

You will now be looking at your Application Packet. Toward the bottom of the Application Packet you will see a link for Provider Applications.

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Radioshara & Audioston Radios - DOT Isonour & Provide S	And De La Constantion	Starting Street	Washer Street		Fragment Year: 2015 - 2011
Applicatio	nn Packet	- DCH Pros	Ader List		
20200 Distant Addite (TTST) RED RIVER CHILD CARE FOOD PRC 27 Januar 56 Distant St Distant Children TX 77856 Caust Children Codel C49 Tod Ragions 2	GRAM IN	e			
Provider Tetale					
Approved: O Unapproved: E Total: 1		Clusted: 0	SulfiCanalles	4.0	Territatied: 0
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Provider Search					
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1 Book	(all a	and days			
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If you are an existing Day Care Home Sponsor, you will see a list of providers to select from to review and update their site applications. Please note: all provider applications on file must be reviewed for information errors and all missing information entered.

For the purpose of this training example, we will add a provider to get to a site application.

Click on Add Provider.

Andronista & Application Packet / DCH Spansor	- Travidar Las -	Program Year	3010 - 301
	Add Provider		
rovider Information			
Licensed By License Number (if applicable) Last Name (if applicable)	Licensed Registered Military Tribal		
	× Back Search		

Choose the Licensing authority for your day care home. If you choose licensed or registered, you must put in a license number.

If you choose military or tribal, you must put in a last name. This search will see if the provider is already listed in TDA's database.

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- Burth Escarde And Store Provides		Last Hames	e'ombel			
				n Basis Bearsh	Add New Provider	

The license number was not found in the database, so you will be required to provide the first and last name of the person associated with that license number.

Now click the red add new provider button.



We have now been directed to the provider application for Day Care Homes. Question 1 will show the requested application effective date.

Ice	ense Information		
6	Provider is:	Licensed w	4
9	License/Registration Number:	1234567	
	Capacity:		
	License Effective Date:		(mm/dd/ysyy)
	License Expiration Date:		(mm/add/yyyy)
	License Effective Date: License Expiration Date:		(mm/dd/yyyy) (mm/dd/yyyy)

The next section is License Information.

Questions 2 & 3 will be filled in by TXUNPS based on information you provided earlier.

Field 4 requires you to input the capacity as allowed by your license.

Field 5 asks for the effective/beginning date of your license, while field 6 asks for the expiration date of the license.

Pro	vider Information				
		Salutation	First Name	Last Name	
n. K	Provider Name: Date of Birth: (mm/dd/yyyr)		Emma	Combs	
6.	Email Address:				
10.	Phone: (999-999-9999)		Ext:	Fax: (000-009-0000)	
11.	Alternate Provider ID:				

The next section is Provider Information

Field 7 requires that you put the name of the provider along with salutation. Make sure that the name matches the license.

Field 8 requires the date of birth of the provider.

Field 9 is where the provider's email address is input.

Field 10 is the provider's phone and fax number. These numbers should be numbers that the provider will answer during business hours.

Day Care Home Lor	ation (asset be obvacal address) no P.D. Box)	
12. Address 1: 13. Address 2: 14. City: 15. State: 15. State:	TX Z(p)	
Mailing Address		
Mailing Address is 17. Address 1: 18. Address 2: 19. City:	the same as the Strast Address	

The next section requires addresses for your day care home.

Fields 12-16 requires that you input the physical street address that the day care home is located.

17-20 requires you to input the address that all business correspondence and financial documents should be mailed to.

If the addresses are the same, please input them in both sections: Street Address & Mailing Address.

Alternate Contact I	nformation (optional)		
1. Name:	Delutebun First Neme	Last Name	
2. Email Address:			
3. Phone:	Extr	Faxt	
4. Address 11			
5. Address 2:			
6. City:	-		
City: State:	TX Zip:		

The alternate contact information section is optional though highly recommend to fill out.



The next section is in regards to Tiering.

Question 28 asks that you select which Tier this provider is in.

Question 29 is only required for those in Tier I. Tier I providers must select why they are Tier I. If they choose census, they must provide the census code. A start and stop date are also required for all Tier I providers.



Question 30 asks that Tier II providers choose which reimbursement option they want for their location. Question 31 asks for the breakdown of the number of children enrolled in the program.



The next section is Schedule.

- 32.A requires that you check each month the provider operates.
- 32.B requires that you check each day that this provider is open and operating.

Bar	wlas Schadula				
33.	Normal Hours of Chi	Id Care Time Openi	× 100 ×	Time Close:	.00 .
	Operations:				
24.	Regular Pleass	First Shift		Second Shift	
	Meal	Start Time	End Time	Start Time	End Time
	E Breakfast	· :00 ·	.00 .	.00 .	
	AM Snack	.00 -	- 100 -	- 100 -	- 00
	El Lunch	· :00 ·	· 100 ·	T 100 T	(m) :00 (m)
	PM Snack	E 100 E	· 100 ·	100 .	
	E Supper	· 100 ·	· :00 ·	· :00 ·	· 00:
	Evening Sneck	- 100 -	· 100 ·	- 100 -	· 100 ·

33 Requires that you input your hours of operation.

34 Requires that you select which reimbursable meals you serve and what their start and end times are. If you have a second shift of reimbursable meals, you will input the second shift start and stop times here as well. If you do not have a second shift, leave the times blank.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

we	ekend Schedule				
55.	Normal Hours of Chi	Id Care Time Open:	× :00 ×	Time Close:	· 00 ·
	Operations:				
	Weekeng Mealal	First Shift		Second Shift	
	Meal	Start Time	End Time	Start Time	End Time
	E breakfast	.00 .	· 100 ·	.00 *	.00
	AM Snack	.00 .	.00	· 100 ·	· 00: ·
	E Lunch	· 00: ·	··· :00 ···	× 00:	
	PM Snack	· 00 ·	· 100 ·	· 00: ·	· 00:
	I Supper	- 100 -	··· 100 ···	· 100 ·	(m) 100 (m)
	Evening Snack	× :00 ×	W 100 W	× 100 ×	× 100 ×
~	Anticipated Closures	1			121
					0

If you operate on the weekend, you are required to answer questions 35 & 36.

If you have any anticipated closures, for example you are closed the 2nd week of June every year in order to perform a heavy cleaning on your location, please list those dates in the text box.

Please note: If you are unsure of what meals/snack you serve can be considered reimbursable, please review your CACFP Handbook or call your local Community Operations Office.

Ger	veral Questions			
30.	How are meals prepared?		Prepared on site Other	
	If Other, please explain:			
39.	Site will make meal counts a month:	nd menu	ecords available to the Contracting Entity by	the following date of each
10	Den Approval Mait Pater		(1-31) (mm/dd/www)	

The next section is General Questions.

Question 38 asks if the meals are prepared onsite or other. If you choose other, you will be required to explain in the text box provided.

Question 39 asks what day of the month the provider will make available meal counts and menus to the CE.

Question 40 asks for the date of the provider's pre-approval visit.
Ignatu				
	ure Date			
1. Sign	nature Date of Contracting Provider(s) on Site Application:		(1000/dd/9797)	
App	nature Date of Contracting Entity Representative on the Site		(mm.an.4334)	
3. Sign Spor	nature Date of Provider(s) from Permanent Agreement with prooring Organization:		(mm/dd/yyyy)	
4. Sion	nature Date of Contracting Entity Representative from Permanent reement with Sponsoring Organization:		(mm/dd/yysy)	
5. Has defe	a the provider ever been found guilty of committing fraud (including erred adjudication)?	© Yes	🗇 No	
If ye	es, provide the date the sentence expired:		(mm/dd/vvvv)	

Questions 41-45 asks for provider and CE information in regards to signature dates on program documents.

If you are need additional help with any of this information, please review your CACFP Handbook or call your local Community Operations Office.



The last section is Certification.

All provider applications require the certification statement be read by the inputter, then click the check box certifying that they agree to the statement.

At this point, the person inputting the information clicks the red Save button.

Child and Adult Care F	ood Program	TX-UNPS
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applications > replication Packet - DON Spinistr > Invinder Lot >	ovider Application	
(TEST) Report Arrest CHILD CARE FOOD PROGRAM INC DBA: DBA: DBA: DBA: DBA: DBA: DBA: DBA:	Combs, Emma 157 Main St Dimebex, TX 77853	
The Provider Application has been saved.		
- Edit	Finiah	

If there are no errors in your provider application, the above screen will be displayed. Click on finish to continue.

	The second s				TX-UNPS
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	Provid	or Applicat	tion Effect	ive Dates	
County District Code: 049					
. 2	Claim	1225 22-	1225	100	100
Action	Effective Claim Period Oct 2010	Version	Tier 1	Status	Approved Date

You will be directed to this screen to see that the provider has been inputted, and the status of the provider application. Select back.

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52980 Blates Alive CIEST NED REVEN CHILD CARE Date Date Box, 1X 77856 Date Box, 1X 77856 Date Date Date Date TOA Regiens 2	IOOD PROC	HAM INC			
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	144	providers for th	IS CE.	000000	
< back		Add Provider			

You will be taken back to the DCH Provider List screen. If you have no other provider applications to update or add, you can click on the back button.

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Applications > Application Fed	Sat - D	OCH Sponsor >					Program	m Veari 2010 - 201
		Do	Applic y Care Hon	cation Packs	at Ing Entity			
02930 Status: Active (TEST) RED RIVER C DBA: 22 Knax St Dime Bex, TX 77856 County District Code: 049 TDA Region: 2	нпс	D CARE FOOD	PROGRAM		Park	Packet Subm Packet Appr at Original Appr Packet	itted Date: oved Oxter reval Date: liet Status:	Not Cubroitted
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Action View Modify Details	3	Form Name DCH Contracti DCH Board of	ng Entity App Directors	lication	Latest Version Original Original	Status Not Subm Pending	itted	
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You are now viewing a completed application packet. All items have been completed and saved. It is now time to SUBMIT the application packet to TDA for approval.

Select the red Submit for Approval button.



Slide 53 - Help desk



Slide 54 - Legal Screen