

**CHILD AND ADULT CARE FOOD PROGRAM DAY CARE HOMES
APPLICATION FOR START-UP OR EXPANSION PAYMENTS**

Name of Contracting Entity	Program (TX) No.
Address (Street, City, State, Zip)	
Name of Authorized Representative	Telephone No. (include A/C)

1. **Type of Organization:** Public Institution Private Non-profit tax-exempt*
Organization (*attach documentation of tax-exemption under 501(c)(3) of the Internal Revenue Code)

2. **Type of Payments for which you are applying:** Start-Up Expansion

3. **Organizational History:** Describe your organization’s history of managing funds and administering public or private programs. Include information that demonstrates your organization will be able to successfully manage the CACFP. (Attach additional pages if necessary)

4. **Recruitment Plan:** Describe your plan for recruiting day care homes. Include how you will contact day care homes, how you will document or maintain documentation to show proof that the day care home is currently in existence, how you will identify allowable and unallowable costs incurred, how many day care homes you plan to recruit. (**Note:** unallowable costs include, but are not limited to, costs incurred in recruiting a day care home that is currently participating with an approved CACFP sponsor. Section 4000 of the CACFP DCH Handbook contains additional information about unallowable costs). (Attach additional pages if necessary)

Certification

I hereby certify that the information provided in connection with this application is true and correct to the best of my knowledge and agree that any misrepresentation or false statement made in connection with this application will be grounds for denial of this application for start-up or expansion funds.

By signing this agreement I certify that I am authorized by the applying entity to apply for start-up and/or expansion funds and provide the requested information contained herein.

On behalf of the applying entity, I acknowledge that all information provided herein is subject to the Texas Public Information Act, Texas Government Code, Chapter 522, and may be subject to public disclosure.

Name of Authorized Representative of Contracting Entity

Title

Signature of Authorized Representative

Date