



Child and Adult Food Care Program

Emergency Operational Cost Reimbursement

Information for Program Operators

You are receiving this communication because you have been identified as potentially eligible by the Texas Department of Agriculture (TDA) for additional reimbursements through the CACFP Emergency Operational Cost (EOC) Reimbursement Program. The one-time program is designed to provide additional reimbursements for eligible school food authorities (SFAs) and Child and Adult Care Food Program (CACFP) operators whose revenues declined or were interrupted during the early months of the COVID-19 public health emergency. Program details can be found at:

[SquareMeals.org in the Corona Virus Update for CEs](https://squaremeals.org/FandNResources/CoronavirusUpdateforContractingEntities/EmergencyOperationalCostReimbursementProgram.aspx) section.

(squaremeals.org/FandNResources/CoronavirusUpdateforContractingEntities/EmergencyOperationalCostReimbursementProgram.aspx)

What do I need to do?

To meet eligibility requirements, program operators must currently operate or intend to resume participation in the eligible child nutrition program(s) within the prescribed time. Based on TDA records, you have not submitted a claim for reimbursement during the months of September 2020 through the present and are not considered “currently operating” per Child Nutrition Program requirements.

TDA is working with your sponsor to provide program sites the opportunity to declare their intention regarding the resumption of CACFP operations within the specified time period. Although participation in the CACFP EOC Reimbursement Program is voluntary, **response to this form is required**. The form provides a process for the site Authorized Representative to:

- to provide the statutorily required assurance statement that the site will file a valid claim for reimbursement no later than a month occurring within 90 days after the conclusion of the public health emergency. (This signed statement is a federal requirement. TDA may seek recovery of funds should you fail to resume operations within this timeframe.); or
- Opt-out of the one-time CACFP Emergency Operational Cost Reimbursement Program.

This assurance statement is provided by completing, signing, and returning the following form/letter to your sponsor no later than **July 26, 2021**.

Note: Submittal of this form does not guarantee eligibility for additional

reimbursement under this Program. Please contact your sponsor with any questions.



CACFP EOC Assurance Statement

1. Sponsor:

2. Sponsor's CE ID:

5-digit number from TX-UNPS

3. Sponsor Administrator's Name:

4. Sponsor Administrator's Email:

example@example.com

5. Sponsor Administrator's Phone

Please enter a valid phone number.

6. Enter the name of the site: *

7. Enter the name of Site Operator or their Authorized Representative: *

First Name

Last Name

Items 8, 9, and 10 must be the contact information of the person submitting this form (Primary Contact):

8. Primary Contact's Name (if different from the Authorized Representative/Program Operator:

First Name

Last Name

9. Primary Contact's Phone Number *

Please enter a valid phone number.

10. Primary Contact's Email *

example@example.com

Assurance Statement

Opt-in/Opt-out Selection

ASSURANCE STATEMENT

Eligibility for additional reimbursement under the *CACFP Programs Emergency Operational Cost Reimbursement Program* requires that a program operator who has temporarily paused operations resume filing a claim no later than **a month occurring within 90 days after the conclusion of the public health emergency**. TDA may seek recovery of funds should you fail to resume operations within this timeframe.

11. Assurance Statement Confirmation: *

I certify that I have read and understood this ASSURANCE STATEMENT.

Name of person confirming the assurance statement: *

First Name

Last Name

OPT-IN/OPT-OUT CONFIRMATION

12. Opt-In Confirmation:

- Consideration for additional reimbursements through the Emergency Operational Cost Reimbursement Program

By selecting this option and submitting this form, I am acknowledging that as an authorized representative of the named site, I am providing the required ASSURANCE STATEMENT on behalf of this site for consideration for additional reimbursements through the *CACFP Programs Emergency Operational Cost Reimbursement Program*. Further, I acknowledge that TDA may seek recovery of any funds received by this site through this Program if I do not resume operations within the stated 90-day timeframe in the ASSURANCE STATEMENT

13. Opt-Out Confirmation:

- Decline to submit ASSURANCE STATEMENT and be considered for additional reimbursements through the EOC program.

By selecting this option and submitting this form, I am acknowledging that as an authorized representative of the named site, I am declining to provide an ASSURANCE STATEMENT on behalf of this site.
I understand that this decision to opt-out will result in this site not being eligible for additional reimbursement under the CACFP Programs Emergency Operational Cost Reimbursement Program.

You will receive an email from TDA confirming the successful submittal of your assurance statement. You must retain this documentation in accordance with program recordkeeping requirements.

Submit