



---

# DEPARTMENT OF EDUCATION

---

## CHILD NUTRITION PROGRAM

---

# Online Application Family Day Care Homes

---

**Application Guide**

## Contents

Revision History.....	2
Revision History Chart.....	2
Using the Website.....	2
FDCH.....	2
Institution Application .....	2
Facility Application.....	5
Budget Application.....	7
Management Plan Application .....	12
Submitting Applications to the State Office .....	13
Reporting Changes in the FDCH – Add or Amend a License .....	14
Reporting Changes in the FDCH – Adding a New Site.....	19
Reporting Changes in the FDCH– Changing Persons Authorized to Sign.....	20

Application Guide

### Revision History

Every change to this document, subsequent to initial sign-off, must be recorded in the Revision History Chart below. There are no exceptions. Note that the Project Manager must sign off on any changes to this document.

### Revision History Chart

Date	Version	Description	Author
04/13/2015	1.0	Online Application Family Day Care Homes Instruction Guide	June Barrett

## Using the Website

### FDCH

This is the application section. Once **FDCH** is clicked, Application and Submit Application will appear.

**Application** - The four forms that make up the application and the Site Data Sheet are found here.

**Submit Application** – New applications and application revisions must be submitted to the SDE. This section controls the submission.

#### Application

Once selected, the four applications and the site data sheet are revealed on the blue menu bar:

- Institution App
- Facility App
- Budget App
- Management Plan App
- Site Data

To move from page to page within a form:

- Use the page numbers at the top of the page. Before moving to the next page select the **save** button at the bottom of the page to save the data entered.

### Institution Application

This application contains organizational and administrative information about the sponsor.

#### Page 1 – Sponsor Contact Information

Items 1 and 2a- are prefilled by the SDE with information regarding the institution's address and official representative information. Any entry error must be corrected by the SDE.

Item 2 b- Information regarding the CNP Representative. The name of the CACFP contact person for the SDE is listed here. This person may be the same as the Official Representative. Edit, as needed.

#### Page 2 – Participation Details

Item 3- Item 3a, indicate any other programs funded through ALSDE, CNP Section in which your organization has participated over the last three (3) years.

Item 4 – Does your organization operate CACFP in any other state? If yes, answer the additional questions. Otherwise, select no.

Item 5 – If your organization holds a Headstart Grant, click the radial button next to yes. Otherwise, select no.

---

Application Guide**Page 3 – Accounting and Audit Information**

Item 6 –A separate checking account is required unless you have been given prior approval by the SDE. Failure to have a separate account, when required, is a Serious Deficiency. Click the appropriate radial button.

Using the Website (continued)

Item 7 – Identify the fiscal year and information regarding audits:

Item 7a–Identify the most recently completed fiscal year for **your** business. For most sponsors, this is January 1 to December 31 of the preceding year. For example, if you are completing this in 2050, it would be January 1, 2049 to December 31, 2049. If you are unsure of what to put, check your tax returns. The fiscal year is listed at the top of the first page.

Item 7b–For the last operating fiscal year (the one you identified in 10a), did your organization expend \$500,000 or more in Federal funds? Select the correct radial button.

Item 7c–If you clicked **Yes** in 10b, did you submit to the SDE an audit report? Click **Yes, No** or **NA** (not applicable).

Item 7d–If your audit report is not conducted under the agency name listed on your CACFP Agreement, list the other name in the box. Otherwise click **NA**.

**Page 4 – Racial and Ethnic Data**

Item 8a – Select the counties in which the participants you serve live. Once you have selected a county, click the **Add County** link highlighted in blue.

Item 8b – Each year the SDE issues a public release to media outlets and grassroots organizations notifying them of your participation in the CACFP. Does your organization issue a public release also? Click **Yes**

**Page 5 – Recruitment and Training**

Item 9 – Indicate if you will or will not add another center this year

Item 10a and 10 b – You must train your providers and staff employees once a year on the topics listed and you must document this in writing. **All boxes must be marked in 10a.**

Item c – Civil rights training is provided annually by the SDE. Click **Yes**. If no, you must explain in the pop up box.

---

Application Guide

**Page 6 – Board Members**

Board members for your organization are listed on this page and must be updated annually. Please note that the computer lists the Official Representative for your organization as a board member. Review the list of names on this page. If a person is no longer on the board, click **delete**. If a person's information has changed, click **edit**. If you have a new board member, click **Add Board Member (highlighted in blue)**. For each board member, you must indicate if the person is related to the Official Representative. Prior to leaving this page, click **Update** to add the board member to the application page.

**Review Page**-Details all information completed in the Institution application by the sponsoring organization. It also will allow you to see the changes made on revisions.

## Facility Application

The Facility App contains information about each site (home provider). To access a site, click Facility (under Applications in blue menu bar), then click the box located on the left side (under Facility Participation) of the site (provider) you want to access, and then click **Edit** (located in the far right column) next to the tiering status of the provider. **Do not undo the left green check box if you intend to submit the facility application to the State. If you do, you will erase all of the information entered in the facility application.**

### Page 1 – Address and Contact Information

Item 1- **Facility Information**-pre-filled from the Site page. If you see an error, you must go to the site page to make the corrections.

Item 2- **Provider Information**- requires the name, telephone number, and other information of the site contact person. This person should be the name indicated in Item 1.

### Page 2 – Facility and Participation Details

Item 3 -**Type of Facility Eligibility**- Click Tier **1** or Tier **2**. If Tier **1** is clicked, indicate how the status was verified. *School data* will require selecting the School system and eligible School that would service the address of the provider's home. All schools listed in the drop down box are 50 % or more free and reduced. If the school is not listed in the drop down box then the home is not eligible for Tier 1 rates based on school data. Remember, any K-12 Schools can be used. *Census data* will require verification of census tract and block group information used and certification that this Census Eligibility Documentation is on file. *Income* will require you to certify that an **approved** Income Eligibility Application is on file.

If Tier **2** is clicked, indicate the Tier 2 category and reimbursement options.

Item 4-**Type of Facility**- Click the appropriate type of facility.

Item 5a-c- **Provider's Children**- Indicate the number of provider's children (by age category) who are enrolled and eligible for reimbursement of meals. If the provider's children are not eligible for meal reimbursements, then do not count them in this area.

Item 6- **Migrant Workers**- Children of migrant workers (15 years of age or younger) are eligible for CACFP meals. If you are aware of any migrant workers in your area whose children are in the care of one of your home providers, then please indicate the total number in the space.

Item 7- **Disabled Persons (19 and older)** - If you know of a provider who has in their care a person who has a physical or mental disability and would like to receive reimbursement for this person, you should indicate this in this section. **Documentation** from an official person or governmental agency must be on file by the sponsor that clearly identifies this person as being disabled. You only have to indicate a number in this section if the provider wants to claim reimbursement for this person(s).

Application Guide

**Page 3 – Operational Dates**

This section determines the number of days each month the provider will be approved to operate.

On the Month/Days chart (located on left side of page), click **Oct – xxxx**, where xxxx is the year. The calendar (on the far right) will now say October xxxx (in our example, selecting Oct – 2009 in the Operation Days chart, changes the calendar to October 2009.

On the calendar, red colored dates indicate operating days. Blue colored dates indicate closed dates. Review each month so that it indicates the days you are open and closed.

All 12 months should be completed in this section.

**All weekdays will be defaulted automatically to RED.**

The screenshot shows the 'Operational Dates' interface. On the left is a table with 'Month' and 'Days' columns. The 'Days' column contains values for each month from October 2009 to September 2010, with a 'Total' of 261. In the center is a list of dates from 10/1/2009 to 10/19/2009. On the right is a calendar for 'October - 2009' with days of the week (Sun-Sat) and dates 1-31. A legend at the bottom right states: 'Red Color Dates indicate Operating Dates', 'Blue Color Dates indicate Closed Dates', and 'To select or de select a date click on the date in the above calendar.'

Month	Days
OCT - 2009	22
NOV - 2009	21
DEC - 2009	23
JAN - 2010	21
FEB - 2010	20
MAR - 2010	23
APR - 2010	22
MAY - 2010	21
JUN - 2010	22
JUL - 2010	22
AUG - 2010	22
SEP - 2010	22
<b>Total</b>	<b>261</b>

**Page 4 – Meal Service**

Select all the meals to be claimed by clicking the box next to the meal type.

Select the start and end times of the selected meals. The times should be broad enough to cover the entire meal service. All meals must be served within the time frames established by the state. (Breakfast-5:00am-10:00am; Lunch- 10: am-2:00pm; Supper-5:00pm-8:00pm) A minimum of three hours must elapse between the beginning of breakfast and lunch. There is no time limit on snacks.

Select shifts if you have participants that come and go at a meal service (such as breakfast and pm snack) where the licensed capacity could be exceeded. Only select shifts if the provider can clearly demonstrate by sign in/out sheets that children are in the provider’s care during the meal service and not over capacity during this meal service.

**Page 5 – License Details**

This page connects the license entered in the Sites section to the application.

- Click the box next to **Use this license** under license type.
- Click **Save** under the listing of licenses; the new license information should appear. Save this page before going to the next application

Only one license can be selected.

For six month permits, operating dates should be between issuance and expiration dates.

**Review Page**-Details all information completed in the Institution Application by the sponsoring organization. It also will allow you to see the changes made on revisions.

Using the Website (continued)



## Budget Application

The budget application contains the sponsor's compensation plan, administrative duties, and the annual budget.

### Page 1 – Participation Details

Item 1- This is pre-filled by the SDE with information regarding the institution's eligibility status. Any entry error must be corrected by the SDE.

Item 2- Make a selection that most closely identifies your organization. Select only one.

**Page 2 – Compensation Plan-** This must be completed by all Private Non-Profit organizations. Governmental agencies, such as Military Bases, are not required to complete a compensation plan.

Item 3- Click "Add Compensation Plan" highlighted in blue. A pop up box will appear. You will add any positions in your organization where CACFP funds will be used to pay all or part of this position's salary. Only one position is required for multi-task positions.

Item 3a- Enter the title of the position you plan to compensate with CACFP funding.

Item 3b- Enter the Minimum and Maximum Annual pay range.

Item 3c- Enter overtime provision. If "yes" enter rate of overtime pay.

Item 3d- Answer if fringe benefits are offered to the employees employed in this position. If "yes," then click in the box next to the benefit this position is entitled too. If "no," then enter an explanation in the text box.

After all of this information is completed, click "update" (*highlighted in blue in the bottom lower right of page*). To see detail information for each position, you simply click on the position under "Staff Title".

### Page 3 – Administrative Staffing Patterns

Item 4 - Click "Add Staff" highlighted in blue. A pop up box will appear. You will need to answer questions a-i. These questions are for specific individuals whose positions have been approved in the Compensation Plan (page 2) and all or part of their salaries will be paid with CACFP funds. This information will determine the dollar amount of administrative labor that will be approved in the administrative budget.

---

Application Guide

Item 4a- Select the title of the individual. More than one title may be selected for multi-task individuals.

However, each position selected must be included in the Compensation Plan.

Item 4b- Is this a contract position? Indicate yes or no.

Item 4c- Name of individual- Enter name of individual.

Item 4d- Date of Birth- enter birth date.

Item 4e- Family Day Care Home duties this individual will perform. Specify duties identified in Item 4a. Using the Website (continued)

Item 4f - Individual's annual salary- Enter annual salary.

Item 4g - Funding source- Enter percentage (100, 50, 25 etc.) of FDCH funds this individual will be paid as their salary. *Do not use % sign when entering percentages.* You will also have to enter the percentage total of "Other" funding sources and the **Total** sum must be 100.

Item 4h - Other non CACFP jobs this individual performs. If "yes" time sheets must be maintained.

Item 4i - Determine if the individual has been associated with an organization that was terminated from administering the CACFP. Enter **Yes** or **No**. If YES, you must enter an explanation in the comment box.

Items 4j,k,l - These questions apply to the staff's monitoring positions only. They must be answered for all monitors.

*After all of this information is completed then click "update" (highlighted in blue in the bottom lower right of page).*

#### **Page 4 – Administering FDCH from a Private Residence**

Item 5- Is sponsoring organization administered from a private residence? Answer yes or no.

If "yes," then answer yes or no in 5a. If you answer "yes" in 5a, then describe the cost allocation plan you will use to justify administrative expenses paid by CACFP funds.

**Page 5 – FDCH Annual Administrative Budget**

Item 6- There are seven columns on this administrative budget:

Page 1	Page 2	Page 3	Page 4	Page 5	Review Page		
Page 5: FDCH Annual Administrative Budget							
6	Items	Prior Year	Current Year	Estimated Current Year Budget			
		Pro Rated Budget	YTD Expenditure	Amount	%FDCH	Pro Rated Amount	Cost Allocation Plan
1	Administrative Labor	0.00	3,500.00	45000.00		29500.00	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

**Columns**

Column 1- **Items**- We have listed 19 line items that may be used when estimating your annual budget.

Column 2- **Prior Year/ Prorated budget**- This column will display your previous year prorated budget.

Column 3- **Current Year**- This column will maintain a year-to-date summary of your expenditures for the current fiscal year.

Column 4- **Amount**- This column is where you will enter your budget dollar amounts.

Column 5- **%FDCH**- This column is where you will enter the percentage amount of proration of the line items listed in column 1. This can be between 1-100 percent. Most sponsors will use 100%.

Column 6- **Pro Rated Amount**- This column will be your *actual budget* line item you are submitting for approval.

Column 7- **Cost Allocation Plan**- This column is where you explain how the line item is prorated if column 5 is less than 100% for the line item. If line 5 is 100%, then no explanation is required.

Item 1- *Administrative labor*- This line item is auto-populated from the information collected on page 2 of the budget. You will not be able to enter data in this line item.

Item 2- *Office Supplies*-These items have a useful life less than one year and less than \$1000 per item. (Paper, pens, office equipment under \$1000, etc.)

Item 3-*Office Equipment*- These items require approval from the state agency. These items have a greater than one year life expectancy or they are greater than or equal to \$1000, per item, including maintenance agreement on the original purchase. Approval for office equipment purchases can be obtained by clicking “Add Office Equipment” that is highlighted in blue under the office equipment line item. Enter the information requested in the pop-up box and click *update* to save. If you know what you plan to purchase for the fiscal year at the time of your budget application submission, then you can request the equipment you plan to purchase at this time. If you do not know what you will purchase for the upcoming year, then you will enter

---

Application Guide

the total amount in column 4 and request purchase approval by budget amendment as needed during the fiscal year.

**Page 5 – FDCH Annual Administrative Budget (continued)**

Item 4-10-*Postage, Travel, Printing, Telephone, Office Rental, Utilities for Office, and Audit Expenses*, Items 4-10 are normally requested line items.

Item 11- *Indirect cost*- **An indirect cost plan must be submitted with application.**

Item 12-*Training*- This is a normally requested line item.

Item 13-*Insurance*- Identify insurance by individual policies. Requires approval from state agency. Approval for insurance can be obtained by clicking “Add Insurance” highlighted in blue under the insurance line item. Enter the information requested in the pop-up box and click *update* to save. If you know what you plan to purchase for the fiscal year at the time of your budget application submission, then you can request the insurance you plan to purchase. If you do not know what you will purchase for the upcoming year, then you enter the total amount in column 4 and request purchase approval by budget amendment at any time during the fiscal year.

Item 14-*Internet*- This is a normally requested line item.

Item 15-*Non SDE Meetings and Conferences*-This line item is for meetings and conferences not sponsored by the State of Alabama. This item requires approval from the state agency. Approval can be obtained by clicking “Add Non SDE Meetings & Conferences” highlighted in blue under this line item. Enter the information requested in the pop-up box and click *update* to save. If you know what meeting or conference you plan to attend for the fiscal year at the time of your budget application submission, then you can make the request at this time. If you do not know what meeting or conference you plan to attend for the upcoming year, then you may enter the total amount in column 4 and request approval by budget amendment at anytime during the fiscal year.

Item 16- *SDE Meetings & Conferences*- Sponsored by the state agency. This is a normally requested line item.

Item 17- *Bank Charges*- This is a normally requested line item.

Item 18- *Other*- This is a normally requested line item for any expenses not listed in the above line items. This item requires approval from the state agency. Approval can be obtained by clicking “Add Other,” highlighted in blue, under this line item. Enter the information requested in the pop-up box and click *update* to save.

Item 19-*Purchase Services*- This is a normally requested line item for any expenses such as trash

---

Application Guide

collection, security, pest control etc... not listed in the above line items. It requires approval from the state agency. Approval can be obtained by clicking “Add Purchases/Maintenance Contracts” that is highlighted in blue under this line item. Enter the information requested in the pop-up box and click update to save.

NOTE: Sub- line items listed in the (**\*asterisk**) line items (3, 13, 15, 18 and 19) cannot have the same name for each line item. For example, if you are purchasing another computer 6 months after you were previously approved to purchase the first computer, then you will need to identify the new computer request as computer #2. Also, make sure the total of the sub-line items are equal to or less than the line item amount. Sub-line items cannot be deleted after the application is approved. Approval will not be granted unless documentation is submitted for prior approval to SDE office to support these expenditures in these sub-line items.

Make sure **both boxes** are checked at the bottom of the budget after you read the required certification statements.

**Page 5 – FDCH Annual Administrative Budget**

**Review Page**-Details all information completed in Institution Application by the sponsoring organization. This page will also allow you to see the changes made on revisions.

## Management Plan Application

The management plan application details the administrative activities (such as tiering classification, monitoring, training, terminations, suspensions, and organizational policy) to be performed by the Institution.

**Page 1 – Tiering Classification-** Answer in detail questions 1-7. You must click the yellow *save* button (located in the bottom right of page) before moving to the next page in order to save the information entered.

Using the Web Site (continued)

**Page 2 – Monitoring-** Answer in detail questions number 8(a-i). You must click the yellow *save* button (located in the bottom right of page) before moving to the next page in order to save the information entered.

**Page 3 – Organization Staffing, Provider Recruitment and Provider’s Own Children-** Answer in detail questions 9-11. You must click the yellow *save* button (located in the bottom right of page) before moving to the next page in order to save the information entered.

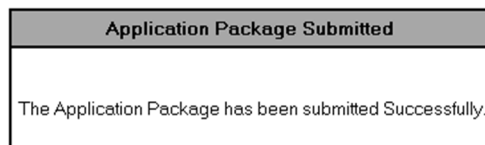
**Page 4 – Organization Policy and Financial Management-** Answer in detail questions 12-16. You must click the yellow *save* button (located in the bottom right of page) before moving to the next page in order to save the information entered.

**Review Page-**Details all information completed in Manage Plan Application by the sponsoring organization.

## Submitting Applications to the State Office

1. This section is used to submit the four applications (Institution, Facility, Budget and Management Plan) annually and to submit revisions. On the blue menu bar, click **FDCH** and **Submit**.
2. Select the check box to the left of each application(s) and click **Submit** at the bottom of the page. If the check box does not allow you to select it, then there is problem somewhere within the application. The problem area and page number will be displayed under the application. To correct the problem, simply click the application (highlighted in blue) and make the changes. Once corrected return to submit page and re-select the check box next to the facility application. Click **Submit** at the bottom of the page. *When submitting a revision, indicate the date the change will take place in the box to the right of the application.*
3. **All four applications must be submitted at one time for in the annual or initial application process.** Revisions can be submitted individually or in a bundle.

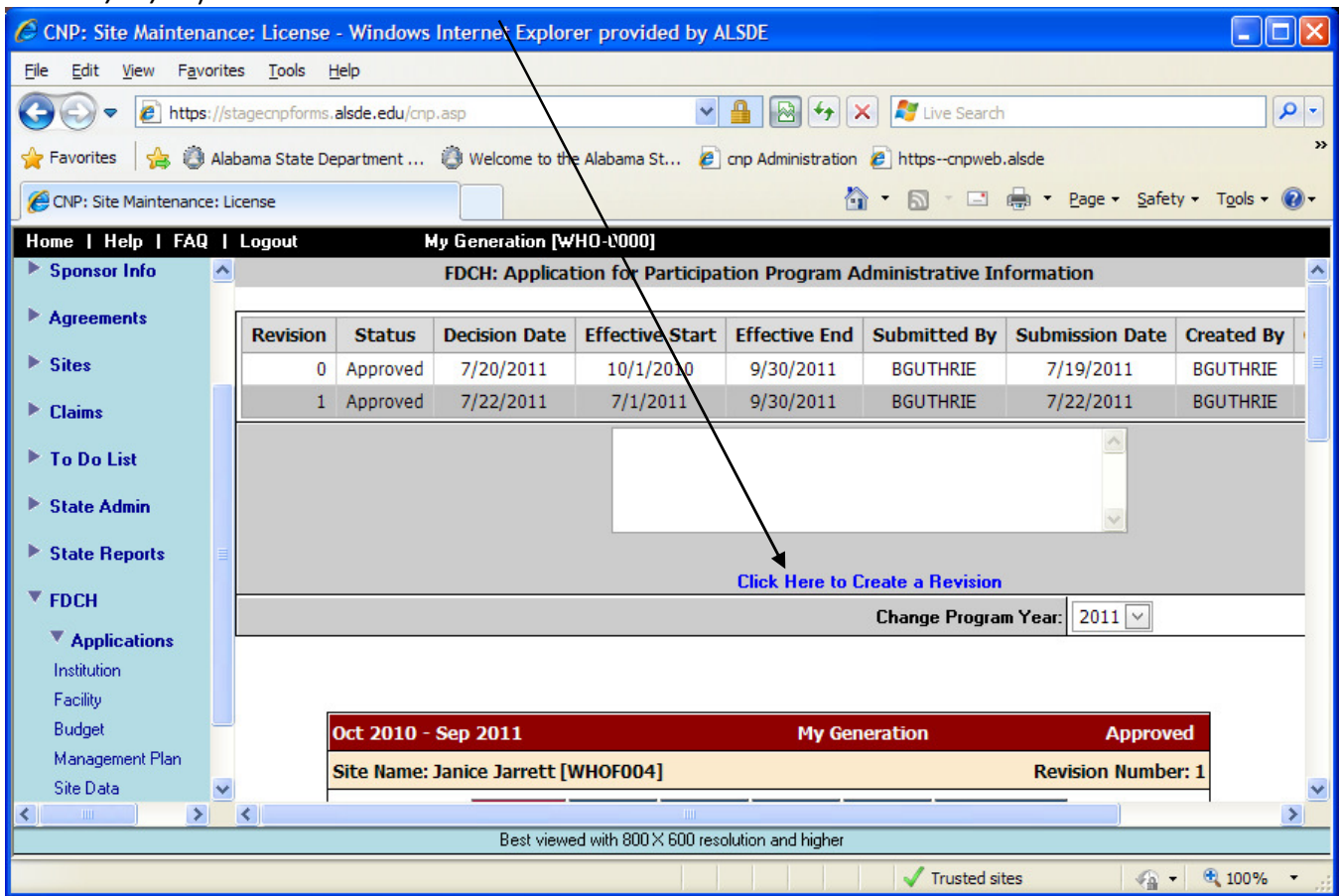
Once the application is submitted, you will receive the following message:



## Reporting Changes in the FDCH – Add or Amend a License

When a license is received, it must be added and the facility application must be revised. To do so:

1. On the blue menu bar, click on **Sites** and then **List**
2. Locate the site with the new license and click **License History**.
3. Click **Add a New License** at the top of the page.
4. Select your license type and complete all requested information; click **Save**.
5. On the blue menu bar click **FDCH**, then **Application** and finally **Facility**.
6. Select the name of the site with the new license and click “Edit” located in the last column on the right next to the provider’s tiering status.
7. At the top of the page, make sure the program year is the one you wish to change. Enter a reason for the revision in the comment box. (*Provider was issued a new DHR license and the effective date is 6/17/57*) and then click **Click Here to Create a Revision**.



Once the statement is clicked, the screen will change and the line will appear as:

REVISION NUMBER	STATUS	EFFECTIVE DATES	
0	Approved	10/1/2006 - 9/30/2007	View
1	Unsubmitted	-	Edit

Change Program Year: 2007

8. Go to page 5 of the facility application.
9. Below the license information, click the statement **Click Here to Change/Refresh**.



---

Application Guide

10. All the licenses for the site in the database are listed with the most recent one on the bottom. Deselect the old license by clicking the box next to it. Select the new license. In most cases, only one box should be marked. Once you have selected your license, click **Save**.
11. Click **Save** at the bottom of the page
12. Go to page 1 of the facility application. Review the operating hours and other information that is found on the license. If there is a change, correct and save.
13. On the blue menu bar, click **Submit**.
14. Select the check box next to the facility application. Enter the effective date of the new license.
15. Click **Submit** at the bottom of the page.

If you add or amend a license you will need to create a new license for the facility as explained above. However, if you made a mistake when entering the information on a license, then go to the blue menu bar, click on **Sites** and then **List**. Locate the site with the license error and click **License History**, then **Edit** and **Save**. The facility application will have to be amended by following steps 5-15 listed above.

## Reporting Changes in the FDCH – Institution Application Changes

Changes to the Institution application, such as a change in address, phone numbers, audit information, or board members may be made as follows:

**Institution Information (Address Change, Phone Number, etc...) for the Institution:** (Page 1: Item 1 on Institution application)

1. Complete a W-9 form with the new address. Complete all information.
2. Include the following on a cover sheet or letter accompanying the W-9:
  - a. Name of Sponsor as it appears on your claim for reimbursement
  - b. Your name and telephone number
  - c. Agreement number
  - d. A note indicating what is being changed (the address) and when it changed (month, day and year)
3. SDE will make all necessary changes to the data base.

**Official Representative Change for the Institution:** (Page 1; Item 2a on Institution application)

1. Fax, email or send a letter with the following:
  - a. Name of Sponsor as it appears on your claim for reimbursement
  - b. Your name and telephone number
  - c. Agreement number
  - d. A note indicating:
    - i. What is being changed (the telephone number, e-mail address etc...)
    - ii. When it changed (month, day and year)
    - iii. If this change affects the contact number for the official representative or CNP Director
2. SDE will make all necessary changes to the data base

---

Application Guide**Participation, Accounting, Auditing, Racial and Ethnic Data, Recruitment and Training and Board Member Changes for the Institution:** (Pages 2-6; Items 3-11 on Institution application)

Revise the Online Application by following the directions below:

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Institution**.
- b) At the top of the page, select the fiscal year in the *Change Program Year* drop box for which you need to make a change.
- c) At the top of the page, enter the reason for the amendment in the comment box, detailing exactly what has changed and click "**Click Here to Create a Revision.**"
- d) Go to the page of the item you want to change and make the necessary change.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Institution application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "***The Application Package has been submitted successfully***".

## Reporting Changes in the FDCH – Facility Application Changes

**Facility Information (Name Change, Address Change, Phone Number, etc.):** (Page 1; Item 1 on Facility application)

1. On the blue menu bar, click on **Sites** and then **List**.
2. Locate the site; click edit.
3. Make the necessary change and click **Save** at bottom of the page.
4. The change will be made automatically to the Facility Application.

**Provider Information, Facility and Participation Details, Operating Dates, Meal Service Types and Times and License Changes for the Facility:** (Pages 1-5; Items 2-9 on Facility application)

Revise the Online Application by following the directions below:

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Facility**.
- b) At the top of the page, select the fiscal year in the *Change Program Year drop box* for which you need to make a change.
- c) At the top of the page, enter the reason for amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**".
- d) Go to the page of the item you want to change and make the necessary change.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Institution Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "***The Application Package has been submitted successfully***".

## Reporting Changes in the FDCH – Budget Application Changes

### Participation Details: (Page 1; Item 1-2 on Budget Application)

Item 1: SDE will make all necessary changes to item 1.

Item 2: Revise the Online Application

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Budget**.
- b) Complete normal revision process.
- c) Click save and Submit.

### Compensation Plan: (Page 2; Item 3 on Budget application)

Revise the Online Application

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Budget**.
- b) At the top of the page, select the fiscal year in the *Change Program Year drop box* for which you need to make a change.
- c) At the top of the page, enter in the reason for the amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**" below the comment box.
- d) Go to page 2 where you can **add, edit** or **delete** a job classification. Make the necessary change and click **update** located in the lower right side of page.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Budget Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "***The Application Package has been submitted successfully***".

### Administration and Staffing Patterns: (Page 3; Item 4 on Budget application)

Revise the Online Application

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Budget**.
- b) At the top of the page, select the fiscal year in the *Change Program Year drop box* for which you need to make a change.
- c) At the top of the page, enter the reason for the amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**".
- d) Go to page 3 where you can **add, edit** or **delete** staff personnel. Make the necessary change and click **update** located in the lower right side of page.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Budget Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "***The Application Package has been submitted successfully***".

## Application Guide

**Administration FDCH from Private Residence:** (Page 4; Item 5 on Budget Application)

Revise the Online Application:

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Budget**.
- b) At the top of the page, select the fiscal year in the *Change Program Year* drop box for which you need to make a change.
- c) At the top of the page, enter the reason for the amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**".
- d) Go to page 4 and make the necessary changes.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Budget Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "**The Application Package has been submitted successfully**".

**FDCH Annual Administrative Budget:** (Page 5; Item 6, line items 1-19- on Budget Application)

Revise the Online Application:

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Budget**.
- b) At the top of the page, select the fiscal year in the *Change Program Year* drop box for which you need to make a change.
- c) At the top of the page, enter the reason for the amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**".
- d) Go to page 5 and make the necessary changes in the **Amount** column and the **% FDCH**, if needed.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Budget Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.
- h) You will receive a message "**The Application Package has been submitted successfully**".

## Reporting Changes in the FDCH – Management Plan Application Changes

Revise the Online Application

- a) On the blue menu bar, click **FDCH**, then **Applications** and finally **Management Plan**.
- b) At the top of the page, select the fiscal year in the *Change Program Year* drop box for which you need to make a change.
- c) At the top of the page, enter the reason for the amendment in the comment box detailing exactly what has changed and click "**Click Here to Create a Revision**" below the comment box.
- d) Go to the page(s) in the Management Plan and make the necessary changes. Click **update** located in the lower right side of page.
- e) Click **Save** at the bottom of the page.
- f) On the blue menu bar, click **Submit Applications**.
- g) Select the radial box next to the Budget Application and indicate the date the change will take place. Click **Submit** at the bottom of the page.

You will receive a message "**The Application Package has been submitted successfully**".

## Reporting Changes in the FDCH – Adding a New Site

1. On the blue menu bar, click **Sites** and **New**.
  - a. Complete the name and address of the new site. Mark the type of site (Family Homes) and indicate the effective starting date by clicking the start date in the calendar. Click **Next** and follow these instructions.
  - b. **Add the license:**
    - i. At the top of the screen, locate the name of the new provider and click **License History**.
2. Click **Add a New License** at the top of the page. Complete and **Save**.
3. On the blue menu bar click **FDCH, Applications** and then **Facility**.
4. Click the Facility Participation box next to the name of the new site and then click **EDIT**.
5. Complete the information on all pages being sure to do the following:
  - a. **In the sponsor comments area of page 1, write a note regarding when the site will open and begin participation in the CACFP. List the month, day and year.**
  - b. On page 5 click the box next to the license and click **Save**.
6. On the blue menu bar, click **Submit Applications**.
7. You will receive a message *“The Application Package has been submitted successfully”*.
8. **Make sure you have on file an agreement, site sheet and a copy of the provider’s current license.**

## Reporting Changes in the FDCH – Closing a Site

**This may only be done when a site closes or discontinues participation in the FDCH.**

This must be done by the SDE. Send an email to any of the program specialists. In the email, indicate the following:

1. The name of your organization and agreement number
2. The name of the site closing and agreement number
3. The last day that meals will be claimed at this site
4. Your name and a contact number

Closed sites will be highlighted in Yellow in the Site section on the menu.

A site can be re-opened but only by the SDE. Contact our office if you have a closed site that plans to reopen.

**It is important that the SDE is notified as soon as possible if a site has issued you a 30 day notice of termination.**

## Reporting Changes in the FDCH– Changing Persons Authorized to Sign

### Change to the Official Representative

1. Complete the Statement of Authority and Signature Authorization form. The new Statement replaces the previous one, so it must be signed by all required persons.
  - a. Agreement number - List the first three digits of your agreement number
  - b. Name of sponsor and address – Complete in full
  - c. Un-numbered lines in the center of the page – This is where two additional persons (other than the Official Representative) may be authorized to sign. These people must print their name, provide their birthdate (month, day, year) and sign the form. Birthdates are required.
  - d. Numbered lines at the bottom of the page – The official representative must complete line one, including email address. If the organization is a nonprofit or church sponsored organization, the chairman of the governing board must sign line 2 (In some cases this is also the official representative, in which case this person must sign both lines.) If the organization is a church, the pastor must sign line 3 (In some cases this is the same person that signed lines 1 and 2, in which case this same person must sign all three lines). Birthdates are required.
  - e. Mail or fax (334-242-2475) the form to the SDE. Attach a note indicating when the changes will occur.

### Change to the CNP Representative:

1. On the blue menu bar, click **FDCH**, then **Applications** and finally **Institution**.
2. At top of page 1, click **Click Here to Create a Revision**.
3. Make the needed changes to item 2b.
4. At the bottom of the page in the comments section, indicate that you have changed the name of the CNP Representative and the effective date.
5. Click **Save**.
6. On the blue menu bar, click **Submit Applications**.
7. Select the radial box next to Sponsor Application and indicate the date that the CNP Representative changed.
8. Click **Submit**.