See the Site Application – Centers Instructions for information on the completion, submittal and maintenance of this form.

**CONTRACTING ENTITY (CE) AND SITE INFORMATION**

<table>
<thead>
<tr>
<th>1. Name of Contracting Entity</th>
<th>2. CE ID</th>
<th>3. Version</th>
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<thead>
<tr>
<th>4. Site Name</th>
<th>5. Site ID</th>
<th>6. County</th>
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**LICENSE/REGISTRATION INFORMATION**

A1. Site Type: (check all that apply)

- [ ] Adult Care Center
- [ ] Child Care Center – Regular Child Care
- [ ] Child Care Center – Head Start
- [ ] Child Care Center – Outside School Hours
- [ ] At Risk Afterschool Care Center
- [ ] Emergency Shelter

A2. Tax Status: (check only one box)

- [ ] For Profit
- [ ] Non Profit
- [ ] Public
- [ ] Other, please explain: ____________

If For Profit, select all that apply (eligibility status):

- [ ] Title XIX/XX (Adult Care Center)
- [ ] Title XX (Child Care Center)
- [ ] Free and Reduced Price

A3. Licensed by: (check only one box)

- [ ] DFPS (Child Care Center)
- [ ] DADS (Adult Care Center)
- [ ] Exempt
- [ ] Not required (operate less than 2 hours per day)
- [ ] Other, please explain: ____________

A4. License Number: ____________

A5. License Effective Date: ____________

A6. License Expiration Date: ____________

A7. License Capacity: ____________

A8. Age Range of Participants: From: ____________ Yrs Mos To: ____________ Yrs Mos

A9. Do you provide child care for infants under 12 months old? [ ] Yes [ ] No

A10. Enter the elementary, middle or high school a child would attend if he/she lived next door to this center:

    Name: ____________
    Address: ____________

**STREET ADDRESS**

A11. Street Address – Address Line 1: ____________ Address Line 2: ____________

MAILING ADDRESS
Mailing Address - Same as Street Address?  Yes ☐  No ☐ (If no, enter mailing address)
A14. Mailing Address (Street or P.O. Box) – Address Line 1:  Address Line 2:  A15. City:  A16. State:  Zip+4: +

CENTER INFORMATION
A17. Affiliation: (check only one box)
☐ Affiliated
☐ 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. Has this site previously participated in the CACFP under a sponsoring organization?  Yes ☐  No ☐
   If yes, provide previous Sponsor(s) name:
   Dates of participation with previous Sponsor(s):
A19. Date of Pre-Approval visit:
A20. Unaffiliated site will make meal counts and menu records available to the Contracting Entity by the following date of each month:

CENTER CONTACT – PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS
B1. Salutation  First Name  Last Name  B2. Email Address

B3. Facility Phone (include area code)  Extension  Fax (include area code)

B4. Cell/Alt Phone (include area code)  B5. Title

ADDITIONAL CENTER CONTACT – ALTERNATE PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS
B6. Salutation  First Name  Last Name  B7. Email Address

B8. Facility Phone (include area code)  Extension  Fax (include area code)

B9. Cell/Alt Phone (include area code)  B10. Title

SCHEDULE
C1. A. Months of Operation (Check all that apply)

   B. Days of Operation (Check all that apply)
   Mon-Fri: ☐  Mon: ☐  Tue: ☐  Wed: ☐  Thu: ☐  Fri: ☐  Sat: ☐  Sun: ☐
## Regular Schedule

C2. Normal Hours of Operations: Time Open:  
Time Close:

C3. Regular Meals

<table>
<thead>
<tr>
<th>Meal Types</th>
<th>First Shift</th>
<th>Second Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM Snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM Snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening Snack</td>
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<table>
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<tr>
<th>Start Time:</th>
<th>End Time:</th>
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## At Risk Meals

C4. At Risk Meals

<table>
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<tr>
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</table>

## Weekend Schedule

C5. Weekend Hours of Operations: Time Open:  
Time Close:

C6. Regular Meals

<table>
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## At Risk Meals

C7. At Risk Meals

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## Anticipated Closures

C8. Anticipated Closures:
### Food Service

**C9. How are meals prepared?**
- [ ] Prepared on site
- [ ] Prepared at Central Facility and Delivered
- [ ] Contracted with a Public School
- [ ] Purchased from a food service vendor
- [ ] Other, please explain:

**C10. How are meals served?**
- [ ] Unit (Cafeteria)
- [ ] Family

**C11. Check all meals that are purchased through a food service vendor:**
- [ ] Breakfast
- [ ] Lunch
- [ ] Supper
- [ ] Snacks

**C12. Do you have a food service contract?**
- [ ] Yes  
- [ ] No

**C13. Name of Food Service Vendor:**

**C14. Contract Period:**
- From: 
- To:

### Adult Care Centers Only (questions C15 and C16)

**C15. Does the site receive Title III-C funds or Title III-C commodities for meals served at the site?**
- [ ] Yes  
- [ ] No

**C16. Which meal types does offer vs. serve apply?**
- [ ] Breakfast
- [ ] Lunch
- [ ] Supper
- [ ] None

### PARTICIPANTS

**D1. Number of enrolled participants in each income eligibility category:**

- A. Free Category:
- B. Reduced-Price Category:
- C. Paid Category:
- D. Total Enrolled:

**D2. Number of enrolled children receiving Title XX:**

**D3. Number of enrolled participants (Adult Care Center) receiving Title XIX/XX:**

### SIGNATURE DATE ON AGREEMENT

If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:

If Site is Unaffiliated, enter Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:
**CERTIFICATION**

I hereby certify that neither the Contracting Entity nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Contracting Entity, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the Texas Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

<table>
<thead>
<tr>
<th>Signature – Site Representative</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Signature – Authorized Representative of Contracting Entity</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Name (please type or print)</th>
<th>Title</th>
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