CACFP Application

MISD Nutrition and Food Services Department (512-278-4080)

SCHOOL: _____

Program Name:				Estimated # Students:	
Program Coordinator:				Phone:	
Area/ Onsite Coordinator:				Phone:	
Program Start Date"		Program End Date:		Time Snack is to be served:	
Circle days Needed:	___M	__T	___W	___Th	___F

Snack/CACFP SUPPER

REQUIREMENTS

- In order to qualify for this feeding program the school must qualify based on qualifiers that may differ each school year. The food service department can determine this upon receiving the application and will notify the person listed on the application.
- Students receiving meals must be participating in the after school program which must include an educational or enrichment component. Only program participants (students) may consume the meals.
- Accountability below must be followed or the program will immediately forfeit eligibility to receive afterschool meals and/or snacks.

ACCOUNTABILITY:

☐ **Dinner**:

Dinner will be served right after the school day ends. Meals will be served in the cafeteria by Food Service Staff.

☐ **Snacks:**

Snacks can be offered in addition to supper. Snacks can only be offered 2 hours after dinner service ends. The **after school program will assume all responsibility** for meal distribution and student roster check off according to the federal guidelines of the Child Nutrition Program. The after school program will also be responsible for submitting the roster to the Cafeteria Manager by 10:00 am the following day. Training is mandatory.

- Person(s) administering the meals must complete Civil Rights Training and attach completed Civil Rights Certification to this application. See Instructions on the next page.

Person Responsible: _____ Phone: _____

*I understand and accept my responsibilities in operating the **federal** CACFP Supper Program. I understand that I will be audited throughout the duration of the program and may periodically be asked to provide attendance records to verify students' eligibility to participate. I will abide by the requirements above or program eligibility will be forfeited.

Program Coordinator signature: _____ Date: _____

FS Director Signature: _____ Date: _____

CACFP Program for coordinator administering meals
Civil Rights Training Information

Instructions:

1. Copy and paste the Web address below to an internet browser.

   https://squaremeals.org/FandNResources/Training/CivilRights.aspx

2. When you have successfully completed the quiz please fill out the quiz form appropriately.
   a. NAME: Your name
   b. Contracting Entity: Manor ISD
   c. CS Identification number: 01070
   d. Email Address: Your email address
   e. Date: Todays Date

3. The confirmation sheet will be emailed immediately to the email you provided. Save it to your computer or Print it out and attach the completed application.
4. All applications and training documentation can be given directly to the cafeteria manager by physical paper or sent via email to the Food Service Director and Child Nutrition Coordinator.

Manor ISD Director of Food & Nutrition Services
Ryan Cengel Ryan.Cengel@manorisd.net (512)278-4081
Child Nutrition Coordinator
Beca Lopez Rebeca.Lopez@manorisd.net (512)278-4072