MARS
(Mississippi Application Reimbursement System)

CACFP Update Training
2018-2019

July/August, 2018

CACFP Staff
Office of Child Nutrition
601-576-4954
CACFP Application Package

- My Account verification
- Organization Application verification
- Board of Directors/Principals
- Organization Management Plan
- Checklist
- Application Packet Notes for Organization
- Attachment List
- Site Application
Why is it important to verify “My Account”

• Email address must be current and valid to reset forgotten MARS passwords from login screen
• Organizations cannot receive email notification if email is entered incorrectly in this section
• Organizations can change password in this section
Organization Application verification

• Organization must make sure all information is current and up to date

• Executive Director and Authorized Individual “Alternate Signature Person” should match prior year

• Ethnicity Data and Racial Data should total the same amount of potential eligible children not children enrolled in childcare center

• Racial Data questions #36 and #37 are questions about advertisement
## Ethnicity Data

Provide the ethnic makeup of the potential participants served by the Organization. Provide numbers of Potential Eligible Beneficiaries by ethnic categories.

34. Geographic Area (enter values):
   - Hispanic or Latino: 0 0.00 %
   - Non-Hispanic or Latino: 0 0.00 %

## Racial Data

Provide the racial makeup of the participants served by the Organization. Provide numbers of Eligible Beneficiaries by racial categories.

35. Geographic Area (enter values):
   - American Indian or Alaskan Native: 0 0.00 %
   - Asian: 0 0.00 %
   - Black or African American: 0 0.00 %
   - Native Hawaiian or Pacific Islander: 0 0.00 %
   - White: 0 0.00 %
   - Other: 0 0.00 %

36. Describe efforts to assure that minority populations have equal opportunity to participate in the program.

37. Describe efforts to contact minority and grassroots organizations about the opportunity to participate in the program.
• For Profit Organizations must list:
  – Executive Director
  – Authorized Individual “Alternate Person”

• Non-Profit Organizations must list:
  – Executive Director
  – Authorized Individual “Alternate Person”
  – Board Members that hold a position on the Board
Organization Management Plan

• Keys to renewing Management Plan
  – Review last year’s Management Plan
  – Check No or NA whenever question does not apply to your organization
  – Answer questions in complete sentence
Review last years Management Plan

Click Year

Select Year
Submit only documents that are requested in this section

<table>
<thead>
<tr>
<th>Required Forms/Documents to send to MDE</th>
<th>Document Submitted to MDE</th>
<th>Date Submitted to MDE</th>
<th>Document on File w/ MDE</th>
<th>Status</th>
<th>Status Date</th>
<th>Last Updated By</th>
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<td></td>
<td>11/21/2016</td>
<td></td>
<td></td>
<td>11/22/2016</td>
<td>ALee</td>
</tr>
<tr>
<td>License</td>
<td></td>
<td>11/21/2016</td>
<td></td>
<td></td>
<td>11/22/2016</td>
<td>ALee</td>
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<table>
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<th>Checklist Item</th>
<th>Comment</th>
<th>Attachment Date/Time</th>
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</tr>
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<td>View</td>
<td>Food Service Permit</td>
<td></td>
<td>11/21/2016 5:44:07 PM</td>
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</table>
Always check Application Packet Notes for updates on renewal information, directions for application corrections, explanations and renewal deadlines.
Attachment List

• Upload all other State Agency requested documentation

• Title each document uploaded

• Verify document uploaded in the correct document requested
Add a brief description of the attachment
Site Application

- Update license effective and expiration dates A4 and A5
Site Application

- All *for-profit* organizations are Affiliated Center A17

  ![Affiliation Image]
  
  Affiliated means the sites are part of the sponsoring Organization. Unaffiliated means the sites are not part of the sponsoring Organization.

- Self-prep centers not answer questions C9, C11, and C12

  ![Questionnaire Image]
  
  C9. Check all meals that are purchased through a food service vendor:
  - Breakfast
  - Lunch
  - Supper
  - Snacks

  C10. Do you have a food service contract?
  - Yes
  - No

  C11. Name of Food Service Vendor: [Redacted]

  C12. Contract Period:
  - From: [Redacted]
  - To: [Redacted]
Site Application

• Affiliated Centers do not complete E1-E4
Staffing Pattern

Number 1-3 must be completed.

(d) Total hours/month employee is paid

(e) Number of days/month will spend on CACFP duties

(f) Number of hours/day employee will spend on CACFP duties

(g) Number of hours/day employee will spend on other duties

(h) Salary of employee and/or hourly rate

(i) Amount requested from CACFP Title of Position
The Agreement to Furnish Food is a contract between the organization and a Food Service Management Company/School to furnish food.
Waiver for Unitized Meals

• The unitized meal requirement specifies that the meal components (Except the milk) must be portioned, package, delivered and served as a unit.

• This applies to Outside-School-Hours Care Centers Only.
Report Changes to Your Approve Application

- Changes that must be reported include:
  - Name, address, phone number, or email changes
  - A site is added, dropped, or moved
  - A change in meal service (i.e. meal type/time).
  - A new director or owner
  - The center is sold
  - The Center is closed
Additional Information

• Organizations will be able to enter the 2018-2019 information in MARS beginning August 1, 2018.

• Renewal Packages were previously mailed.
Questions/Comments
Day Care Homes - Provider Application

Select Provider Applications at the bottom of the Application Packet

<table>
<thead>
<tr>
<th>Action</th>
<th>Form Name</th>
<th>Latest Version</th>
<th>Status</th>
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<tbody>
<tr>
<td>View</td>
<td>Revise</td>
<td>✓ DCH Organization Application</td>
<td>Original</td>
</tr>
<tr>
<td>Revise</td>
<td>Details</td>
<td>✓ DCH Board of Directors/Principals</td>
<td>Original</td>
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<tr>
<td>View</td>
<td>Revise</td>
<td>✓ DCH Budget Detail</td>
<td>Rev. 1</td>
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<tr>
<td>View</td>
<td>✓ DCH Management Plan</td>
<td>Original</td>
<td>Approved</td>
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<tr>
<td>Details</td>
<td>➡ Checklist Summary (71)</td>
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<td>Details</td>
<td>Application Packet Notes (1)</td>
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<td>View</td>
<td>Application Packet Notes for Organization (1)</td>
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<tr>
<td>Details</td>
<td>Attachment List (16)</td>
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<table>
<thead>
<tr>
<th>Provider Application(s)</th>
<th>Approved</th>
<th>Pending</th>
<th>Return for Correction</th>
<th>Denied</th>
<th>Withdrawn/Closed</th>
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<th>Total Applications</th>
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<tbody>
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<td>✓</td>
<td>29</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
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</tbody>
</table>
Day Care Homes - Provider Application

License Information

2. Provider is:
3. License Number:
4. Capacity:
5. License Effective Date: (mm/dd/yyyy)
6. License Expiration Date: (mm/dd/yyyy)

Provider Information

Salutation | First Name | Last Name
-----------|------------|------------
Pippin      |            | Bonnie     

7. Provider Name:    
8. Date of Birth:    
   (mm/dd/yyyy)
9. Email Address:    
10. Phone:           
    (999-999-9999)
11. Alt Phone:       
    (999-999-9999)
12. Last 4 digits of SSN:
### Day Care Home Location (Must be physical address no P.O. Box)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>13.</td>
<td>Address 1:</td>
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<tr>
<td>14.</td>
<td>Address 2:</td>
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<tr>
<td>15.</td>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>County:</td>
<td></td>
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</table>

### Mailing Address

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>18.</td>
<td>Address 1:</td>
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<tr>
<td>19.</td>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>City:</td>
<td></td>
</tr>
</tbody>
</table>

### Tiering

22. Provider Tier Level:

23. **If Tier Level is Tier I, please complete the following information.**

   - The Provider is Tier I because:
     - 0 Area Eligible - School
     - 0 Area Eligible - Census
     - 0 Income Qualified

   - Census Codes:

24. **If the provider is Tier II, choose reimbursement option:**

   - 0 Have Organization attempt to identify all income and categorically eligible children enrolled and receive Tier I rates for those children identified
   - 0 Have Organization attempt to identify only categorically eligible children enrolled and receive Tier I rates for those children identified
   - 0 Receive Tier II rates for all enrolled children

25. **Number of children enrolled in program**

   - Nonresident:
   - Provider’s Own/Resident:
   - Provider-related/Non-Resident:
## Day Care Homes - Provider Application

### Schedule

26. **A. Months of Operation**  
   (Check all that apply)  
   - [ ] All  
   - [ ] Jan:  
   - [ ] Feb:  
   - [ ] Mar:  
   - [ ] Apr:  
   - [ ] May:  
   - [ ] Jun:  
   - [ ] Jul:  
   - [ ] Aug:  
   - [ ] Sep:  
   - [ ] Oct:  
   - [ ] Nov:  
   - [ ] Dec:  

27. **B. Days of Operation**  
   (Check all that apply)  
   - [ ] Mon-Fri:  
   - [ ] Mon:  
   - [ ] Tue:  
   - [ ] Wed:  
   - [ ] Thu:  
   - [ ] Fri:  
   - [ ] Sat:  
   - [ ] Sun:  

### Regular Schedule

27. **Normal Hours of Child Care Operations:**

28. **Regular Meals:**

<table>
<thead>
<tr>
<th>Meal</th>
<th>First Shift</th>
<th>Second Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start Time</td>
<td>End Time</td>
</tr>
<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. **Reason for Supper Second Shift:**
### Weekend Schedule

30. Normal Hours of Child Care Operations:

31. Weekend Meals:

<table>
<thead>
<tr>
<th>Meal</th>
<th>First Shift</th>
<th>Time Open:</th>
<th>Time Closet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start Time</td>
<td>End Time</td>
<td>Start Time</td>
</tr>
</tbody>
</table>

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Evening Snack

32. Reason for Supper Second Shift:

33. Additional Organization notes related to Meal Service:

### General Questions

34. Provider will make meal counts and menu records available to the Organization by the following date of each month:

   10 (1/31)

35. Pre-Approval Visit Date: 07/01/2013 (mm/dd/yyyy)
## Certification

I hereby certify that neither the Organization 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 state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency 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 Organization, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S. Department of Agriculture policy, this Organization 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.
• This error message generates if an application is submitted if required documents have not been uploaded.

<table>
<thead>
<tr>
<th>Code</th>
<th>Error Description</th>
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<tbody>
<tr>
<td>304946</td>
<td>Provider checklist items must be submitted.</td>
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</table>
The inspection report, agreement, and pre-approval visit forms generate in the DCH Checklist Summary

<table>
<thead>
<tr>
<th>Required Forms/Documents to send to MDE</th>
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<th>Date Submitted to MDE</th>
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</thead>
<tbody>
<tr>
<td>Sponsor Provider Agreement</td>
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<td></td>
</tr>
<tr>
<td>Copy of Home Inspection OR License</td>
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<td></td>
</tr>
<tr>
<td>Pre-Approval Visit Form</td>
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</table>
Questions/Comments
This institution is an equal opportunity provider.