

FLORIDA DEPARTMENT OF HEALTH ACCESSING THE RENEWAL SCREEN

Bureau of Child Care Food Programs Fiscal Year 2023-24 Florida Department of Health



- Access and login to MIPS as you normally would
- Click Contractor Renewal on your MIPS menu to start the renewal process





 Make sure 2023 is shown in the Fiscal Year drop-down



Click Search



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| A. Please answer the following questions: | | · · · · · · |
| Will your organization enter into any less-than-arms-length transactions or other potential conflict upcoming fiscal year? <u>What does this mean?</u> | s of interest during the OYes ONo | |
| Is your organization a non-profit entity or non-federal governmental entity that expended \$750,00 during its most recent fiscal year? | 0 or more in federal funds OYes ONo | |
| B. Read each statement below and check to certify that your organization meets the following require | ements: | |
| The contractor, its principals (for example owners, directors, managers, board members, superintendents, food service directors, CCFP duties, and any of its sponsored sites and their principals are not currently on the USDA National Disqualified List. | food program managers and food service accountants), all staff performin | g |
| 2. 📃 The list of any publicly funded programs in which the contractor and/or its principals have participated in the past seven years is c | current. | |
| 3. 📃 The contractor and its principals have not been determined ineligible for any other publicly funded program due to violation of tha | at Program's requirements in the past seven years. | |
| 4. 📃 No principals of the contractor have been convicted of any activity that occurred during the past seven years that indicated a lac | k of business integrity. | |
| The contractor is currently compliant with the required performance standards of financial viability and management, administrative (2)(vii). | ve capability, and program accountability as described in <u>7 CFR §226.6 (b)</u> | |
| 6. 📃 The contractor has not been a party to any unreported less-than-arms-length transactions or other potential conflicts of interest | during the past 12 months. | |
| 7. 📃 The contractor's program manager (the person identified in #4 on the CCFP application) has taken all required annual renewal trai | ining(s) and catering training, if applicable. | |
| 8. 📃 Key contractor staff and any sponsored site staff (if applicable) have attended mandatory program training prior to program part | icipation and at least annually thereafter. | |
| C. Information Undato: | | |
| The contractor's <u>Application</u> and <u>Site Information</u> screens in MIPS are current and correct, or have been updated for DOH approvide submit changes if needed) | val. (Click on the underlined form name to access the applicable screens, an | d |
| 2. 📃 The last approved versions of the Compensation Plan and Supplemental Budget are up-to-date, or updated versions are uploader | d below for DOH approval. | |
| FOR C.2, DO NOT SUBMIT NEW FORMS IF CHANGES ARE NOT NEEDED. To view documents from previous years, use on the Blank Forms/Documents link on the MIPS side menu to download a blank form. | the FY dropdown at the top of page. If changes are needed, click | |
| Updated Compensation Plan for Labor Costs Browse Save | | |
| File Name: Uploaded Date: User: | | |
| Updated Supplemental Budget for Special Cost Items Browse Save | | |
| File Name: Uploaded Date: User: | This is what the renewal scree | n |
| D. Signature and Certification: | | |
| The person submitting this renewal MUST hold one of the following positions: | WIII IOOK IIKE | |
| <u>FOLFFOUL</u> – Majority Owner Not-For-Profit – Executive Director, Board Chairperson, Chief Executive Officer, President | | _ |
| Public School Districts – School Superintendent | | |
| Military – Commanding Officer Church – Head Clergy Member | | |
| OR be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Sig bottom of the contractor renewal screen. | gning Authority form MUST be uploaded in the section for that form at the | |
| By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is | true and correct. I understand that any organization or individual | |
| that provides false information is subject to applicable civil or criminal penalties, disqualification from the CCFP, and pla | cement on the USDA National Disqualified List. | ~ |
| | | |



- If you have not already viewed the guidance for completing the Renewal screen, click the link above Section A
- This link will take you to the Training page on the CCFP website

Click here to view renewal guidance prior to completing this screen.

A. Please answer the following questions:

- 1. Will your organization enter into any less-than-arms-length transactions or other potential conflicts of interest during the upcoming fiscal year? <u>What does this mean</u>? ○Yes ● No
- 2. Is your organization a non-profit entity or non-federal governmental entity that expended \$750,000 or more in federal funds during its most recent fiscal year?



 Note: You may click the blue Save button at any time to save your progress. All Save buttons on the screen can be used at any time.



Click here to View Submission and Approval Information Print Preview



Section A:

- Consists of Yes/No questions. Answer accordingly.
 If you are unsure of question A.1, click the link What does this mean for additional information
 If you answer Yes to A.1, you MUST provide additional documentation
- A. Please answer the following questions:
- 1. Will your organization enter into any less-than-arms-length transactions or other potential conflicts of interest during the UNE UPCOND UPCOMING FISCAL YEAR'S What does this mean?
- 2. Is your organization a non-profit entity or non-federal governmental entity that expended \$750,000 or more in federal funds OYes ONO during its most recent fiscal year?



- Section B:
 - Consists of certification questions. Read each statement carefully.
 - Check each box next to each statement to certify that your organization meets that requirement
 - All requirements must be met to continue participation in the CCFP

B. Read each statement below and check to certify that your organization meets the following requirements:

- 1. The contractor, its principals (for example owners, directors, managers, board members, superintendents, food service directors, food program managers and food service accountants), all staff performing CCFP duties, and any of its sponsored sites and their principals are <u>not</u> currently on the USDA National Disqualified List.
- 2. 🔲 The list of any publicly funded programs in which the contractor and/or its principals have participated in the past seven years is current.
- 3. The contractor and its principals have not been determined ineligible for any other publicly funded program due to violation of that Program's requirements in the past seven years.
- 4. 📃 No principals of the contractor have been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity.
- 5. The contractor is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in <u>7 CFR §226.6 (b)</u> (2)(vii).
- 6. The contractor has not been a party to any unreported less-than-arms-length transactions or other potential conflicts of interest during the past 12 months.
- 7. The contractor's program manager (the person identified in #4 on the CCFP application) has taken all required annual renewal training(s) and catering training, if applicable.
- 8. 🔲 Key contractor staff and any sponsored site staff (if applicable) have attended mandatory program training prior to program participation and at least annually thereafter.



- Section C:
 - This section is where you will review and update information as necessary.
 - Note: <u>Private Non-Profits</u> will have a C.3 for completing the Board of Directors Certification. Please see the *Completing the Board of Directors screen* training PowerPoint for assistance
 - C.1, allows access to the application and site screen. Please see the Updating the Application and Site screens training for instructions on updating these screens.

C. Information Update:

- 1. The contractor's <u>Application</u> and <u>Site Information</u> screens in MIPS are current and correct, or have been updated for DOH approval. (Click on the underlined form name to access the applicable screens, and submit changes if needed)
- 2. The last approved versions of the Compensation Plan and Supplemental Budget are up-to-date, or updated versions are uploaded below for DOH approval.

FOR C.2, DO NOT SUBMIT NEW FORMS IF CHANGES ARE NOT NEEDED. To view documents from previous years, use the FY dropdown at the top of page. If changes are needed, click on the Blank Forms/Documents link on the MIPS side menu to download a blank form.

| Updated Compensation Plan for Labor Costs | Browse | Save |
|--|---------|------|
| File Name: Uploaded Date: User: | | |
| Updated Supplemental Budget for Special Cost Items | Browse. | Sav |
| File Name: Uploaded Date: User: | | |



Section C:

In C.2, upload documents <u>ONLY</u> if they have changed from previous years

C. Information Update:

- 1. The contractor's <u>Application</u> and <u>Site Information</u> screens in MIPS are current and correct, or have been updated for DOH approval. (Click on the underlined form name to access the applicable screens, and submit changes if needed)
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|--|-------------|------|
| File Name: Uploaded Date: User: | | |
| Updated Supplemental Budget for Special Cost Items | Browse | Save |
| File Name: Uploaded Date: User: | | |



To access previous years renewals, click the Fiscal Year drop-down at the top of the renewal screen to select a previous year





Section C:

In C.2, if changes are needed, click the Blank Forms/Documents link on the MIPS side menu to download a blank form

File a Claim Revise a Submitted Claim View a Submitted Claim Maintain Users Blank Forms / Documents Nutrition Guidance CCFP Active Sites Disgualified Lists Policy Memos Contractor Renewal Contracts Contractor Information Logout



Section C:

Once you have reviewed, updated, and submitted your application and site screens as needed, check the box next to C.1 and C.2 and click Save

C. Information Update:

| 1. 🗸 | The contractor's Application and Site Information screens in MIPS are current and correct, or have been updated for DOH approval. (Click on the underlined form name to access the applicable screens, and |
|------|--|
| | submit changes if needed) |

2. 🔽 The last approved versions of the Compensation Plan and Supplemental Budget are up-to-date, or updated versions are uploaded below for DOH approval.

FOR C.2, DO NOT SUBMIT NEW FORMS IF CHANGES ARE NOT NEEDED. To view documents from previous years, use the FY dropdown at the top of page. If changes are needed, click on the Blank Forms/Documents link on the MIPS side menu to download a blank form.

| Updated Compensation Plan for Labor Costs | Browse Save |
|--|-------------|
| File Name: Uploaded Date: User: | |
| Updated Supplemental Budget for Special Cost Items | Browse |
| File Name: Uploaded Date: User: | _ |



Section D:

Read the portion in red in this section. The person submitting renewal MUST hold one of the positions listed, depending on the organization type

| nature and Certification: |
|---------------------------|
| nature and Certification: |

| The person submitting this renewal MUST hold one of the following positions: For-Profit – Majority Owner Not-For-Profit – Executive Director, Board Chairperson, Chief Executive Officer, President Public School Districts – School Superintendent Military – Commanding Officer Church – Head Clergy Member OR be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Signing Authority form MUST be uploaded in the section for that form at the bottom of the contractor renewal screen. |
|--|
| By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is true and correct. I understand that any organization or individual that provides false information is subject to applicable civil or criminal penalties, disqualification from the CCFP, and placement on the USDA National Disqualified List. |
| First and Last Name: SANDY SMITH Position Title: |
| Download Delegation of Signing Authority Browse Save File Name: Uploaded Date: User: Save |



Section D:

•MIPS will autofill the full name (first and last name) of the person who is logged in and submitting renewal

D. Signature and Certification:

The person submitting this renewal MUST hold one of the following positions: For-Profit – Majority Owner Not-For-Profit – Executive Director, Board Chairperson, Chief Executive Officer, President Public School Districts – School Superintendent Military – Commanding Officer Church – Head Clergy Member OR be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Signing Authority form MUST be uploaded in the section for that form at the bottom of the contractor renewal screen.

By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is true and correct. I understand that any organization or individual that provides false information is subject to applicable civil or criminal penalties, disqualification from the CCFP, and placement on the USDA National Disqualified List.

| First and Last Name: SANDY SMITH Position Title: | ~ | Date Submitted: |
|--|--------|-----------------|
| Download Delegation of Signing Authority | Browse | Save |
| File Name: Uploaded Date: User: | 5.0100 | |



Section D:

Click the Position Title drop-down and select the title of the person who is logged in and submitting renewal

D. Signature and Certification:

The person submitting this renewal MUST hold one of the following positions:

For-Profit – Majority Owner

Not-For-Profit – Executive Director, Board Chairperson, Chief Executive Officer, President

Public School Districts - School Superintendent

Military - Commanding Officer

Church – Head Clergy Member

OR be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Signing Authority form MUST be uploaded in the section for that form at the bottom of the contractor renewal screen.

By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is true and correct. I understand that any organization or individual that provides false information is subject to applicable civil or criminal penalties, disqualification from the CCFP, and placement on the USDA National Disqualified List.

| First and Last Name: SANDY SMITH Position Title: | ✓ Date Submitted: |
|--|-------------------|
| | |
| | |
| | |
| Download Delegation of Signing Authority | Browse Save |
| File Name: Uploaded Date: User: | |



Section D:

- If a delegated authority is submitting the renewal, download, complete, <u>sign</u> and upload the Delegation of Signing Authority
- In this section, you may see a Delegation of Signing Authority form that was uploaded last year. If the form is still valid, you may not need to upload another form.

| D. Signature and Certification: |
|---|
| The person submitting this renewal MUST hold one of the following positions: <u>For-Profit</u> – Majority Owner <u>Not-For-Profit</u> – Executive Director, Board Chairperson, Chief Executive Officer, President <u>Public School Districts</u> – School Superintendent <u>Military</u> – Commanding Officer <u>Church</u> – Head Clergy Member <u>OR</u> be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Signing Authority form MUST be uploaded in the section for that form at the bottom of the contractor renewal screen. By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is true and correct. I understand that any organization or individual that provides false information is subject to applicable civil or criminal penalties, disgualification from the CCFP, and placement on the USDA National Disgualified List. |
| |
| Hirst and Last Name: SANDY SMITH Position Title: Date Submitted: |
| |
| Download Delegation of Signing Authority Browse Save |
| File Name: Uploaded Date: User: |
| |

- Once you have completed all sections and reviewed the screen, click the green Submit button (this button will not appear until a Save button has been clicked)
- After successfully submitting the screen, you will see a green message alerting you that the *form has been submitted*







- If the Renewal screen has been retuned to you for correction, you may be required to reply to your approver before you can resubmit.
- Use the text box below the red Contractor Action Needed box to type your response.
- Remember to make any of the required corrections, then click the Resubmit button at the bottom of the screen.

| Application Budge | t Site File Claim | Revise Claim View Clain | n Renewal Use | ers Review Contrac | Health.gov |
|--|---|----------------------------|----------------------|---------------------------|------------|
| ANNUAL INFORM FOR INDEPENDE (RETURN TO COM | NATION UPDATE AND NT CHILD CARE CEN NTRACTOR) | CERTIFICATION | | | |
| Contractor A • Please up • Question? | Action Needed: date the license. | | | | |
| Reply To Approver: | | | | ^ | |
| Use the area above to | respond to the Contractor A | ction Needed item(s) OR to | make comments reg | arding the renewal screen | 1 |



For any questions, contact: Bureau of Child Care Food Programs 850.245.4323

