

# Florida Department of Health

# Accessing the Renewal Screen

# Bureau of Child Care Food Programs

### Fiscal Year 2024-2025

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



#### Lick 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? What does this mean? () Yes

s ONo

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?

#### 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 not 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 7 CFR §226.6 (b)(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. Exercite the staff and sponsored site staff (if applicable) have attended mandatory program training, including civil rights training, prior to program participation and at least annually thereafter.

#### C. Information Update:

 The contractor's <u>Application</u> and <u>Site Information</u> screens in MIPS are current and correct, or have been updated for DOH appro if needed)

This is what the renewal screen hs, and submit changes will look like

2. The last approved versions of the Compensation Plan and Supplemental Budget are up-to-date, or updated versions are upload

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.

- 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 upcom

2. Is your organization a non-profit entity or non-federal governmental entity that expended \$750,000 or more in federal funds dur

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

**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.



### 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



### 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 not 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 7 CFR §226.6 (b)(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. Exercise the staff and sponsored site staff (if applicable) have attended mandatory program training, including civil rights 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 to complete 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 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.

### **Section C:**

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

#### 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. In 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.

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

ontractor Information		2024	
Add'I Doc. Required AI	DR Reason	Piscal tear	Iermination Date
Legal Name			
D/B/A	I		
Type of Organization FOR-PROFIT			
Other CCFP Auth #			

### **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



### **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"



### 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

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 p	ositions. Delegated Authority – a prope	rly completed Delegation of Sign	ning Authority form MUST b	e uploaded in the section	for that form at the bottom of the contractor
renewal screen.					
By submitting this renewal, I certify that all information s applicable civil or criminal penalties, disqualification from	ubmitted and uploaded as part of the a the CCFP, and placement on the USD	CCFP online renewal is true and A National Disqualified List.	l correct. I understand that	any organization or individ	dual that provides false information is subject to
First and Last Name CARMEN	Position Title Select	<b>v</b>	Date Submitted		

### **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 f	ollowing 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 po	sitions. 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 su applicable civil or criminal penalties, disqualification from	bmitted 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 the CCFP, and placement on the USDA National Disqualified List.
First and Last Name CARMEN	Position Title Select Date Submitted

### Section D:

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

. Signature and Certification:	
The person submitting this renewal MUST hold one of the follow	ing 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 position	ns. 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 submitt applicable civil or criminal penalties, disqualification from the C	ted 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 CCFP, and placement on the USDA National Disqualified List.
First and Last Name CARMEN	Position Title Select Date Submitted

### Section D:

- If a delegated authority is submitting the renewal, download, complete, sign 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.

The person submitting this renewa	MUST hold one of the following positions:
For-Profit - Majority Owner	
Not-For-Profit - Executive Dire	tor, Board Chairperson, Chief Executive Officer, President
Public School Districts - School	Superintendent
Military - Commanding Office	
Church - Head Clergy Membe	
OR be the Delegated Authorit	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 contract
renewal screen. Sy submitting this renewal, I certi	y 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 subj
renewal screen. Ny submitting this renewal, I certi pplicable civil or criminal penalt	y 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 sub is, disqualification from the CCFP, and placement on the USDA National Disqualified List.
renewal screen. Ity submitting this renewal, I certi pplicable civil or criminal penalt First and Last Name CARM	y 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 sub is, disqualification from the CCFP, and placement on the USDA National Disqualified List.
renewal screen. y submitting this renewal, I certi pplicable civil or criminal penalt First and Last Name CARM rownload Delegation of Signing A	y 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 sub is, disqualification from the CCFP, and placement on the USDA National Disqualified List.
renewal screen. is submitting this renewal, I certi- pplicable civil or criminal penalt First and Last Name CARM Nownload Delegation of Signing A Delegation of Signing Authority	y 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 sub is, disqualification from the CCFP, and placement on the USDA National Disqualified List.  N Position Title Select Date Submitted Choose File

- 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*

SAVE SUBMIT		
Email History		
Submission and Approval Information 🖨		l
nnual Information Update and Certification for Independent Child Care Centers (Submitted) 🖶	Successfully submitted renewal.	×

- If the Renewal screen has been retuned to you for correction, you will receive an email notifying you that correction is needed.
- Once you log back in to MIPS, you will see messages that you need to correct and resubmit your Renewal. Click the link to go back to the renewal screen to see the corrections required.



- 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.

Contractor Action Needed:     Please update license on site screen     Question?	n.	Re co lis	equired rrections are ted here
eply To Approver *			

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