



GRANT APPLICATION

Licensed Childcare Centers

APPLICATIONS DEADLINE: Rolling

Grant Awards: On quarterly cycle beginning February 6, 2026

The Child and Adult Care Food Program (CACFP) is a federally funded program that supports childcare and after school programs. CACFP provides financial meal reimbursement to licensed childcare centers serving nutritious meals and snacks to children in their care.

We have identified childcare opportunities for non-profit, for profit and faith-based centers who are willing to **start a CACFP meal program at their licensed childcare center.**

Grants ranging from \$500 to \$1,500 will be awarded to an individual or multi-site childcare center to assist with enrollment in the CACFP program through a sponsorship with **Providers Choice or another sponsor of your choice.**

Providers Choice is the leading site sponsor in the State of Minnesota. They work closely with the Minnesota Department of Education and have more than 100 childcare centers in their network.

Grants will be evaluated based on these criteria:

- Must be licensed childcare center in the State of Minnesota unless exempt.
- Must have at least 25% of enrolled children on county assistance such as SNAP, MFIP or CCAP.
- Must operate more than 32 hours per week.
- Must be able to serve a minimum of 2 meals per day.
- Must agree to application process for enrollment within 60 days and meet action timeline.
- Must designate a point person to oversee CACFP implementation and ongoing management.
- Must complete meal calculator: <https://providerschoice.com/estimator.asp>



Organization Information

Name of Organization:	Type of Organization:
Street Address:	City, State, Zip:
Phone Number:	Website:
Name/Title of Organization Leader:	Direct Phone Number:
	Email:
Name/Title of Application Contact Person:	Direct Phone Number:
	Email:
Meal Preparation Method: Please Circle	Meals prepared on site Meals prepared by families Vended meals with non-school vendor

Vendor: _____

Are you or any owners or directors of this center related to any owners of this caterer/vendor? If yes, explain:

Have you previously been on CACPF? If yes, list sponsor: _____

Would you and/or your staff utilize an interpreter provided by Providers Choice? If so, what language?



Proposal Information

- 1. Days and hours of operation?
- 2. Number of children in your care?
- 3. Number of children receiving county assistance (SNAP, MFIP, CCAP)?
- 4. Approximate number of children served each day of the meals listed below:

Breakfast _____

Lunch _____

Snacks AM _____ PM _____ EV _____

Supper _____

Authorization

Printed Name of Organization Leader

Signature

Date



APPLICATION SUBMISSION AND NOTIFICATION

Please e-mail this grant application form to Info@hungerimpactpartners.org. A complete application should include:

- This signed Grant Application Form.
- IRS 501c3 Determination Letter or equivalent (for your organization or for the umbrella organization/fiscal agent which you fall under, with a brief statement explaining the relationship between your organization and the umbrella organization/fiscal agent) OR if you are a faith-based organization, LLC, or Corporation provide your federal tax ID number.
- Brief description of how funds will be used.

Successful applicants will be notified by e-mail. Expect to receive a grant agreement, which will require a signature, before funds can be released.

Space for brief description of how funds will be used can be added below.