



## 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 self-sponsorship.

#### Grants will be evaluated based on these criteria:

- Must be licensed childcare center in the State of Minnesota unless exempt.
- All grant applicants must enroll in and complete the self-paced five-hour online course for organizations applying to sponsor CACFP. [New CACFP Sponsors Training Course](#)
- 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.



**Organization Information**

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

**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:** \_\_\_\_\_



**HUNGER IMPACT  
PARTNERS**  
*Food for Every Child*

### 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](mailto: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.**