

**North Carolina Department of Health and Human Services  
 Division of Public Health  
 Women's & Children's Health Section  
 Nutrition Services Branch  
 Special Nutrition Programs  
 Child and Adult Care Food Program**

**Management Plan for a Sponsoring Organization**

**SPONSORING ORGANIZATION PROFILE**

- 1(a) Institution's Legal Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_
- 1(b) Institution's Business Name (if different from above): \_\_\_\_\_
- 1(c) Institution Type:  State Government       Local Government       Federal Government       Private For Profit  
 Private Nonprofit
- 1(d) Business Organization:  Sole proprietorship     Corporation     Limited Liability Company     Partnership  
 Other (please describe) \_\_\_\_\_

**2. (Please check only one-Sponsoring Organizations of Centers Only)** This sponsoring organization will accept \_\_\_\_\_ Commodities **or** \_\_\_\_\_ Cash in Lieu of Commodities. (Choosing this option does not automatically guarantee that this option will be provided. Tabulation of requests will be made to determine the economic feasibility of providing commodities and you will be notified as to the results.)

**FINANCIAL VIABILITY AND FINANCIAL MANAGEMENT**

- 3. For new sponsoring organizations only:**
- a. How will your participation in the CACFP help ensure the delivery of Program benefits to otherwise unserved facilities or participants?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Please include a description of your proposed geographic area of service.  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Provide a list of current or potential participants.
- d. Describe or attach a copy of your recruitment policies and procedures. (Attach additional sheets if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Does this Sponsoring Organization plan to recruit non-participating facilities? Circle: Yes or No.**  
 If yes, how? (check all that apply):  Workshops     Training activities     Conferences     General promotions (yellow pages)     Mass mailing     Exhibits     Conference booths     Other (list) \_\_\_\_\_

5a. Does your organization provide non-CACFP services? \_\_\_\_\_yes \_\_\_\_\_no.

5b. If yes, please list services provided.

---



---



---

5c. How does your organization cover these costs? (You cannot use CACFP funds to cover non-CACFP costs).

---



---



---

6. Identify all current revenue sources. Give average amount received monthly and total number of months received. Attach additional sheets, if necessary.

| Revenue Fund Source                            | Total Number of Months Received | Type (federal, state, county, private, etc.) | Purpose | Monthly Amount |
|--|---------------------------------|--|---------|----------------|
| <b>CACFP</b>                                   |                                 |  |         |                |
| <b>Tuition (parent fees)</b>                   |                                 |  |         |                |
| <b>Department of Social Services (subsidy)</b> |                                 |  |         |                |
| <b>Smart Start</b>                             |                                 |  |         |                |
| <b>More At Four</b>                            |                                 |  |         |                |
| <b>Other: please list</b>                      |                                 |  |         |                |
|  |                                 |  |         |                |
|  |                                 |  |         |                |

7. Please list all other resources available to the organization: (choose all that apply)

- \_\_\_\_\_ office space
- \_\_\_\_\_ desks
- \_\_\_\_\_ office equipment
- \_\_\_\_\_ human resources such as professional services, consultants, etc.
- \_\_\_\_\_ computers
- \_\_\_\_\_ real estate property
- \_\_\_\_\_ printers
- \_\_\_\_\_ motor vehicles
- \_\_\_\_\_ Other (Please describe)

---

8. If this Sponsoring Organization should experience a temporary interruption of CACFP funds, how would it continue to operate? (Check all that apply): \_\_Line of Credit/Loans \_\_Tuition/Parent fees \_\_Department of Social Services (subsidy) \_\_Sponsors savings account \_\_Grants \_\_Other (explain)\_\_\_\_\_

9. If this Sponsoring Organization must repay CACFP funds due to an overclaim, how would this be done? (Check all that apply): \_\_ Line of Credit/Loans \_\_ Tuition/Parent fees \_\_ Department of Social Services (subsidy) \_\_ Sponsor's savings account \_\_ Withholding from monthly reimbursement \_\_ Grants \_\_ Other (explain)\_\_\_\_\_

## ADMINISTRATIVE CAPABILITY

10. If your organization plans to recruit new homes and/or centers, please provide: An estimate of new homes \_\_\_\_\_ Estimate of new centers \_\_\_\_\_ NA \_\_\_\_\_

11. If your organization plans to recruit new homes and/or centers, how do you plan to manage this growth? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> hire additional staff     | <input type="checkbox"/> other (explain) |
| <input type="checkbox"/> reassign staff            | <input type="checkbox"/> NA              |
| <input type="checkbox"/> purchase office equipment |  |

12. Write the **NUMBER** of facilities under your sponsorship for the current Program year.

- |  |  |
|--|--|
| <input type="checkbox"/> Nonprofit Child Care Center                         | <input type="checkbox"/> Outside School Hours Care Center  |
| <input type="checkbox"/> For profit Child Care Center (Title XIX and XX)     | <input type="checkbox"/> Day Care Homes <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II |
| <input type="checkbox"/> For profit Adult Day Care Center (Title XIX and XX) | <input type="checkbox"/> Homeless Program  |
| <input type="checkbox"/> Nonprofit Adult Day Care Center                     | <input type="checkbox"/> After School "At Risk" Program  |

13. a. Does your organization have bylaws available for review by the State Agency?  yes  no

13. b. Attach an organizational chart reflecting CACFP employees.

13. c. Please complete the chart below, indicating the person responsible for each CACFP area.

| CACFP Area                                  | Person Responsible | Title | Qualifications | Hours worked per week |
|---|--------------------|-------|----------------|-----------------------|
| Satisfying meal pattern requirements        |                    |       |                |                       |
| Classifying income eligibility applications |                    |       |                |                       |
| Taking point of service meal counts         |                    |       |                |                       |
| Ensuring fiscal management                  |                    |       |                |                       |
| Maintaining proper records                  |                    |       |                |                       |
| Satisfying training requirements            |                    |       |                |                       |
| Sanitation                                  |                    |       |                |                       |
| Satisfying civil rights requirements        |                    |       |                |                       |
| Monitoring                                  |                    |       |                |                       |
| Other:                                      |                    |       |                |                       |

**For Sponsoring Organizations with 50 homes and/or 25 centers or more, please complete questions 14-15. All others, skip to question 16.**

**For Sponsoring Organizations of Day Care Homes Only:**

14 a. Provide a list of employees who have monitoring related duties, describe these duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

| List of Monitors | Description of Monitoring Duties | Hours Worked Per Month | Hours Per Month Monitoring |
|------------------|----------------------------------|------------------------|----------------------------|
|                  |                                  |                        |                            |
|                  |                                  |                        |                            |
|                  |                                  |                        |                            |
|                  |                                  |                        |                            |

14 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

| Monitor | Territories | Number of Sites | Daily Mileage |
|---------|-------------|-----------------|---------------|
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |
|         |             |                 |               |

14 c. Please complete the monitoring schedule below. List all facilities/providers individually. (Attach additional sheets as necessary and label attachment.)

**PROJECTED MONITORING SCHEDULE FOR CURRENT FISCAL YEAR**

| Individual Site Name | Projected Monitoring Dates (month, year) |                                  |                                  |
|----------------------|--|----------------------------------|----------------------------------|
|                      | 1 <sup>st</sup> Monitoring Visit         | 2 <sup>nd</sup> Monitoring Visit | 3 <sup>rd</sup> Monitoring Visit |
|                      |  |                                  |                                  |
|                      |  |                                  |                                  |
|                      |  |                                  |                                  |
|                      |  |                                  |                                  |
|                      |  |                                  |                                  |

**For Sponsoring Organizations of Centers Only:**

15.a. Provide a list of employees who have monitoring related duties. Describe the duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

| List of Monitors | Description of Monitoring Duties | Hours Worked Per Month | Hours of Monitoring Per Month |
|------------------|----------------------------------|------------------------|-------------------------------|
|                  |                                  |                        |                               |
|                  |                                  |                        |                               |
|                  |                                  |                        |                               |

15 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

| Monitor | Territory(ies) | Number of Sites | Daily Mileage |
|---------|----------------|-----------------|---------------|
|         |                |                 |               |
|         |                |                 |               |
|         |                |                 |               |

15 c. Please complete the monitoring schedule below. List all facilities individually. Attach additional sheets as necessary.

| Projected Monitoring Scheduled for Current Fiscal Year |                      |                                  |                                  |
|--|----------------------|----------------------------------|----------------------------------|
| Projected Monitoring Dates (month and year)            |                      |                                  |                                  |
| Individual Site Name                                   | 1st Monitoring Visit | 2 <sup>nd</sup> Monitoring Visit | 3 <sup>rd</sup> Monitoring Visit |
|  |                      |                                  |                                  |
|  |                      |                                  |                                  |
|  |                      |                                  |                                  |

16. If a monitor is unavailable to perform the monitoring duties, how will the sponsoring organization ensure that the facilities are monitored in accordance with 7 C.F.R. §226.16.

17. Provide a copy of each of the following CACFP policies. Policies must be in compliance with 7CFR Part 226.

- a. Policies and procedures that assign CACFP responsibilities (job descriptions)
- b. CACFP Outside Employment Policy
- c. (For Day Care Homes Sponsors Only) – CACFP Administrative Review (Appeal) Policy

18. Provide a copy of the information provided to the parents informing them of this Sponsoring Organization’s participation in CACFP. (Example: “Building for the Future” flyer with Sponsoring Organization’s complete contact information) (sample included)

**PROGRAM ACCOUNTABILITY**

**For Private Non-Profit and For-Profit Corporations ONLY:**

19(a). What is the schedule for your board meetings?

19(b). Complete chart for Board of Directors.

| Board Member | Position on Board | Mailing Address (Street, City, State, ZIP Code) | Area code + phone number | Relationship to other board members or employees | Employed at the center? | Compensation for serving on board (yes or no) |
|--------------|-------------------|---|--------------------------|--|-------------------------|---|
|              | Chairman          |   |                          |  |                         |   |
|              |                   |   |                          |  |                         |   |
|              |                   |   |                          |  |                         |   |
|              |                   |   |                          |  |                         |   |
|              |                   |   |                          |  |                         |   |

**20. For Private Non-Profit and Private For-Profit Corporations:**

a. What oversight / supervision does the board of directors have for the Sponsoring Organization’s participation in the CACFP? (check all that apply).

- policy making
- fiscal guidance
- ongoing governance
- reviews sponsoring organizations policies, programs and budgets
- decision making on compensation and other areas of program operations
- board minutes document decisions which are made
- personnel decisions
- other (please explain)

b. Please attach your organization’s governing board policies/procedures for oversight of your organization.

**21. How does your organization determine Financial Responsibility for the following topics:**

**a. Fiscal integrity and accountability for all funds and property received, held and disbursed?**

- Does the organization have a separate bank account for CACFP?  Yes  No
- List name and address of bank(s) where CACFP funds are deposited? \_\_\_\_\_  
\_\_\_\_\_
- What is the organization's accounting method?  
 Cash  Accrual  Modified Accrual
- CACFP transactions are recorded on? (Check all that apply.)  
 Paper ledger  
 Accounting software. Provide name of software: \_\_\_\_\_  
 CACFP cash receipts and disbursement journal  
 Other (Specify/Explain) \_\_\_\_\_
- CACFP transactions are backed up by what system? (Check all that apply.)  
 Paper ledger  
 Accounting software. Provide name of software: \_\_\_\_\_  
 CACFP cash receipts and disbursement journal  
 Other (Specify/Explain) \_\_\_\_\_

**b. The integrity and accountability of all expenses incurred?**

- What documentation is maintained on file to support CACFP expenditures? (Check all that apply.)  
 Itemized receipts, invoices and bills  Bank records  Rental Agreements  
 Timesheets  Payroll records  Contracts  
 Tax returns  Board Minutes  Cost Allocation Plans  
 Depreciation Schedules  Travel records  Other (Specify)
- How frequently are CACFP transactions recorded in your accounting system?  
 Daily  Weekly  Monthly  Other (Specify) \_\_\_\_\_
- How frequently are the CACFP receipts and expenditures compared to the budget?  
 Daily  Weekly  Monthly  Other (Specify) \_\_\_\_\_

**c. That claims are processed accurately and in a timely manner?**

- **Point of meal service counts are used by centers and/or homes for preparing the daily meal count record.**  
 Claims are reviewed by a second party for accuracy prior to being submitted for reimbursement.  
 Regulatory edit checks are performed prior to claim submission.  
 Claims are uploaded using an automated program. List program: \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

• **That center eligibility requirements are met?**

- N/A Non-Profit center.
- 25% of enrollment receive Title XIX or Title XX and claim is processed after the monthly Reimbursement Statement is reviewed.
- Verify that at least 25% of enrolled participants are eligible for Free or Reduced Price Meals (Child Care).
- N/A Homes Sponsor
- Other (Specify) \_\_\_\_\_

**d. That funds and property are used and expenses incurred for authorized Program purposes only? (Check all that apply.)**

- How is it ensured that the CACFP is operated as a non-profit program?  
 Review year to date expenditures to ensure no more than three months operating balance is available for sponsored centers.  
 CACFP allowable costs exceed the CACFP reimbursement.  
 Budget is amended as necessary to ensure all CACFP expenditures are approved prior to being incurred.

- How is it ensured that CACFP funds are used only for necessary, reasonable, and allowable costs?
  - \_\_\_\_\_ FNS Instruction 796-2, Rev. 3 is used as reference for determining allowable and unallowable costs.
  - \_\_\_\_\_ Cost allocation plans are used for costs shared between programs.
  - \_\_\_\_\_ Only costs included in annual budget are expensed
  - \_\_\_\_\_ Receipts are reviewed to ensure no unallowable costs are accounted for as CACFP costs.
  - \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**e. That a system of safeguards and controls is in place to detect and prevent improper financial activities (fraud) by employees? (Check all that apply.)**

- \_\_\_\_\_ The organization has a separation of CACFP duties between two or more persons.
- \_\_\_\_\_ Different persons are responsible for receipt and expenditure of funds.
- \_\_\_\_\_ More than one signature is required for checks used for paying CACFP expenditures.
- \_\_\_\_\_ Accountant prepares monthly reports and yearly income tax returns.
- \_\_\_\_\_ Annual audits are performed.
- \_\_\_\_\_ Board reviews CACFP expenditures and gives approval prior to purchases being made.
- \_\_\_\_\_ Board makes fiscal decisions for CACFP.
- \_\_\_\_\_ CACFP duties are rotated periodically within the organization.
- \_\_\_\_\_ Inventory is taken periodically for items purchased with CACFP funds.
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

22. **Sponsors of Centers Only:** Does your Sponsoring Organization plan to claim administrative costs? \_\_\_yes \_\_\_no  
 If yes, how will you ensure that the administrative costs allocated to CACFP will not exceed the amount of administrative cost approved by the state agency? (check all that apply)

- \_\_\_\_\_ tracks actual expenditures against approved budget
- \_\_\_\_\_ amends budget that considers year to date expenditures
- \_\_\_\_\_ other (please explain)

23. Indicate your system for maintaining appropriate records to document CACFP requirements. (All items in bold must be checked and check any other items that apply)

- \_\_\_\_\_ **Records are maintained at (write complete address where CACFP records are kept) \_\_\_\_\_**
- \_\_\_\_\_ **Records are maintained for 3 years, plus the current year**
- \_\_\_\_\_ **Records are maintained according to 7CFR §226.15(e)**
- \_\_\_\_\_ **Copies of records are maintained at each facility (attendance, point-of-service meal counts, menus, receipts, medical documentation for special dietary needs, provision of iron fortified infant formula, enrollment forms).**
- \_\_\_\_\_ Other (Please explain)

24. Provide the Sponsoring Organization’s schedule for training the Sponsoring Organization’s staff on CACFP requirements for the upcoming fiscal year. (This does not include training conducted by the State agency).

| Date (month, year) | Areas of Training | Sponsor’s Trainer | Attendees | Location Site |
|--------------------|-------------------|-------------------|-----------|---------------|
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |
|                    |                   |                   |           |               |

25. Provide the schedule for training sponsored facilities on CACFP requirements for the upcoming fiscal year. (This does not include training provided by the State agency.)

| Date (month, year) | Proposed Topic of Training | Sponsor’s Trainer | Attendees | Location Site |
|--------------------|----------------------------|-------------------|-----------|---------------|
|                    |                            |                   |           |               |
|                    |                            |                   |           |               |
|                    |                            |                   |           |               |
|                    |                            |                   |           |               |



**For Sponsoring Organizations of Day Care Homes, please complete questions 26 and 27. For others, skip to question 28.**

26. What verification method will be used to make Tier I determinations? (check all that apply)

- Elementary school data
- Obtain and verify family size and income / categorical eligibility information from the provider
- Census data

27. How will Tier II day care homes be notified of their options for reimbursement? Please attach copy.

### **FACILITY LEVEL OPERATIONS**

28. In addition to maintaining menus to document compliance with 7 CFR §226.20; serving meals that include creditable foods for all required components in appropriate quantities; and modifying meals to meet individual's required dietary modifications and special needs, how will this Sponsoring Organization ensure that facilities under its sponsorship are providing meals that meet the meal patterns set forth in 7 CFR § 226.20? (Check all that apply)

- consults Food Buying Guide
- consults Crediting Foods in the CACFP
- menus are reviewed by Sponsoring Organization to ensure compliance
- provides training on meal pattern requirements
- other (please explain)

29. How will this Sponsoring Organization ensure that facilities under its sponsorship comply with licensure or approval requirements set forth in 7 CFR § 226.6(d) AND §226.6(e)? (Check all that apply)

- facilities are licensed by county, state or federal agency
- sponsor takes appropriate action or reports license or approval requirement violations when observed
- sponsor reports to proper local and state authorities when they observe that health and/or safety of participants is imminently threatened in facility
- sponsor approves the facilities that are not licensed by a county, state or federal agency and uses the alternate approval form supplied by the state agency
- other (please explain)

30. How does this Sponsoring Organization ensure that facilities under its sponsorship have a food service that complies with applicable state and local health and sanitation requirements? (Check all that apply)

- facility staff practices sanitary measures while preparing and serving meals
- provide sanitation training
- semi-annual or annual inspections by local sanitarian
- other (please explain)

31. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship comply with civil rights requirements. (All items in bold must be checked and add any other items that apply)

- offers CACFP Program and serves meals to all enrolled participants regardless of race, color, sex, age, disability, or national origin**
- includes the nondiscrimination statement and complaint procedure in advertisements when referencing admissions and/or the CACFP**
- "And Justice for All Poster" on display for public viewing (centers only)**
- racial/ethnic data collected annually based on currently enrolled participants**
- other (please explain)

32. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship maintain complete and appropriate records on file. (All items in bold must be checked and add any other items that apply)

- training is provided on recordkeeping requirements**
- facility maintains records for the required period of time to document all required items including, but not limited to application materials, minutes from board meetings, procurement actions, food cost documentation, and all records to support the claim for reimbursement (including menus, enrollment, attendance, point-of-service meal counts, meal substitutions, free and reduced-price applications, and Title XIX and XX status)**
- other (please explain)

33. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship claim reimbursement only for eligible meals. (All items in bold must be checked and add any other items that apply)

- meal counts taken at point of service**
- reimbursement does not exceed two meals and one snack or one meal and two snacks per child per day**
- each participant claimed is enrolled and attending the facility**
- a menu that meets meal pattern requirements is submitted for each meal claimed**
- (Day Care Home Sponsors Only) provider’s own children are claimed only if the child is enrolled with documented eligibility, and other enrolled children are in care and claimed for the same meal(s) (day care home only)**
- reimbursement is not claimed for meals served in excess of the facility’s authorized capacity or actual attendance**
- only approved meal types are claimed**
- meals are only claimed for approved facilities**
- meals are only claimed for participants that are within the regulatory age limit**
- Title XIX and/or XX status is verified monthly (for profits only)
- parental contacts
- other (please explain)

34. Indicate this Sponsoring Organization’s procurement (purchasing) policy. (Check all that apply)

- small purchase procedures “Comparison Shopping”
- competitive sealed bids-formal advertising (\$100,000 or more)
- competitive negotiation \* (requires prior written state agency approval)
- non-competitive negotiation \* (requires prior written state agency approval)

### CERTIFICATION AND SIGNATURE

The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

I certify that this Sponsoring Organization and none of its principals is disqualified from participating in the CACFP.

I further certify that none of the facilities and none of the principals of the facilities is disqualified from participating in the CACFP.

As a sponsor of day care homes, I certify that the day care home provider’s own children enrolled in the CACFP are eligible for free or reduced price meals.

**Signature on Behalf of Sponsoring Organization:**

\_\_\_\_\_ **Authorized Representative**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Printed Name**