



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF EDUCATION  
 101 Pleasant Street  
 Concord, N.H. 03301  
 FAX 603-271-1953  
 Citizens Services Line 1-800-339-9900

**2011-2012  
 Child and Adult Care Food Program (CACFP)  
 Annual Information Certification**

The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, modifies the requirements for the periodic submission of renewal applications by Institutions participating in the CACFP. Section 331(b) of the Act amends Section 17(d) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1766(d)) with regard to institution application requirements in the CACFP.

Section 331 stipulates that Institutions will no longer be required to re-apply after submitting the initial application; rather, they will be required to submit, annually, information as described below. Requirements for new institutions submitting an initial application will remain unchanged.

The following documents must be completed and submitted in order for your Organization to participate in the CACFP for 2011-2012.

| <b><u>ATTACHMENTS TO BE SUBMITTED WITH APPLICATION</u></b> |   |  |
|--|---|--|
| <input type="checkbox"/>                                   | <b>Attachment A</b>   | CACFP Site Summary (Revised) – <i>use additional sheets as needed.</i>             |
| <input type="checkbox"/>                                   | <b>Attachment B</b>   | CACFP Alternate Approval Application – Child Care Centers or Family Day Care Homes |
| <input type="checkbox"/>                                   | <b>Attachment C</b>   | CACFP Alternate Approval Application – Outside School Hours Care Centers (OSHCC)   |
| <input type="checkbox"/>                                   | <b>Attachment D</b>   | Public Release for Independent and Sponsors Non-Pricing Programs                   |
| <input type="checkbox"/>                                   | <b>Attachment E</b>   | Public Release for Centers Pricing Programs  |
| <input type="checkbox"/>                                   | <b>Attachment F</b>   | Public Release Statement for Family Day Care Sponsorships                          |
| <input type="checkbox"/>                                   | <b>Attachment G</b>   | Schedule of Announced/Unannounced Monitoring Reviews                               |
| <input type="checkbox"/>                                   | <b>Attachment H</b>   | Food Service Vendor or Management Contract Declaration Page – <i>if applicable</i> |
| <input type="checkbox"/>                                   | Copy of Current License(s)  |  |
| <b>DOCUMENTS TO BE RETAINED ON FILE AT THE INSTITUTION</b> |   |  |
| <b>Attachment I</b>  | Ethnic/Racial Data Form and Instructions  |  |
| <b>Attachment J</b>  | Items requiring Prior Approval, Specific Prior Written Approval, and FNSRO Approval |  |



Child and Adult Care Food Program (CACFP)

APPLICATION FOR PARTICIPATION for ALL INSTITUTIONS

2011-2012

(October 1, 2011 – September 30, 2012)

|  |  |
|--|--|
| <b>RETURN COMPLETED APPLICATION TO:</b><br>NH Department of Education, Div. of Program Support<br>Bureau of Nutrition Programs & Services<br>101 Pleasant Street, Concord, NH 03301-3860<br>BY: <b>JULY 29, 2011</b> | <b>INSTRUCTIONS</b><br>The sponsoring organization or independent center of all programs must complete, sign and submit the <i>Application for Participation</i> and all supporting documents to the Bureau of Nutrition.<br><hr/> <b>CFDA # 10.558 USDA Child and Adult Care Food Program</b> |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>INSTITUTION STATUS</b>     | <b>Check one</b>   |   |
|                               | <input type="checkbox"/> NON-PROFIT  | <input type="checkbox"/> FOR-PROFIT<br><small>Provide a list of students who meet the State Tuition Scholarship Program requirements or provide a list of students who have a Free or Reduced Parent Application on file.</small> |
|                               | <input type="checkbox"/> PRICING PROGRAM   | <input type="checkbox"/> NON-PRICING PROGRAM  |
|                               | <input type="checkbox"/> INSTITUTION HAS A FOOD SERVICE MANAGEMENT OR VENDOR CONTRACT<br><i>(Must submit Attachment H with application.)</i> |   |
| <b>INSTITUTION PREFERENCE</b> | <b>Check one</b>   |   |
|                               | <input type="checkbox"/> COMMODITIES   | <input type="checkbox"/> CASH IN LIEU<br><small>To be eligible for cash in lieu, institution must serve a lunch or supper meal.</small>   |

**GENERAL INFORMATON**

Sponsor/Organization/Institution Name: \_\_\_\_\_

Name of Organization Director/Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

|             |    |                 |
|-------------|----|-----------------|
| City: _____ | NH | Zip Code: _____ |
|-------------|----|-----------------|

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email address: \_\_\_\_\_

**CACFP CONTACT INFORMATON**

Name of CACFP Representative: \_\_\_\_\_  
*(This is the Individual at Institution/Sponsoring Organization to contact for CACFP information)*

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*(If different from above)*

|             |    |                 |
|-------------|----|-----------------|
| City: _____ | NH | Zip Code: _____ |
|-------------|----|-----------------|

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Indicate if your institution is an Independent Center or a Sponsoring Organization.

A.  **Independent Center**

B.  **Sponsoring Organization:** *Indicate number of sites/programs which you sponsor in space(s) provided:*

1. \_\_\_\_\_ Number of Adult Day Care Centers
2. \_\_\_\_\_ Number of Child Day Care Centers
3. \_\_\_\_\_ Number of Family Day Care Homes
4. \_\_\_\_\_ Number of Head Start Centers
5. \_\_\_\_\_ Number of Outside School Hours Centers
6. \_\_\_\_\_ Number of At-Risk Centers (Separate At-Risk Amendment Required)

## ALL PROGRAM TYPES INSTRUCTIONS FOR COMPLETING OPERATING AND ADMINISTRATIVE BUDGET

All institutions participating in the CACFP are required to submit a budget. Specific budget requirements for each type of program participating (independent centers, sponsor centers, or FDC sponsors) are noted in the instructions below. **Only anticipated CACFP reimbursement dollars should be included in the budget.**

### REVENUE EXPENSES

**TOTAL ANTICIPATED MEAL REIMBURSEMENT:** The total anticipated meal reimbursement must be reported for independent centers and sponsors of centers. Independent centers should enter the total amount expected to be received from the CACFP through the NH Department of Education, Bureau of Nutrition Programs and Services during the application period. Sponsors of centers should enter the total amount expected to be received for the CACFP for all sponsored sites during the application period. New centers should contact the State Agency for assistance in determining anticipated meal reimbursement.

### OPERATING EXPENSES

Operating expenses must be reported for all independent centers and center sponsors. Sponsor centers should submit operating expenses inclusive of all sponsored sites. Operating costs are limited to the institution's allowable expenses of serving meals to eligible participants in eligible child and adult centers.

**FOOD PURCHASES:** Record the anticipated net costs of food for the CACFP only. Other food items purchased for purposes other than the meal service cannot be charged to the CACFP. For example, food items such as rice, dried beans, or flour purchased for crafts or projects cannot be charged to the CACFP.

**FOOD SERVICE LABOR:** Record the anticipated cost of operating labor; that which relates to the preparation and delivery of the food service program. Food Service Labor may include labor hours of the cook and other staff responsible for the delivery and clean up of the meal service.

**NON-FOOD SUPPLIES:** Record the anticipated costs of non-edible items related to the operation of the meal service. Allowable non-food supplies may be the costs of disposable plates, napkins, cups; serving supplies and food storage supplies.

**FOOD SERVICE EQUIPMENT:** With specific prior written approval, the program is permitted to charge certain types of equipment at the time the items are purchased. Operating equipment may include ovens, refrigerators, small appliances, etc. Record the anticipated costs of operating equipment for the CACFP.

**"CACFP SHARE OF RENTAL/MAINTENANCE":** Identify the percent of rental/ maintenance costs assigned to CACFP.

**OTHER:** Record the anticipated cost of other anticipated operating costs not included in the categories above specifying the cost item(s) and amount budgeted by item.

### ADMINISTRATIVE EXPENSES

Administrative costs must be reported for all sponsoring organizations participating in the CACFP. Sponsors (Center and FDCH) should submit administrative costs inclusive of all sponsored centers/homes. Separate budgets must be submitted for home sponsorship and center sponsorship. **(Center and FDCH sponsor administrative budgets cannot be combined.)** Administrative costs are limited to the institution's allowable expenses for planning, organizing and managing a program. Independent Centers may choose to submit administrative costs to be applied against anticipated meal reimbursements.

**ADMINISTRATIVE LABOR:** Record the anticipated cost of administrative labor. Administrative labor includes labor hours used to complete and submit applications and enrollment forms, provide nutrition education, provide program training for institution staff and facilities, and conducting CACFP monitoring and training visits to sponsored facilities.

**MONITORING RULES:** Monitoring duties include the employee's time spent on scheduling, travel time, review time, follow-up activity, report writing and activities related to the annual updating of Child Enrollment Forms. Other Administrative duties include claim preparation, eligibility determination, training responsibilities, and financial responsibilities.

**MILEAGE, MEAL AND LODGING ALLOWANCE:** Record the anticipated costs of mileage, meals and lodging associated with the administration of the CACFP. Allowable costs include those necessary to complete sponsor reviews, attend CACFP specific training, etc.

**OFFICE SUPPLIES, PRINTING, POSTAGE:** Record the anticipated cost of office supplies necessary for the administration of the CACFP.

**OFFICE EQUIPMENT:** With specific prior written approval, the program is permitted to charge certain types of equipment at the time the items are purchased. Administrative equipment may include the percentage of a computer used for CACFP administrative work. Unallowable costs include the cost of equipment purchased by individuals, donated equipment, or that which may be on a depreciated schedule.

**RENT, MAINTENANCE, UTILITIES:** Record the anticipated cost of the CACFP facilities cost, based on the percentage of CACFP in relation to the entire institution's operation.

**CAR RENTAL FOR FACILITY MONITORING:** Record the program share of rental costs for vehicles owned by third parties that are leased by the institution for program purposes. Note: **Car rental/leasing costs are unallowable if rental charges are included in indirect costs or if a mileage allowance for the same vehicle is budgeted.**

**CONTRACTED/CONSULTANT SERVICES:** Record the anticipated cost of any contract for services to the CACFP. Contracted services may include the cost of conducting reviews, etc. Please note, a sponsor must maintain administrative responsibility for the CACFP and may not contract for the administration of the program. All contracts related to the CACFP must be reported on the budget and **a copy of the contract** provided to the State Agency for approval.

**AUDIT FEES:** Organization-wide and program specific audits meeting the requirements of 7 CFR Part 3052 are allowable administrative expenses to the CACFP. Record either of the following: the share of organization-wide audit costs based on the percentage of CACFP funds expended to the total of all funds (Federal and nonfederal) expended by the institution during the fiscal year being audited, or the full cost of a Program specific audit conducted pursuant to 7 CFR 3052.235.

**TRAINING AND DEVELOPMENT:** Record anticipated costs of providing program training for institution staff and facilities, training and development costs of nutrition education, monitor training, etc.

**INSURANCE:** Record the CACFP portion of insurance premiums on insurance policies, contributions to self-insurance reserves and deductible payments for minimal losses. Do not include life, disability or health care insurance provided to individuals in this category. Specific prior written approval is required for any budgeted costs reported in this category.

**ADVERTISING & PUBLIC RELATIONS COSTS:** Record the anticipated cost of advertising or public relation costs for the CACFP. Advertising and public relations costs used to inform individuals or the general public about the CACFP, increase CACFP participation, recruit personnel for the program, or solicit bids for the procurement of program goods and services are allowable administrative expenses.

**EXPANSION FUNDS:** With specific prior written approval, CACFP family day care home sponsoring organizations are eligible to receive \$300 of administrative funds per day care home to enable a currently participating family day care home to meet licensing or alternate approval standards. Documentation required for expenditures.

**MEMBERSHIP, SUBSCRIPTIONS, PROFESSIONAL ORGANIZATION ACTIVITIES:** Membership costs in civic, business, technical and professional organizations and subscriptions to professional and technical periodicals are allowable administrative expenses provided the costs are related to the CACFP. Some costs may require special approval. See Attachment O for items requiring special approval.

**INDIRECT COSTS:** Indirect costs are those costs that benefit more than one function and require consistent and routine allocation. Examples of indirect cost items include such things as management and central office staff salaries, depreciation and maintenance costs. Administrative cost rate must be determined from either prior year data or from estimates for new organizations. Record the indirect costs for the CACFP and indicate the rate used to determine the cost.

**MISCELLANEOUS:** Record the anticipated cost of other anticipated administrative costs not included in the categories above specifying the cost item(s) and amount budgeted by item.

**OPERATING AND ADMINISTRATIVE BUDGET FOR INDEPENDENT CENTERS**

The budget plan is an annual projection and should only reflect the allocation of anticipated CACFP meal reimbursements. CACFP reimbursements are intended to compensate for food expenses. However, occasionally the reimbursement is more than food expenses. When this occurs, CACFP reimbursement may be applied toward other CACFP related expenses. All reimbursements from the CACFP must be used for costs associated with the operation of a non-profit food service program. Please refer to **Attachment J** outlining items requiring prior approval, specific prior written approval and FNSRO approval

|   | <b>Independent Centers</b> |
|---|----------------------------|
| <p><b>A. TOTAL ANTICIPATED CACFP MEAL REIMBURSEMENT</b><br/>Report the amount of anticipated meal reimbursement for all facilities. NOTE: This information can be determined by reviewing your CACFP Web-Start payment history for the previous year.</p>   |                            |
| <p><b>B. TOTAL ANTICIPATED FOOD PURCHASES</b><br/>Enter the estimated amount to be spent on food for the application year for all facilities.</p>   |                            |
| <p><b>C. THE DIFFERENCE (A-B=C)</b><br/>If letter C is "0" or a negative amount – STOP HERE.<br/>Otherwise, apply the unallocated reimbursement balance toward other OTHER OPERATING EXPENSES outlined below.</p>   |                            |
| <p><b>D. OTHER OPERATING EXPENSES</b><br/>Complete D 1-5 only if total reimbursement has not been allocated above. STOP when all CACFP MEAL REIMBURSEMENT has been allocated. <i>Note: Must have appropriate documentation of labor and receipts on file to verify stated operating expenses.</i></p>               |                            |
| <p><b>1). FOOD SERVICE LABOR</b><br/>Salaries of staff preparing or serving meals.</p>  |                            |
| <p><b>2). NON-FOOD SUPPLIES (to support meal service)</b><br/>Napkins, straws, dishwashing detergent, etc.</p>  |                            |
| <p><b>3). FOOD SERVICE EQUIPMENT</b><br/>For capitol expenditure equipment purchases used in the production, delivery, or service of meals related to the CACFP that exceed \$5000.00, the institution must get prior written approval from the State agency. Note: This may include ovens, refrigerators, etc.</p> |                            |
| <p><b>4). CACFP SHARE OF RENTAL/MAINTENANCE</b><br/>For food preparation and service areas.</p>   |                            |
| <p><b>5). OTHER (Specify)</b></p>   |                            |
| <p><b>E. TOTAL OTHER OPERATING EXPENSES</b><br/>If letter "E" is "0" or a negative amount – STOP HERE.<br/>If letter "E" is not "0" or a negative amount, contact the Bureau.</p>   |                            |
| <p><b>F. TOTAL ADMINISTRATIVE EXPENSES</b><br/>Complete the Administrative Budget Worksheet Expenses (Pgs. 8 &amp; 9) and enter the Grand sum of the totals here.</p>   |                            |

**STATE AGENCY APPROVED AMOUNT**

SEE PAGES 2 AND 3 FOR INSTRUCTIONS ON COMPLETING THE ADMINISTRATIVE BUDGET.

**OPERATING AND ADMINISTRATIVE BUDGET FOR SPONSORS OF CENTERS**

The budget plan is an annual projection and should only reflect the allocation of anticipated CACFP meal reimbursements. CACFP reimbursements are intended to compensate for food expenses. However, occasionally the reimbursement is more than food expenses. When this occurs, CACFP reimbursement may be applied toward other CACFP related expenses. All reimbursements from the CACFP must be used for costs associated with the operation of a non-profit food service program. Please refer to **Attachment J** for an outline of items requiring prior approval, specific prior written approval and FNSRPO approval.

|   | CENTERS    |              |
|---|------------|--------------|
|   | Affiliated | Unaffiliated |
| <b>A. TOTAL ANTICIPATED CACFP MEAL REIMBURSEMENT</b><br>Report the amount of anticipated meal reimbursement for all facilities.<br><i>NOTE: The total reimbursement for both affiliated and unaffiliated centers can be determined by reviewing your CACFP Web-Start payment history for the previous year.</i> |            |              |
| <b>B. TOTAL ANTICIPATED FOOD PURCHASES</b><br>Enter the estimated amount to be spent on food for the application year for all facilities.   |            |              |
| <b>C. OTHER OPERATING EXPENSES</b><br>Note: Must have appropriate documentation of labor and receipts on file to verify stated operating expenses.  |            |              |
| <b>1). FOOD SERVICE LABOR</b><br>Salaries of staff preparing or serving meals.  |            |              |
| <b>2). NON-FOOD SUPPLIES (to support meal service)</b><br>Napkins, straws, dishwashing detergent, etc.  |            |              |
| <b>3). FOOD SERVICE EQUIPMENT</b><br>For capital expenditure equipment purchases used in the production, delivery, or service of meals related to the CACFP that exceed \$5000.00, the institution must get prior written approval from the State agency. Note: This may include ovens, refrigerators, etc.     |            |              |
| <b>4). CACFP SHARE OF RENTAL/MAINTENANCE</b><br>For food preparation and service areas.   |            |              |
| <b>5). OTHER (Specify)</b>  |            |              |
| <b>TOTAL OTHER OPERATING EXPENSES</b>   |            |              |
| <b>D. TOTAL ADMINISTRATIVE EXPENSES</b><br>Complete Sponsoring Institutions Budget Justification Worksheet (Pg. 6) and the Administrative Budget Worksheet Expenses (Pgs. 8 & 9) and enter the Grand sum of the totals here.  |            |              |
| <b>E. THE DIFFERENCE [A – (B + C + D)]</b>  |            |              |
| <b>STATE AGENCY APPROVED AMOUNT</b>   |            |              |

**CENTER SPONSOR ADMINISTRATIVE SUMMARY**

Center sponsor's retention of funds for administrative costs may not exceed 15% or the percentage approved below of the total meal reimbursement earned by its sponsored centers. Reimbursement is based on actual meals served and is included in the claim for reimbursement. Sponsors are required to keep a copy of the approved budget on file.

**FOR STATE AGENCY USE ONLY**

| Anticipated Center Meal Reimbursement | Sponsor Total Administrative Expenses "D" | Approved Amount<br>(Cannot exceed 15% without requesting approval) | % |
|---------------------------------------|---|--|---|
| Affiliated                            |   |  |   |
| Unaffiliated                          |   |  |   |

SEE PAGES 2 AND 3 FOR INSTRUCTIONS ON COMPLETING THE OPERATING AND ADMINISTRATIVE BUDGET.

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A.

**SPONSORING INSTITUTION BUDGET JUSTIFICATION WORKSHEET**

**SPONSORING INSTITUTION ADMINISTRATIVE STAFFING PATTERN FOR CACFP** – List all sponsoring personnel who will be involved in administering the CACFP in the chart below.

| <b>MONITORING PERSONNEL</b>   | <b>POSITION TITLE(S)</b><br><br>List each separately<br><br><b>(A)</b> | <b>PERSONNEL IN THIS POSITION</b><br><br>List each separately<br><br><b>(B)</b> | <b>HOURS PER DAY EACH EMPLOYEE IN COLUMN (B) WILL SPEND ON PROGRAM DUTIES</b><br><br><b>(C)</b> | <b>DAYS PER YEAR EACH EMPLOYEE IN COLUMN (A) WILL WORK ON PROGRAM DUTIES</b><br><br><b>(D)</b> | <b>ANNUAL MONITORING HOURS:</b><br><br><b>(C) X (D)</b><br><br><b>(E)</b> | <b>HOURLY SALARY AND BENEFITS (INDICATE VOLUNTEERS WITH "V")</b><br><br><b>(F)</b> | <b>TOTALS ENTER ONLY ANNUAL SALARIES TO BE INCURRED UNDER CACFP</b><br><br><b>(G)</b> |
|---|--|---|---|--|---|--|---|
| <i>Monitoring duties include the employee's time spent on scheduling, travel time, review time, follow-up activity, report writing and activities related to the annual updating of Child Enrollment Forms.</i> |  |   |   |  |   |  |   |
|   |  |   |   |  |   |  |   |
|   |  |   |   |  |   |  |   |
|   |  |   |   |  |   |  |   |
| <b>SUB TOTAL MONITORING HOURS</b>   |  |   |   |  |   |  |   |

| <b>OTHER ADMINISTRATIVE DUTIES</b>  | <b>POSITION TITLE(S)</b><br><br>List each separately<br><br><b>(A)</b> | <b>PERSONNEL IN THIS POSITION</b><br><br>List each separately<br><br><b>(B)</b> | <b>HOURS PER DAY EACH EMPLOYEE IN COLUMN (B) WILL SPEND ON PROGRAM DUTIES</b><br><br><b>(C)</b> | <b>DAYS PER YEAR EACH EMPLOYEE IN COLUMN (A) WILL WORK ON PROGRAM DUTIES</b><br><br><b>(D)</b> |  | <b>HOURLY SALARY AND BENEFITS (INDICATE VOLUNTEERS WITH "V")</b><br><br><b>(F)</b> | <b>TOTALS ENTER ONLY ANNUAL SALARIES TO BE INCURRED UNDER CACFP</b><br><br><b>(G)</b> |
|---|--|---|---|--|--|--|---|
| <i>Please specify - attach additional sheets if necessary.</i>  |  |   |   |  |  |  |   |
| <i>Other Administrative duties include claim preparation, eligibility determination, training responsibilities, and financial responsibilities.</i> |  |   |   |  |  |  |   |
|   |  |   |   |  |  |  |   |
|   |  |   |   |  |  |  |   |
| <b>SUB TOTAL OTHER ADMINISTRATIVE DUTIES</b>  |  |   |   |  |  |  |   |
| <b>GRAND TOTAL SALARIES (MONITORING AND OTHER)</b>  |  |   |   |  |  |  | <b>\$</b>   |

**STATE AGENCY USE**

**FTE Approval Instructions:** Determine Monitoring FTE and Monitoring Requirement Value using formulas below. If sponsoring centers and homes, Monitoring Requirement Value for centers and homes must be calculated independently then added together. The Monitoring FTE must be equal to or greater than the Monitoring Requirement Value to receive State Agency Approval.

**Monitoring requirement: Centers:** one full-time staff person for each 25-150 centers sponsored; **FDCH:** one full-time staff person for each 50-150 homes. **FTE Methodology:** 40 hrs x 52 wks = 2,080 hrs minus 240 absent work hrs (i.e., breaks, lunch, sick) = 1,840 work hours. **1,840 hours = 1FTE Monitoring Requirement Value (MRV):**

| <b>Description</b>                                  | <b>Calculation</b> | <b>1. Center MRV</b> | <b>Description</b>                                 | <b>Calculation</b> | <b>2. Homes MRV</b> | <b>3. Total MRV (1+2)</b> |
|---|--------------------|----------------------|--|--------------------|---------------------|---------------------------|
| A. Total #centers = 25-150 or;                      | 1                  |                      | A. Total #homes = 50-150 or;                       | 1                  |                     |                           |
| B. Total #centers > 150                             | ____ #centers/150  |                      | B. Total #homes < 150                              | ____ #homes/150    |                     |                           |
| C. Total #centers < 25                              | ____ #centers/25   |                      | C. Total #homes < 50                               | ____ #homes/50     |                     |                           |
| <b>D. Total Center Monitoring Requirement Value</b> |                    |                      | <b>D. Total Homes Monitoring Requirement Value</b> |                    |                     |                           |

Total MRV (3D above): \_\_\_\_\_

Monitoring FTE = Subtotal Monitoring Hours / 1840 = \_\_\_\_\_

SA FTE APPROVAL \_\_\_\_\_

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**ADMINISTRATIVE BUDGET FOR SPONSORS OF FAMILY DAY CARE HOMES**

ADMINISTRATIVE BUDGET  
October 1, 2011 to September 30, 2012

*(Only costs incurred for the CACFP may be included)*

| BUDGET IS BASED ON _____ # FAMILY DAY CARE HOMES.<br>(The number of Family Day Care Homes should not exceed the number currently on Sponsor's list.) |  |        | (ANNUAL)<br>FDC SPONSOR<br>BUDGET AMOUNT |
|--|--|--------|--|
| A  | ADMINISTRATIVE LABOR <i>(Grand Total Salaries – Monitor &amp; Other)</i>   | PAGE 6 |  |
| B  | MILEAGE, MEAL AND LODGING ALLOWANCE  | PAGE 8 |  |
| C  | OFFICE SUPPLIES  | PAGE 8 |  |
| D  | PRINTING   | PAGE 8 |  |
| E  | OFFICE EQUIPMENT   | PAGE 8 |  |
| F  | POSTAGE  | PAGE 8 |  |
| G  | CAR RENTAL FOR FACILITY MONITORING   | PAGE 8 |  |
| H  | TELEPHONE  | PAGE 8 |  |
| I  | OFFICE RENT AND MAINTENANCE  | PAGE 8 |  |
| J  | UTILITIES  | PAGE 8 |  |
| K  | CONSULTANT SERVICE   | PAGE 8 |  |
| L  | AUDIT FEES   | PAGE 9 |  |
| M  | FDCH PROVIDER/CENTER TRAINING  | PAGE 9 |  |
| N  | SPONSOR/CENTER STAFF TRAINING & DEVELOPMENT  | PAGE 9 |  |
| O  | INSURANCE  | PAGE 9 |  |
| P  | ADVERTISING AND PUBLIC RELATION COSTS<br>(pamphlets, news releases & other information services.)  | PAGE 9 |  |
| Q  | LICENSING RELATED COSTS<br>(smoke detectors, fire extinguishers, minor alterations such as adding handrails, & the cost of fire & safety inspections and licensing fees.)  | PAGE 9 |  |
| R  | MEMBERSHIP, SUBSCRIPTIONS AND PROFESSIONAL ORGANIZATION ACTIVITIES. –* <u>Back-up documentation</u> : List memberships, subscriptions and professional organization activities. Provide the costs for each.<br><br><b><i>Membership to ANY organization that will be paid for with CACFP funds must be pre-approved by the State Agency.</i></b><br><br><b><i>*Proof of pre-approval documentation must be submitted with application.</i></b> | PAGE 9 |  |
| S  | INDIRECT COSTS   | PAGE 9 |  |
| T  | MISCELLANEOUS  | PAGE 9 |  |
| <b>GRAND TOTAL A - T</b>   |  |        |  |
| <b>STATE AGENCY APPROVED AMOUNT</b>  |  |        |  |

## ADMINISTRATIVE BUDGET WORKSHEET FOR ALL FACILITIES

Administrative Budgets are required for all facilities. Complete Administrative Budget Worksheet and transfer information onto Operating and Administrative Budget for Independent Centers, Operating and Administrative Budget for Sponsors of Centers or Administrative Budget for Sponsors of Family Day Care Homes. Independent Center Administrative Budgets are required ONLY if anticipated CACFP meal reimbursements will not be fully allocated through operating expenses.

|  | CENTER \$ TOTAL | FDCH \$ TOTAL |
|--|-----------------|---------------|
| <p><b>B. <u>MILEAGE, MEALS, AND LODGING ALLOWANCE</u></b> - Includes mileage, meals and lodging for facility reviews, out-of-state travel and other travel (exclude staff training, development and provider training). Maximum allowable rate is \$ .51 per mile. (Out-of-state travel requires prior approval by the State Agency). Itemize out-of-state travel to include number of people attending, location, possible dates, and purpose of meeting and agenda if available. Specify total number of miles for each purpose and how the figure was reached. Estimate meal and lodging allowance.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p> |                 |               |
| <p><b>C. <u>OFFICE SUPPLIES</u></b> – Any item with a unit value of under \$5,000 or a life expectancy of one year or less is considered a supply. Include general office supplies such as paper and desk supplies. Also include computer paper and computer software. Describe procurement procedures.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |                 |               |
| <p><b>D. <u>PRINTING</u></b> – Include forms and handouts. Specify kinds and numbers of the major forms to be printed such as menus, meal count forms, commodity order forms, newsletters, etc.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |                 |               |
| <p><b>E. <u>OFFICE EQUIPMENT</u></b> - Items greater than \$5,000 that have a useful life of at least one year are considered equipment. Include computer equipment to be purchased or leased. Specify leased vs. purchased equipment. Submit documentation for determining annual depreciation. Describe procurement procedures. <b>Supply us with a copy of any lease contracts, which have been entered in the last year or are being contemplated.</b></p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |                 |               |
| <p><b>F. <u>POSTAGE</u></b> – Indicate if postage is paid to monitors. (Postage is for all CACFP mailed business.)</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |                 |               |
| <p><b>G. <u>CAR RENTAL FOR FACILITY MONITORING</u></b> (Provide rental/lease agreement.)</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |                 |               |
| <p><b>H. <u>TELEPHONE</u></b> – Indicate if monitors are reimbursed for telephone, fax, electronic mail and cellular telephone and pager cost expenses. Provide a copy of the institution's policy on personal and business use of its communication systems. Center and FDCH charges should be highlighted on each bill.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |                 |               |
| <p><b>I. <u>OFFICE RENT AND MAINTENANCE</u></b> – Include rent for office, storage facilities and cleaning contracts. Indicate the percentage of total agency cost that is charged to the Center or FDCH function. <b>Submit copies of rental/lease agreements.</b></p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |                 |               |
| <p><b>J. <u>UTILITIES</u></b> - Indicate the percentage of the total agency cost that is charged to the Center or FDCH function.</p>   | Center %        | FDCH %        |
|  |                 |               |

## ADMINISTRATIVE BUDGET WORKSHEET FOR ALL FACILITIES

(continued)

|  |   |                            | CENTER \$ TOTAL | FDCH \$ TOTAL |
|--|---|----------------------------|-----------------|---------------|
| <p><b>K. <u>CONSULTANT SERVICES</u></b> – Examples include legal or accounting services. Describe procurement procedures. <b><u>The State Agency requests copies of all contracts.</u></b></p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b>L. <u>AUDIT FEES</u></b> – % of CACFP funding and last year's CACFP reimbursement. <i>Note: For Institutions that expend &gt;\$500,000 in federal funds per year, send a copy of the invoice and proof of payment for independent audits conducted for the most current completed fiscal year and the institution may be eligible for reimbursement for a portion of these audit costs.</i></p>  | % | <i>Last Year's Funding</i> |                 |               |
| <p><b>M. <u>FDCH PROVIDER/CENTER TRAINING</u></b> – Include miles, meals and lodging for staff required to conduct training. Include rental of facilities or equipment. Specify number of workshops to be given. (Information in this category should not be included in Budget Line B).</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b>N. <u>SPONSOR/CENTER STAFF TRAINING AND DEVELOPMENT</u></b> – Include miles, meals, lodging, workshop registration fees, rental of facilities or equipment and other costs to be incurred for staff training. (Information in this category should not be included in Budget Line B).</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |   |                            |                 |               |
| <p><b>O. <u>INSURANCE</u></b> – List type of insurance. If this is a percentage of the total agency cost, indicate the percentage charged to the Center or FDCH function.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>  |   |                            |                 |               |
| <p><b>P. <u>ADVERTISING AND PUBLIC RELATIONS COSTS</u></b> – Provide the costs for pamphlets, news releases, and other information services.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b>Q. <u>LICENSING RELATED COSTS</u></b> – Provide the costs for smoke detectors, fire extinguishers, minor alterations such as adding handrails and the costs of fire and safety inspections and licensing fees.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b>R. <u>MEMBERSHIP, SUBSCRIPTIONS AND PROFESSIONAL ORGANIZATION ACTIVITIES</u></b> – Back-up documentation: List memberships, subscriptions and professional organization activities. Provide the costs for each.</p> <p><i>Membership to ANY organization that will be paid for with CACFP funds must be pre-approved by the State Agency.</i></p> <p><i>*Proof of pre-approval documentation must be submitted with application.</i></p> |   |                            |                 |               |
| <p><b>S. <u>INDIRECT COSTS</u></b> - Provide any indirect costs that were associated with the program.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b>T. <u>MISCELLANEOUS</u></b> – Provide any other costs associated with the program not listed in A – S.</p> <p><i>*Required Back-Up Documentation must be submitted with application.</i></p>   |   |                            |                 |               |
| <p><b><u>*GRAND TOTAL ADMINISTRATIVE EXPENSE (sum of B-T)</u></b></p>  |   |                            |                 |               |

**ACCOUNTING METHODS / PROCEDURES**

Indicate the Accounting System used by the Organization:

- CASH** - Revenue and expenditures are recorded when cash is actually received or paid (check date).
- ACCRUAL** - Revenue and expenditures are recorded at the time the income or expenditure becomes known (i.e. invoices have come in, but payment not made. Or tuition for month due to center, but payments not received).

Describe the methods/procedures used by the Organization for the following:

| Category   | Method/Procedure Description |
|--|------------------------------|
| Method used to track actual expenditures against approved budget.  |                              |
| Procedure used to track CACFP funds separately from other Organizational funds.  |                              |
| Procedure for CACFP budget revisions.  |                              |
| Procedure for Year-End Adjustments.<br><br>(Please note - Administrative Costs can only be claimed in the original Year-End claim (September). Administrative costs may not be claimed in any subsequent Year-End Claim revision.) |                              |
| Method used by Sponsoring Organization to ensure that Operating Expenses are reconciled from Administrative Expenses.<br><br>(Please refer to page 11 for an explanation of monitoring and administrative expenses.)               |                              |

## OTHER REVENUE SOURCES FOR INDEPENDENT CENTERS AND SPONSORS

Provide the following for both Public and Non-Public Revenue Sources. This list should include **ALL** sources of financial support over the past 7 years. 7CFR226.6(B)(1)(xiii)(B)(1)

1. A list of Public and Non-Public programs which provide financial support to your agency;
2. Amount of funds received;
3. Total revenue by source, frequency and purpose;
4. Indicate how long this revenue has been available to the organization;
5. List whether the amount, function or nature of the funding is expected to change in the upcoming Fiscal Year; and, if so,
6. What impact it will have on the organization's operation.

### Public Program Revenue Sources

| 1.<br>PUBLICLY FUNDED PROGRAM REVENUE | 2.<br>TOTAL ANNUAL FUNDS RECEIVED | 3.<br>PURPOSE OF PROGRAM | 4.<br>LENGTH OF AVAILABILITY | 5.<br>ANY EXPECTED CHANGE | 6.<br>IMPACT OF CHANGE |
|---------------------------------------|-----------------------------------|--------------------------|------------------------------|---------------------------|------------------------|
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |
|                                       |                                   |                          |                              |                           |                        |

*\*Examples of Public Revenue: Tuition Scholarship (Title XIX, Title XX), Head Start, Fresh Start, Title III*

### Non-Public Program Revenue Sources

| 1.<br>NON-PUBLIC PROGRAM REVENUE* | 2.<br>TOTAL ANNUAL NON-PUBLIC FUNDS RECEIVED | 3.<br>PURPOSE OF NON-FEDERAL REVENUE ACTIVITIES | 4.<br>LENGTH OF AVAILABILITY | 5.<br>ANY EXPECTED CHANGE | 6.<br>IMPACT OF CHANGE |
|-----------------------------------|--|---|------------------------------|---------------------------|------------------------|
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |
|                                   |  |   |                              |                           |                        |

*\*Examples of Non-Public Revenue: fundraisers, Child Care screening and referrals, non-public grants, earned income (interest paid).*

**Attach a separate page if more space is needed.**



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
FAX 603-271-1953  
Citizens Services Line 1-800-339-9900

This certifies that \_\_\_\_\_ meets all of the requirements for  
*(Name of Institution)*

renewing institutions contained in 7 CFR 226.6(b)(2). This means \_\_\_\_\_  
*(Name of Institution)*

certifies that:

***For sponsoring organizations only:***

- The management plan on file with the State agency is complete and up-to-date;
- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List;
- The outside employment policy most recently submitted to the State agency remains current and in effect; and
- All current site information has been updated and approved. (Site summary attached.)

***For all institutions (sponsoring organizations and independent centers):***

- The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.
- The Institution itself, and the Institution's principals, are not currently on the CACFP National Disqualified List;
- The list of any publicly funded programs institution and principals have participated in the past seven years is current;
- The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years;
- No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity;
- The Institution 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); and
- Current Institution site summary has been updated and approved. (Site summary is attached.)

Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

I certify that the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that Department Officials may, for cause, verify information, and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes. I understand that this agreement is contingent upon availability of federal funds.

\_\_\_\_\_  
Name of Board Chair, Executive Director, or individual with comparable title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Board Chair, Executive Director, or individual with comparable title

\_\_\_\_\_  
Date Signed

**For State Use Only**

This Organization is approved to operate the CACFP from 10/1/2011 to 9/30/2012. This Organization will be reimbursed monthly according to the USDA rates for:

| Centers                  |  |
|--------------------------|--|
| <input type="checkbox"/> | The actual count of meals served by eligibility category in Centers/OSHC sites/At- Risk. (Includes the Administrative costs (not to exceed 15%) for sponsors of affiliated/unaffiliated centers. |
| Family Day Care Homes    |  |
| <input type="checkbox"/> | The actual count of meals served by eligibility category in FDCH plus Administrative rates per home for Family Day Care Homes.   |

\_\_\_\_\_  
Signature of State Office Representative Granting Approval

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal Opportunity provider and employer."

*Revised May 2011*

CFDA# 10.558 Child and Adult Care Food Program

**CACFP SITE SUMMARY**

| INSTITUTION NAME: _____  |                                    |                                |              | # SITES: _____  |   |                                  |   |                              |             |
|--|------------------------------------|--------------------------------|--------------|---|---|----------------------------------|---|------------------------------|-------------|
| Site Facility Name & Address   | Facility Mgr/ Director Name        | Affiliate/ Unaffiliate EIN#    | Program Type | OPERATION<br><i>(Check All That Apply)</i>  |   |                                  |   |                              |             |
| Site Facility Phone # _____  | D.O.B. _____                       | <i>EIN # Optional for FDCH</i> | CCC          | Months of Operation   |   |                                  | Days Open   | Hours Of Operation           |             |
|  |                                    |                                | HS           | <input type="checkbox"/> JAN  | <input type="checkbox"/> FEB                              | <input type="checkbox"/> MAR     | <input type="checkbox"/> MON  | <input type="checkbox"/> TUE | <b>From</b> |
|  |                                    |                                | OSHCC        | <input type="checkbox"/> APR  | <input type="checkbox"/> MAY                              | <input type="checkbox"/> JUN     | <input type="checkbox"/> WED  | <input type="checkbox"/> THU |             |
|  |                                    |                                | AT-RISK      | <input type="checkbox"/> JUL  | <input type="checkbox"/> AUG                              | <input type="checkbox"/> SEP     | <input type="checkbox"/> FRI  | <input type="checkbox"/> SAT | <b>To</b>   |
|  |                                    |                                | ADC          | <input type="checkbox"/> OCT  | <input type="checkbox"/> NOV                              | <input type="checkbox"/> DEC     | <input type="checkbox"/> SUN  |                              |             |
| FDCH   | AGE RANGE: _____ TO _____          |                                |              |   |   |                                  | Does this site facility provide "shift feeding"? <input type="checkbox"/> YES <input type="checkbox"/> NO |                              |             |
|  |                                    |                                |              | <i>Shift Feeding: Meals served to different children at different times. Shifts cannot overlap. The center or home can never have more than its license capacity in attendance at any time.</i> |   |                                  |   |                              |             |
| LOCATION TYPE<br><i>(Circle One)</i>   | MEAL TYPE<br><i>(Check Type)</i>   | MEAL TIME                      |              | Cash or Commodities<br><i>(Circle One)</i>  | Does the Facility have a License?                         |                                  |   |                              |             |
|  |                                    | Beginning                      | Ending       |   | <input type="checkbox"/> YES <input type="checkbox"/> NO* | (*Alt Approval Required)         |   |                              |             |
| On Site  | <input type="checkbox"/> Breakfast |                                |              | Commodities<br><br>**Cash In Lieu of Commodities<br><i>(**Must serve Lunch or Supper)</i><br><br>N/A  | License #   | License # Expiration Date        |   |                              |             |
| Central Kitchen  | <input type="checkbox"/> AM Snack  |                                |              |   |   |                                  |   |                              |             |
|  | <input type="checkbox"/> Lunch     |                                |              |   | License Cap   | Average Daily Attend             |   |                              |             |
| VENDED FACILITY<br>1. School<br>2. FSMC – include Attachment H   | <input type="checkbox"/> PM Snack  |                                |              |   |   |                                  |   |                              |             |
|  | <input type="checkbox"/> Supper    |                                |              |   |   | Alt. Application Expiration Date |   |                              |             |
| FDCH ONLY: <input type="checkbox"/> TIER II <b>OR</b> <input type="checkbox"/> TIER I (Tier I Eligibility – select one category) <input type="checkbox"/> Income <input type="checkbox"/> School 50% Data <input type="checkbox"/> Census <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps |                                    |                                |              |   |   |                                  |   |                              |             |

| INSTITUTION NAME: _____  |                                    |                                |              | # SITES: _____  |   |                                  |   |                              |             |
|--|------------------------------------|--------------------------------|--------------|---|---|----------------------------------|---|------------------------------|-------------|
| Site Facility Name & Address   | Facility Mgr/ Director Name        | Affiliate/ Unaffiliate EIN#    | Program Type | OPERATION<br><i>(Check All That Apply)</i>  |   |                                  |   |                              |             |
| Site Facility Phone # _____  | D.O.B. _____                       | <i>EIN # Optional for FDCH</i> | CCC          | Months of Operation   |   |                                  | Days Open   | Hours Of Operation           |             |
|  |                                    |                                | HS           | <input type="checkbox"/> JAN  | <input type="checkbox"/> FEB                              | <input type="checkbox"/> MAR     | <input type="checkbox"/> MON  | <input type="checkbox"/> TUE | <b>From</b> |
|  |                                    |                                | OSHCC        | <input type="checkbox"/> APR  | <input type="checkbox"/> MAY                              | <input type="checkbox"/> JUN     | <input type="checkbox"/> WED  | <input type="checkbox"/> THU |             |
|  |                                    |                                | AT-RISK      | <input type="checkbox"/> JUL  | <input type="checkbox"/> AUG                              | <input type="checkbox"/> SEP     | <input type="checkbox"/> FRI  | <input type="checkbox"/> SAT | <b>To</b>   |
|  |                                    |                                | ADC          | <input type="checkbox"/> OCT  | <input type="checkbox"/> NOV                              | <input type="checkbox"/> DEC     | <input type="checkbox"/> SUN  |                              |             |
| FDCH   | AGE RANGE: _____ TO _____          |                                |              |   |   |                                  | Does this site facility provide "shift feeding"? <input type="checkbox"/> YES <input type="checkbox"/> NO |                              |             |
|  |                                    |                                |              | <i>Shift Feeding: Meals served to different children at different times. Shifts cannot overlap. The center or home can never have more than its license capacity in attendance at any time.</i> |   |                                  |   |                              |             |
| LOCATION TYPE<br><i>(Circle One)</i>   | MEAL TYPE<br><i>(Check Type)</i>   | MEAL TIME                      |              | Cash or Commodities<br><i>(Circle One)</i>  | Does the Facility have a License?                         |                                  |   |                              |             |
|  |                                    | Beginning                      | Ending       |   | <input type="checkbox"/> YES <input type="checkbox"/> NO* | (*Alt Approval Required)         |   |                              |             |
| On Site  | <input type="checkbox"/> Breakfast |                                |              | Commodities<br><br>**Cash In Lieu of Commodities<br><i>(**Must serve Lunch or Supper)</i><br><br>N/A  | License #   | License # Expiration Date        |   |                              |             |
| Central Kitchen  | <input type="checkbox"/> AM Snack  |                                |              |   |   |                                  |   |                              |             |
|  | <input type="checkbox"/> Lunch     |                                |              |   | License Cap   | Average Daily Attend             |   |                              |             |
| VENDED FACILITY<br>1. School<br>2. FSMC – include Attachment H   | <input type="checkbox"/> PM Snack  |                                |              |   |   |                                  |   |                              |             |
|  | <input type="checkbox"/> Supper    |                                |              |   |   | Alt. Application Expiration Date |   |                              |             |
| FDCH ONLY: <input type="checkbox"/> TIER II <b>OR</b> <input type="checkbox"/> TIER I (Tier I Eligibility – select one category) <input type="checkbox"/> Income <input type="checkbox"/> School 50% Data <input type="checkbox"/> Census <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps |                                    |                                |              |   |   |                                  |   |                              |             |

(Attach more sheets if needed.)

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
Alternate Approval Application – Child Care Centers or Family Day Care Homes

If a center is exempt from state licensing standards, a copy of this alternate approval application for each license exempt location must be submitted with the CACFP application.

Alternate Approval Expiration Date: 

|   |   |
|---|---|
| / | / |
|---|---|

**GENERAL INFORMATION**

1. Name of license-exempt center: \_\_\_\_\_
2. If applicable, name of sponsoring organization \_\_\_\_\_  
(if different from center name)
3. Explain why this center/home is exempt from state licensing standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are day care services available without discrimination on the basis of race, color, national origin, sex, age or handicap?  Yes  No
5. Does the center/home receive Tuition Scholarship (Title XX) funds for providing child care?  Yes  No

**HEALTH AND SAFETY**

1. Submit one (1) copy of a health/sanitation permit or satisfactory report of an inspection conducted by local authorities to the Sponsoring Organization.
  - For **new** centers/homes, the permit/report must have been completed within the past twelve (12) months.
  - For **renewing** centers/homes, the permit/report must have been completed within the past three (3) years.
2. Submit one (1) copy of a fire/building safety permit or satisfactory report of an inspection conducted by local authorities to the Sponsoring Organization.
  - For **new** centers/homes, the permit/report must have been completed within the past twelve (12) months
  - For **renewing** centers/homes, the permit/report must have been completed within the past three (3) years.
3. Explain the procedure for holding fire drills and instructing children about emergency exit procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the type of food program and the kitchen facilities available for the preparation of the food served:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are restrooms available for children's use?  Yes  No
6. Are ventilation, temperature and lighting adequate for children's safety and comfort?  Yes  No  
If "No" explain changes needed to improve the conditions: \_\_\_\_\_  
\_\_\_\_\_

7. Explain procedure for assuring that floors and walls are cleaned and maintained in a condition safe for children:

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8. Explain how space and equipment, including rest arrangements for preschool age children, are adequate for the number/age range of participating children:\_\_\_\_\_

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**SOCIAL AND HEALTH SERVICES**

1. Is each child observed daily for indications of difficulties in social adjustment, illness, neglect, abuse, and appropriate action initiated?  Yes  No
2. Is there a procedure established to ensure prompt notification of the parent or guardian in the event of a child's illness or injury, and to ensure prompt medical treatment in case of emergency?  Yes  No
3. Are health records, including records of medical examinations and immunizations maintained for each enrolled child?  Yes  No
4. Is at least one full-time staff member currently qualified in first aid, including artificial respiration techniques?  Yes  No
5. Are first aid supplies available?  Yes  No
6. Do staff members undergo initial and periodic health assessments?  Yes  No
7. Is there a procedure established for referring families of children in care to appropriate local health and social service agencies?  Yes  No

**STAFF TRAINING**

1. Does the institution provide for orientations and ongoing training in childcare for all caregivers?  Yes  No
2. Are parents afforded the opportunity to observe their children in daycare?  Yes  No
3. Explain the procedure established for periodic self-evaluation of all CACFP systems.\_\_\_\_\_

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**STAFFING**

What is the minimum staff to children ratio:

- \_\_\_\_\_Ages under 6 weeks (1:1 required minimum)
- \_\_\_\_\_Ages 6 weeks – 3 (1:4 required minimum)
- \_\_\_\_\_Ages 3-6 (1:6 required minimum)
- \_\_\_\_\_Ages 6-10 (1:15 required minimum)
- \_\_\_\_\_Ages 10 and above (1:20 required minimum)

Evaluation completed by:\_\_\_\_\_ (Type/Print Name)

---

Signature Title Date

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
Alternate Approval Application – Outside School Hours Care Centers

If a center is exempt from state licensing standards, this alternate approval application for each license exempt location must be submitted with the CACFP application.

Alternate Approval Expiration Date:

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

**GENERAL INFORMATION**

1. Name of license-exempt center: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ **Only new sites:** Date care commenced: \_\_\_\_\_
2. If applicable, name of sponsoring organization \_\_\_\_\_  
(if different from center name)
3. Explain why this center is exempt from state licensing standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are day care services available without discrimination on the basis of race, color, national origin, sex, age or handicap?    Yes    No

**HEALTH AND SAFETY**

1. Submit one(1) copy of a health/sanitation permit or satisfactory report of an inspection conducted by local authorities.
  - For **new** centers, the permit/report must have been completed within the past twelve (12) months.
  - For **renewing** centers, the permit/report must have been completed within the past three (3) years.
2. Submit one(1) copy of a fire/building safety permit or satisfactory report of an inspection conducted by local authorities.
  - For **new** centers, the permit/report must have been completed within the past twelve (12) months
  - For **renewing** centers, the permit/report must have been completed within the past three (3) years.
3. Explain the procedure for holding fire drills and instructing children about emergency exit procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the type of food program and the kitchen facilities available for the preparation of the food served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are restrooms available for children’s use?    Yes    No

- 6. Is each child observed daily for indications of difficulties in social adjustment, illness, neglect, and abuse with appropriate action initiated?  Yes  No
- 7. Is there a procedure established to ensure prompt notification of the parent or guardian in the event of a child's illness or injury, and to ensure prompt medical treatment in case of emergency?  Yes  No
- 8. Is there a procedure established for referring families of children in care to appropriate local health and social service agencies?  Yes  No

**PROGRAM AND EQUIPMENT**

- 1. Describe the outside school hours program, including the types of equipment, games and materials available to the children:

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- 2. Explain the type of organized education, recreational or cultural activities available for the children:

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**STAFFING**

Indicate the Center's minimum staff to children ratio for:

- \_\_\_\_\_Ages 3-6 (1:6 required minimum)
- \_\_\_\_\_Ages 6-10 (1:15 required minimum)
- \_\_\_\_\_Ages 10 and above (1:20 required minimum)

Evaluation completed by: \_\_\_\_\_  
 (Type/Print Name)

---

Signature
Title
Date

**Public Release (Non-pricing Programs)**

The \_\_\_\_ (Name and address of center or sponsoring organization) announces the sponsorship of the U.S. Department of Agriculture funded Child and Adult Care Food Program. The same meals will be available at no separate charge to enrolled children at the center(s) listed below. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Center(s) \_\_\_\_\_

Address \_\_\_\_\_

**INCOME ELIGIBILITY GUIDELINES  
(Effective from July 1, 2011 to June 30, 2012)**

**FREE MEAL OR FREE MILK GUIDELINES**

| <b><u>HOUSEHOLD SIZE</u></b> | <b><u>INCOME (Equal to or Less Than )</u></b> |                |               |
|------------------------------|---|----------------|---------------|
|                              | <u>Yearly</u>                                 | <u>Monthly</u> | <u>Weekly</u> |
| 1                            | \$14,157                                      | \$1,180        | \$273         |
| 2                            | 19,123  | 1,594          | 368           |
| 3                            | 24,089  | 2,008          | 464           |
| 4                            | 29,055  | 2,422          | 559           |
| 5                            | 34,021  | 2,836          | 655           |
| 6                            | 38,987  | 3,249          | 750           |
| 7                            | 43,953  | 3,663          | 846           |
| 8                            | 48,919  | 4,077          | 941           |

For each additional household member add

|  |        |      |     |
|--|--------|------|-----|
|  | +4,966 | +414 | +96 |
|--|--------|------|-----|

**REDUCED PRICE MEAL GUIDELINES**

| <b><u>HOUSEHOLD SIZE</u></b> | <b><u>INCOME (Equal to or Less Than )</u></b> |                |               |
|------------------------------|---|----------------|---------------|
|                              | <u>Yearly</u>                                 | <u>Monthly</u> | <u>Weekly</u> |
| 1                            | \$20,147                                      | \$1,679        | \$388         |
| 2                            | 27,214  | 2,268          | 524           |
| 3                            | 34,281  | 2,857          | 660           |
| 4                            | 41,348  | 3,446          | 796           |
| 5                            | 48,415  | 4,035          | 932           |
| 6                            | 55,482  | 4,624          | 1,067         |
| 7                            | 62,549  | 5,213          | 1,203         |
| 8                            | 69,616  | 5,802          | 1,339         |

For each additional household member add

|  |        |       |       |
|--|--------|-------|-------|
|  | +7,067 | + 589 | + 136 |
|--|--------|-------|-------|

Contact Person \_\_\_\_\_

Publication \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date \_\_\_\_\_





**Announced/Unannounced Monitoring Review Visit Schedule**

Guidance: Monitoring Reviews must be made at least three times each year at each facility; at least two of the three reviews must be unannounced; at least one unannounced review must include the observation of a meal service. At least one review must be made during the facilities first four weeks of program operation and not more than six months may elapse between reviews. Sponsors must vary the timing of unannounced reviews so they are unpredictable to sponsored facilities.

Follow-up reviews must be completed within 30 days from receipt of any Corrective Action to ensure implementation and sustainability. Contact the State Agency regarding Health and Safety Concerns observed during the monitoring visit.

| <b>Sponsor/Organization/Institution Name:</b> _____ |                          |                          |                |
|---|--------------------------|--------------------------|----------------|
| Site Name   | Announced                | Unannounced              | Date of Review |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Site Name   | Announced                | Unannounced              | Date of Review |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Site Name   | Announced                | Unannounced              | Date of Review |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Site Name   | Announced                | Unannounced              | Date of Review |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| Site Name   | Announced                | Unannounced              | Date of Review |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                |

Use additional sheets as needed.

**PROCUREMENT AND  
FOOD SERVICE MANAGEMENT COMPANY  
DECLARATION ISSUE**

*Please complete the required information listed below regarding **ANY** contract your Organization may have procured. This includes ALL beverage and Food Contracts.*

**CONTACT INFORMATION**

Sponsor Name: \_\_\_\_\_

Sponsor Contact Name: \_\_\_\_\_

Email of Sponsor Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

List **All** Site Name(s) under contract: *(use additional sheets if needed)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOOD SERVICE MANAGEMENT COMPANY INFORMATION**

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**CONTRACT INFORMATION**

Annual TOTAL value contract: \$ \_\_\_\_\_ Applicable School Year: \_\_\_\_\_

Original contract Date: \_\_\_\_\_

Next bid year: \_\_\_\_\_

***Reminder: All original Food Service Management Contracts and/or Procurement Contracts and amendments must be approved by the State Agency prior to signing.***

*Revised 6/2011*

**Ethnic and Racial Data Form\*\***

Center/Sponsoring Organization/Home \_\_\_\_\_

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

| <b>1. Ethnic Data Collection</b>   | <b>Number of Participating Children<br/>(on the day the form is completed)</b> |
|--|--|
| <p><b>Hispanic or Latino.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."</p>                              |  |
| <p><b>Not Hispanic or Latino.</b> All other ethnic categories.</p>   |  |
| <p><b>NOTE: Total for question # 1 must equal 100%</b></p>   |  |
| <b>2. Racial Data Collection</b>   | <b>Number of Participating Children<br/>(on the day the form is completed)</b> |
| <p><b>American Indian or Alaskan Native.</b> A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.</p>  |  |
| <p><b>Asian.</b> A person having origins in any of the original places of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> |  |
| <p><b>Black or African American.</b> A person having origins in the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."</p>  |  |
| <p><b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p>  |  |
| <p><b>White.</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p>  |  |
| <p><b>NOTE: Total for question #2 may be greater than or equal to 100%</b></p>   |  |
| <p>Signature of Observer: _____</p>  | <p>Date: _____</p>   |

\*\*Note: Based on OBM Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 and on FNS Instruction 113-1, Civil Rights Compliance and Enforcement Nutrition Programs and Activities, published September 29, 2005.

# Instructions for Completing the *Ethnic and Racial Data Form*

## **All Institutions:**

Institutions must maintain a system to collect ethnic and racial data in accordance with FNS policy. This form is the basis of the institution's data collection. The data collected on this form will be used to determine how effectively FNS programs are reaching potential eligible persons and beneficiaries, to identify areas where additional outreach is needed, to assist in the selection of locations for compliance reviews, and to complete reports as required.

When completing this form respect for individual dignity should guide the process. Self-identification or self-reporting is the preferred method of obtaining the information. Program applicants and participants should be encouraged to provide the information by explaining the use of the statistical data. The following is an example that may be utilized when soliciting data:

- "This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application or participation in the program. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner."

If the applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.

The data collector (observer) may not "second guess," or in any other way change or challenge a self-declaration made by the applicant/participant as to his or her race or ethnic background unless such declarations are patently false.

**Ethnic Data Collection:** Collect the ethnicity data first. Each participant should be counted under only one category. The total number of participants marked under the ethnic category should equal the total number of enrolled participants in attendance on the day the form is completed.

**Racial Data Collection:** Collect the racial data second. Each participant shall be offered the option of selecting one or more racial designations. Therefore, the total racial data collected for enrolled participants in attendance on the day the form is completed will equal at least 100% of participants, but may equal more.

**Recordkeeping:** The institution must retain the form for 3 years plus the current year (and for any year in which there is an outstanding audit) and must safeguard the information. Access to program records containing ethnic and racial data should be limited to authorized personnel.

## **CACFP:**

- The institution must complete this form for every year each site during the application process.
- Section 1: Please print the name of the sponsor, sponsor's address and the name of the site observer (the person who is filling out the form).
- Section 2: See directions for Ethnic Data Collection above
- Section 3: See directions for Racial Data Collection above.
- Section 4: The site observer should sign the form.

## **Local Education Agencies (NSLP, SBP, Special Milk Program):**

- The LEA/RA should complete this form for each school every year.
- Section 1: Please print the name of the sponsor, sponsor's address and the name of the site observer (the person who is filling out the form).
- Section 2: See directions for Ethnic Data Collection above
- Section 3: See directions for Racial Data Collection above.
- Section 4: The site observer should sign the form.

## **Summer Food Service Program:**

- The sponsor should complete this form for each site every year. Sponsors of residential camps must collect this information for each camp session.
- Section 1: Please print the name of the sponsor, sponsor's address and the name of the site observer (the person who is filling out the form).
- Section 2: See directions for Ethnic Data Collection above
- Section 3: See directions for Racial Data Collection above.
- Section 4: The site observer should sign the form.

**Items requiring Prior Approval, Specific Prior Written Approval, and FNSRO Approval***(FNS 796-2, Revision 3)*

| Topic  | Section         | Pg # | Specification   | Prior Approval | Specific Prior Written Approval | FNSRO Approval |
|--|-----------------|------|---|----------------|---------------------------------|----------------|
| Advertising & Public Relations Costs                   | 3 a (2)         | 20   | Public relation costs for pamphlets, news releases and other information services   | YES            |                                 |                |
| Communications   | 8 a (1)         | 23   | Cellular phones and pagers owned or leased by the institutions – SAs may impose prior approval or specific prior written approval   | Up to SA       | Up to SA                        |                |
| Contributions and Donation Costs                       | 10 a            | 24   | Costs required to make goods or services donated to the institution usable for the Program  |                | YES                             |                |
| Day Care Home Licensing Standards Costs                | 12 a (1, 2 & 3) | 27   | Supplies such as smoke detectors and fire extinguishers; minor alternations such as adding handrails; and the costs of fire and safety inspections and licensing fees are required to permit an income eligible day care home to meet licensing approval standards            |                | YES                             |                |
| Depreciation and Use Allowance                         | 13 a (1)(b)     | 29   | All space and facility depreciation methods other than 30 year straight line or method used and accepted for Federal income tax reporting purposes  |                | YES                             |                |
|  | 13 a (1)(c)     | 29   | For publicly owned buildings, the amount assigned as the acquisition cost   |                | YES                             |                |
|  | 13 A (2)(a)     | 30   | All equipment depreciation methods other than 15 year straight line depreciation or method used and accepted for Federal income tax reporting purposes  |                | YES                             |                |
|  | 13 d (1)        | 31   | Unknown acquisition cost  |                | YES                             |                |
|  | 13 e            | 31   | Life expectancies   |                | Up to SA                        |                |
| Employee Morale, Health, and Welfare Costs and Credits | 14              | 31   | All costs in this category  |                | YES                             |                |
| Expensing Equipment and Other Property                 | 16 a            | 33   | The program's share of the cost for most equipment and improvements can be directly expensed (NOTE: see 16 b for unallowable costs.)  |                | YES                             |                |
| Facility and Space Costs                               | 17 a (3)        | 35   | The costs for rearrangement and alterations to facilities owned by the institution that are necessary for efficient and effective program operations but do not result in capital improvements (NOTE: see unallowable costs.)   |                | YES                             |                |
| Insurance  | 21 a (1)(a)     | 37   | Costs of other insurance, not required by the SA, maintained by the institution in connection with the general activities of the Program when the type, extent, and cost of coverage in accordance with general state or local government policy and sound business practices |                | YES                             |                |
|  | 21 a (1)(b)     | 37   | Costs of insurance or contributions to any self insurance reserve covering the risk, loss or damage to Federal Government property to the extent that the institution is liable for such loss or damage   |                | YES                             |                |

| Topic  | Section        | Pg # | Specification  | Prior Approval | Specific Prior Written Approval | FNSRO Approval |
|--|----------------|------|--|----------------|---------------------------------|----------------|
|  | 21 a (1)(c)    | 37   | Contributions to a reserve for self insurance to the extent that the reserve meets state insurance requirements and the type of coverage, extent of coverage, and the rates and premiums would have been allowed had insurance been purchased to cover the risks     |                | YES                             |                |
| Interest, Fund Raising and Other Financial Costs | 22 a (1)(a) I  | 38   | Stop payment charges for facility advance and reimbursement payments and other Program disbursements, whether by check or EFT  |                | YES                             |                |
|  | 22 a (1)(a) ii | 38   | Program account reconciliation and analysis fees, including the allocated share of fees charged for commingled accounts  |                | YES                             |                |
|  | 22 a (2)       | 38   | Interest incurred after 10/1/98, for non-profit private institutions and after 10/1/80, for public institutions on institutional debt used to acquire or replace allowable equipment or other property or make allowable improvements (NOTE: See unallowable costs.) |                | YES                             |                |
|  | 22 c (1)       | 40   | Arms length transactions (NOTE: See section on information required when requesting specific prior written approval.)  |                | YES                             |                |
|  | 22 c (2)       | 41   | Less-than-arms length transactions (NOTE: See section on information needed when requesting specific prior written approval.)  |                | YES                             | YES            |
| Labor Costs                                      | 23 d (1)       | 48   | Compensation to members of nonprofit institutions, trustees, directors, associates, officers or the immediate families thereof require special consideration and specific prior written approval   |                | YES                             |                |
|  | 23 d (2)       | 48   | Stipends to compensate board members for the costs of attending corporate meetings when program business is conducted requires special consideration and specific prior written approval   |                | YES                             |                |
|  | 23 d (3)       | 48   | Any change to an institution's compensation policy that results in a substantial increase in the institution's level of compensation to an individual or all employees requires special consideration and specific prior written approval                            |                | YES                             |                |
| Overtime, Holiday Pay, and Compensatory Leave    | 23 h           | 51   | Payment of overtime, holiday pay for work performed on a non-work holiday and compensatory leave (NOTE: See section regarding exceptions.)   |                | YES                             |                |
|  | 23 i           | 52   | Incentive payments and awards (except for awards of minimal value, see I (6))  |                | YES                             |                |
|  | 23 j           | 54   | Severance pay when it does not constitute excess compensation and is required by law, written employer/employee agreement, written policies of the institution or the terms of a negotiated written labor relations agreement  |                | YES                             |                |

| Topic  | Section     | Pg # | Specification   | Prior Approval            | Specific Prior Written Approval | FNSRO Approval |
|--|-------------|------|---|---------------------------|---------------------------------|----------------|
|  | 23 k (1)    | 54   | Deferred compensation when SA determines the deferral is in best interest of the Program and it does not represent the establishment of a contingency fund, and attempt to defer compensation as a result of an over-claim, repayment request, or funding limitation or an attempt to acquire Program funds for unallowable cost purposes |                           | YES                             |                |
|  | 23 k (11)   | 58   | Amendments or modifications to approved deferral plans  |                           | YES                             |                |
| Legal Expenses and Other Professional Services                     | 24 a (1)    | 58   | The sponsoring organization's cost to pursue administrative and judicial recovery of funds due from sponsored facilities  |                           | YES                             |                |
|  | 24 a (2)    | 58   | The institution's costs for services performed by individuals who are not officers, employees or members of the institution (NOTE: See section for additional information.)   |                           | YES                             |                |
| Management Studies   | 26          | 61   | The cost of studies directly related to the Program that are performed by entities other than the institution itself  |                           | YES                             |                |
| Materials and Supplies   | 27          | 62   | SAs may establish specific prior written approval requirements for durable supply acquisitions  |                           | Up to SA                        |                |
| Meetings and Conferences   | 28 a(1)     | 63   | Travel and registration fees for attending meetings and conferences devoted solely to the CACFP   | YES; however SA may waive |                                 |                |
|  | 28 a (2)    | 63   | Prorated share of travel and registration fees when CACFP is only a portion of a larger child and adult care related agenda   |                           | YES                             |                |
| Membership, Subscriptions and Professional Organization Activities | 29 a (4)    | 64   | Costs of public and not for profit institutions memberships in civic or community organizations   |                           |                                 | YES            |
| Participant Training and Other Participant Support Costs           | 30 a (1)    | 65   | Training-administrative costs (NOTE: See section for a list of these costs.)  | YES                       |                                 |                |
|  | 30 a (2)    | 65   | Training-operating costs (NOTE: See section for a list of these costs.)   | YES                       |                                 |                |
|  | 30 a (3)    | 66   | Facility appeal costs (NOTE: See section for more information.)   | YES                       |                                 |                |
| Proposal Costs   | 32          | 66   | Costs of preparing proposals on potential FNS Child Nutrition Program grants  |                           | YES                             |                |
| Publication, Printing and Reproduction                             | 33          | 67   | All allowable costs require prior approval  | YES                       |                                 |                |
| Purchased Services – Other   | 34 a (1)(a) | 67   | Arms-length for the maintenance, repair of upkeep of administrative and food service equipment that neither adds to its value nor prolongs its intended life  | YES                       |                                 |                |

| Topic             | Section     | Pg # | Specification   | Prior Approval | Specific Prior Written Approval | FNSRO Approval |
|-------------------|-------------|------|---|----------------|---------------------------------|----------------|
|                   | 34 a (1)(b) | 68   | Costs of utilities, purchased security and janitorial service, etc. not included in space or labor compensation costs   | YES            |                                 |                |
|                   | 34 a (2)    | 68   | All less-than-arms length transactions, maintenance and service repair contracts on Program equipment; and all other purchased service costs needed for Program operation             |                | YES                             |                |
| Rental Costs      | 36 d        | 72   | Special lease agreements – capital leases, sale-with-lease-back lease, less-than-arms length transactions and lease with option-to-purchase (NOTE: See section for more information.) |                | YES                             |                |
| Termination Costs | 38 a        | 75   | Institution's necessary and reasonable costs of ceasing CACFP operations  |                | YES                             |                |
| Travel            | 39          | 76   | Costs for Program travel (NOTE: See section for more information.)  | YES            |                                 |                |