



MANAGEMENT PLAN for Renewing Independent Centers

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

1. Check all the publicly funded (town, village, city, county, state or federal) programs that provided money to your organization and/or any of its principals, in the last seven years.

- Head Start
- NYC ACS/ACD
- City or County Tuition Subsidy
- Department of Health
- Office for the Aging
- Department of Education
- School Breakfast/Lunch
- Summer Food Service Program

- Medicaid
- Office of Children and Family Services
- Office of Mental Health
- Office of Mental Retardation/Dev Disability
- Housing and Urban Development
- Dept of Youth & Community Development
- Other _____

2. Please complete the following:

	YES	NO
a) The organization follows accounting practices that conform to accepted standards. If no, please explain:		
b) The organization develops an annual comprehensive budget, which includes costs for all programs and all sources of funding. If no, please explain:		
c) The Board of Directors reviews and approves the annual budget. If no, please explain:		
d) The organization reconciles all cash accounts monthly. If no, please explain:		
e) The payroll is prepared following appropriate State and Federal regulations and organizational policy. If no, please explain:		
f) All expenses of the organization are approved by a designated person before payment is made. If no, please explain:		

3. Complete the following list by writing down who is responsible for each task. Please write the name of the position (cook, director) not the person's name. Each task is required by CACFP regulations.

Task	Staff Position Responsible
Who distributes and collects income eligibility applications?	
Who categorizes, signs and dates the applications?	
Who takes attendance daily?	
Who takes the daily meal counts at the point of meal service?	
If food is prepared by the sponsor, who completes the food production records?	
If meals are purchased from a vendor, who checks the delivery and signs the daily delivery invoices?	
Who is responsible for ensuring meals meet CACFP meal pattern requirements?	
Who maintains written documentation of all expenses of the food service operation, including food, paper goods, equipment and payroll?	
Who prepares the monthly claim form using the income eligibility applications, attendance and meal counts?	
Who provides the annual training for key staff?	
Who checks each month that each center is eligible to claim (for-profit centers only)?	

I CERTIFY THAT the information on this application is true to the best of my knowledge. I certify that during the preceding seven years, neither this organization nor any of its principals have been determined ineligible to participate in any publicly funded program for violating its requirements. I further certify that neither this organization nor any of its principals has been convicted of any activity that occurred during the past seven years and that indicates a lack of business integrity which includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice or any other activity indicating a lack of business integrity as defined by the State.

Please Sign in Ink

Name and Title of Authorized Representative _____

Signature of Authorized Representative _____ Date _____

* This form must be signed by an individual who has been authorized on the Certificate of Authority (DOH-3671).

For CACFP Use Only – Reviewer Initials _____

Check NDL _____