



FY 2007 BUDGET RENEWAL CHECKLIST for Sponsoring Organizations of Day Care Homes

Use this checklist to make certain that all required documents, as outlined below, are submitted. Before submitting the application package, be sure that all documents requiring a signature are signed. Only original signatures are acceptable. Include the completed checklist when submitting your budget renewal.

		Sponsor Use	DOH Use
	FY 2007 Sponsor Cover Sheet		
DOH-4040	FY 2007 Renewal Application for Sponsoring Organizations of Day Care Homes		
DOH-3671	FY 2007 Certificate of Authority		
DOH-3854H	Participant Data Form for Sponsoring Organizations of Day Care Homes		
DOH-4217	Listing of Board of Directors Members		
	Attach a List of Food Stamp Participation Eligible Providers		

Submit the following documentation, as required in the budget:

Job descriptions for all titles/positions performing CACFP duties.		
Allocation methods used for each shared cost.		
Copy of car lease, if applicable.		
Copies of contracts for purchased services or professional services, if applicable.		
Copy of approved indirect cost rate, if applicable.		
Plan for Registration/License Assistance, if applicable.		

Remember to contact CACFP with changes to the Zip Code areas served by your CACFP Sponsorship.



FFY 2007 BUDGET RENEWAL APPLICATION for Sponsoring Organizations of Day Care Homes

Instructions for completing the FFY 2007 Budget Renewal Application

In preparing the budget for FFY 2007, anticipate the costs that will be incurred by your Sponsoring Organization in the operation of CACFP for day care homes. All costs must conform with the FNS 796-2 (rev. 3), Financial Management Instruction for CACFP.

General Instructions:

1. **Read each section carefully.**
2. **Only original copies of the FFY 2007 Budget with original signatures will be accepted.**
3. **Do not write in shaded areas.**
4. **All Sponsors must use the FFY 2007 Budget Format. Obsolete formats and budget applications from previous years will not be accepted.**
5. **Double check all calculations.**
6. **Attach supporting documentation as necessary.**
7. **All projected CACFP annual cost figures must be rounded to the nearest dollar.**
8. **Page 4 of the administrative budget must be signed by an authorized representative of the agency listed on the Certificate of Authority.**

REMINDER: Sponsoring Organizations will receive payment based on the number of homes claimed each month multiplied by the administrative rate set forth by the United States Department of Agriculture (USDA). The Sponsoring Organization may only receive yearly payment equivalent to the lesser of these three:

1. Actual administrative reimbursement received,
2. Approved budget, or
3. Actual reported expenditures.

Additionally, during any fiscal year, the administrative payments may not exceed 30 percent of the total amount of administrative and food service payments for day care homes. The lesser amount will be determined at the end of the fiscal year. If the amount paid to the Sponsor is greater than the approved budget or actual expenditures, or if the administrative reimbursement is greater than 30 percent of the total CACFP payments, the difference will be recovered from the Sponsoring Organization.

1. Projected Revenue

Enter the number of homes that you anticipate your organization will sponsor in the upcoming fiscal year. Use this number to calculate the anticipated revenue, upon which you will base your budget request.

Example: An organization sponsoring 165 providers calculates administrative payment as follows:

50 x \$95	(the administrative rate for the initial 50 homes)	= \$4,750 × 12 mos. = \$ 57,000
115 x \$72	(the administrative rate for the next 150 homes)	= \$8,280 × 12 mos. = \$ 99,360
		Projected Total Annual Revenue = \$156,360

2. Projected Annual Administrative Costs

- A. PERSONNEL:** The allocation of administrative costs must be based on the time staff spend conducting CACFP duties, in part or in total, in relation to each position or title. The portion of salaries/wages paid by CACFP must be incorporated into the regular hours worked by each employee. Separate CACFP payroll checks are not permissible and will be disallowed. Payment for conducting routine CACFP duties as overtime is also not allowed.

Salaries: must equal the grand total calculated from the **Administrative Labor and Monitoring Activities Chart (column 7 on pages 5 and 6 of the budget)**.

FICA/Medicare: CACFP's share of social security contributions. All personnel paid with CACFP funds must have appropriate FICA/Medicare withholdings.

Group Insurance/Health Insurance: CACFP's share of the Sponsor's group health and accident premiums.

Retirement: CACFP's share of retirement contributions paid on behalf of program employees.

Workers Compensation: CACFP's share of worker's compensation coverage. Cannot exceed 3.5% of total salary.

Unemployment Compensation: CACFP's share of unemployment insurance. Cannot exceed 9.9% of total salary.

Disability: CACFP's share of disability insurance.

Other: Describe any other costs in this category.

- B. OPERATING COSTS:** Items with a single purchase price of less than \$5000, including shared purchases (e.g. copier machine). Receipts, invoices or other documentation must be kept for all purchases.

Office/Maintenance Supplies: Standard office supplies such as paper, envelopes, pencils, etc.

Supplies purchased for pest control, janitorial or custodial needs. If a janitorial or custodial service is used, list those costs in the Allocated Costs budget category.

Rental of Equipment: Include equipment rentals and service agreements for items such as copier and postal machines. List the equipment to be rented and attach a copy of rental and/or service agreements.

Furniture, Fixtures & Equipment: Items with a single purchase price of less than \$5000. List the items to be purchased by estimated cost.

Computer Equipment: Hardware and other equipment needed for the CACFP Local Homes System. Contact CACFP for minimum system requirements.

Printing: Costs associated with the purchase of printed materials used for CACFP day care homes purposes (e.g., meal count and menu forms, outreach flyers).

Postage: Costs pertaining to postal services, stamps, express mail (e.g., the cost of sending correspondence to day care home providers, mailing claims to CACFP).

Bank Charges: CACFP's share of bank service charges.

Advertising: Costs for advertising position vacancies, program outreach, etc.

Other: Describe any other costs in this category.

- C. ALLOCATED EXPENSES**: Reimbursement can only cover the share of costs that benefit CACFP's day care homes operation. Cost allocation plans must be in accordance with guidelines from one of the following: OMB Circular A-87, OMB Circular A-122, and/or NYC ACS. A cost allocation methodology must assign expenses equitably and proportionally to the proper funding sources.

Property Insurance: CACFP's share of annual premiums for property insurance.

Custodial Services: CACFP's share of such services. Submit a copy of any contract(s).

Utilities: CACFP's share of charges for electricity, gas, water, and sewer – if not included in the space rental cost. These costs should be charged according to the same proration procedure used to charge rent.

Office Rent or "Use" Allowance: CACFP's share of rent. Include a breakdown if rent is allocated among several office locations. Include depreciation or use allowances for agency owned buildings. Telephones: CACFP's share of telephone costs including the rental of equipment.

Cell Phones: CACFP's share of cell phone costs for monitoring staff services only.

Internet Access: CACFP's share of internet costs including installation and service provider costs.

Liability Insurance: CACFP's share of annual premiums for liability insurance.

Administrative Overhead: CACFP's share of administrative costs not included in Personnel budget category. Cannot exceed 15% of total salary. Sponsoring organizations must submit at a methodology for how administrative overhead percentage was determined.

Other: Describe any other costs in this category.

- D. TRAVEL**: Include travel costs incurred by employees in the operation and administration of CACFP for day care homes. Travel expenditures must be adequate to ensure that monitoring visits are conducted in accordance with the regulations (a minimum of three visits annually, and not more than six months may elapse between visits). Documentation must be maintained for of all CACFP related travel.

Mileage: Mileage reimbursement paid to employees who use their own vehicles for CACFP purposes. The mileage reimbursement cannot exceed the current Federal rate of \$0.445 per mile.

MTA/Metro Cards: The cost of bus or train fares for travel to conduct monitoring visits or training sessions. New York City agencies only.

Other Public Transportation/Fares: The cost of care service or taxi fares for travel to conduct monitoring visits or training sessions.

Transportation Costs for Agency Owned/Leased Vehicle: List the transportation costs for agency owned or leased vehicles.

Vehicle Lease: List only the portion of the lease that represents use for CACFP day care home purposes. **Attach a copy of the vehicle lease(s).**

Gas and Oil/ Maintenance and Repairs: The portion of costs for oil and gas for vehicles the agency owns or leased for CACFP day care home purposes; and/or the portion of costs of maintenance/repairs for agency owned or leased vehicles used for CACFP day care home purposes.

Insurance: CACFP's share of insurance premiums for agency owned or leased vehicles used for CACFP day care home purposes.

Out-of-Area Travel: List any out-of-area travel proposed for CACFP staff. Include the purpose, location, and names of staff traveling.

Meals/ Lodging: The cost of meals and lodging for employees who travel for CACFP purposes. List number of days, times, per diem and lodging rates.

Other: Describe any other costs in this category.

- E. TRAINING**: CACFP sponsors are required to train providers at least once per year.

Provider Training:

Facility Rental: List facility rental costs.

Refreshments/Food Demos: List estimated food costs for refreshments or food purchased to demonstrate preparation techniques, etc.

Paid Speakers/Presenters: List the speaker name, credentials, and topics to be presented. Paid speakers cannot be agency employees. Submit a copy of any contract(s).

Education & Training Supplies: Expenditures for training supplies and equipment with a single purchase price of less than \$5000.

Sponsor Staff Training

Staff Training/Tuition: Employee tuition and conference fees for food, nutrition, or child care related training. Provide a description of costs.

Subscriptions/Dues: Costs for subscriptions and membership dues for food, nutrition, or child care related associations.

Other: Describe any other costs in this category.

F. CONTRACTS FOR PROFESSIONAL SERVICES: Attach a copy of all contracts for professional services, whether charged in full or partially to CACFP.

Bookkeeping Services: CACFP's share of contracts for bookkeeping services.

Accounting Services: CACFP's share of contracts for accountant services.

Payroll Services: Costs for payroll preparation services for CACFP employees and day care home providers.

A-133 Audit: CACFP's share of required audit(s). An audit that complies with OMB Circular A-133 is required if the total agency Federal funding exceeds \$500,000 from all sources.

Data Processing/Computer Services: CACFP's share of data processing or computer support costs.

Nutritionist: Costs for the services of a nutritionist (registered dietitian or equivalent) for menu planning, training or outreach. Please note that menu review and monitoring cannot be contracted out.

Other: Describe any other costs in this category.

G. CAPITAL OUTLAY: List items with a single purchase price of over \$5000, which are considered capital expenditures. Proper procurement procedures must be followed. You must submit price quotations to CACFP for review and approval prior to purchasing.

H. REGISTRATION / LICENSE ASSISTANCE: Sponsoring Organizations may set aside administrative funds to assist new day care home providers in obtaining licensing or registration. A one-time grant of up to \$300 per low-income provider is allowed. Submit a plan for distributing assistance funds to unlicensed / unregistered, low income providers that includes the following:

- 1) A determination of income eligibility (DOH-4161) of the provider.
- 2) Written evidence that the provider's application for registration or licensing cannot be approved until the deficiency is corrected. The deficiency must be correctable through the distribution of the assistance funds.
- 3) How assistance funds will be used. Specifically, will the sponsor purchase items for the provider or will it distribute the funds directly to the provider?
- 4) How the sponsor will maintain documentation of costs associated with the use of assistance funds.

I. INDIRECT COSTS: Indirect costs are those that have been incurred for common or joint objectives but cannot be readily identified or assigned to CACFP, or other agency activities.

Examples of common indirect costs are:

1. Depreciation and use allowances on buildings and equipment used for common or joint objectives;
2. Costs of operating and maintaining facilities;
3. Salary of the receptionist; or
4. Salaries of the central accounting staff.

Indirect costs must be allocated on a consistent and rational basis. An institution cannot use an indirect cost rate to assign costs to the program unless the rate has been developed through a cost allocation plan approved by the cognizant Federal or State agency. If you allocate indirect charges to CACFP, you must submit a copy of your agency's indirect cost plan.

J. GRAND TOTAL (Lines A through I): Add together the projected costs from each budget category. The Grand Total Projected Annual Administrative Costs calculated in part 2 must equal the Projected Total Annual Revenue calculated in Part 1.

NYC ACS Sponsors Only:

Additional budgeting and cost allocation guidelines and resources for ACS Agencies can be found in the ACS Division of Child Care & Head Start's "Administrative Advisory for Allocating Costs in a Publicly Funded Child Care Program", issued June 1, 2005.

According to the guidelines, a cost allocation methodology must assign expenses proportionately and equitably to the proper funding sources. The purpose of these guidelines are to provide guidance for fully funded Child Care programs that enter into additional non-ACS Child Care contractual agreements (i.e. CACFP, Head Start, UPK) so that each funding source is charged with its fair share of program costs thereby ensuring proper program accountability.

An example of how shared personnel costs are allocated:

The executive director works a 40 hour week. The executive director works 20 hours per week for Head Start, 15 hours for Child Care and 5 hours for CACFP. The salary cap is prescribed by the regulations of the funding source.

Head Start: 50% of the Head Start rate for executive Director up to the cap.

Child Care: 37.5% of the Child Care rate for executive director up to the cap.

CACFP: 12.5% of the CACFP rate for the executive director up to the cap.

Administrative Budget – Projected Revenues and Expenses:

In this budget, provide a plan of how projected CACFP administrative payments will be spent by your organization.

Attention: Your organization must have documentation that all CACFP administrative payments received are spent on allowable and necessary or reasonable CACFP expenses. Repayment of funds will be demanded if documentation is insufficient or incomplete.

1. Projected Revenue

This budget is based on the anticipated sponsorship of _____ day care homes.

CACFP Administrative Reimbursement Rates	Sponsoring Organization's Estimate of Monthly Revenue		Estimate of Yearly Revenue
First 50 homes @ \$95 per home	\$ _____	× 12 months =	\$ _____
Next 150 homes @ \$72 per home	\$ _____	× 12 months =	\$ _____
Next 800 homes @ \$56 per home	\$ _____	× 12 months =	\$ _____
Additional homes @ \$50 per home	\$ _____	× 12 months =	\$ _____
PROJECTED TOTAL ANNUAL REVENUE =			\$ _____

Projected Total Annual Revenue calculated in Part 1 must equal the Grand Total Budget Requested in Part 2 Line J.

2. Projected Annual Administrative Costs:

Using pages 5 through 14, list the annual projected budget amount for each cost item. All costs listed must be necessary, reasonable and in accordance to FNS Instruction 796-2, revision 3.

Budget Item	Sponsor Requested	State Agency Approved
A. Personnel		
B. Operating Costs		
C. Allocated Expenses		
D. Travel		
E. Training		
F. Contracts for Purchased/Professional Services		
G. Capital Outlay		
H. Registration/ License Assistance		
I. Indirect Costs		
J. Grand Total (Lines A through I)		

I certify, to the best of my knowledge, that the projected figures above, are a true and accurate reflection of the Child and Adult Care Food Program income and administrative program costs for FFY 2007 and that records will be made available to support and document the actual costs.

Authorized Representative	Date
FOR STATE USE ONLY	
Public Health Nutritionist	Approval Date

Administrative Labor and Monitoring Activities Chart

Please complete all information for employees conducting CACFP activities, whether paid with CACFP funds or not. See Instructions for Personnel Cost Allocation Guidance. **Round total figures to the nearest dollar.**

Column:

1. **Employee Name:** Enter name of each employee who works on the food program.
2. **Employee Position:** Enter the position title of employee listed in column 1 (i.e. claims processor, monitor, director, accountant, etc.). Submit job descriptions for each position or title.
3. **Total Annual Salary (All Sources):** Enter total salary from all funding sources (ACS, OCFS, Head Start, CCR&R, etc.)
4. **Total Hours for Agency:** Enter total number of hours employee works per week for the agency.
5. **Total Hours for CACFP:** Enter total number of hours employee works per week for the CACFP.
6. **Hourly Wage:** Enter employee's hourly rate of pay.
7. **Total Salary Paid by CACFP Homes:** Multiply Column 5 by Column 6 by total number of weeks employee works per year.
8. **Total Hours per Week Spent on Monitoring Activities:** Enter total hours per week spent on monitoring activities.
9. **Total FTE's Spent on Monitoring Activities:** Divide column 8 by number of hours per week a full time employee works at your agency (ex. 35 to 40 hours per week).

Employees			Hours Worked Per Week				Monitoring Requirements	
1 Employee Name	2 Position	3 Total Annual Salary (All Sources)	4 Total Hours for Agency	5 Total Hours for CACFP	6 Hourly Wage	7 Total Salary paid by CACFP Homes	8 Total Hours per Week Spent on Monitoring Activities	9 Total FTE's Spent on Monitoring Activities
Grand Totals								

State Use Only:
 # Providers per FTE: _____
 Meets Standard: Yes No

Administrative Labor and Monitoring Activities Chart

Please complete all information for employees conducting CACFP activities, whether paid with CACFP funds or not. See Instructions for Personnel Cost Allocation Guidance. **Round total figures to the nearest dollar.**

Column:

1. **Employee Name:** Enter name of each employee who works on the food program.
2. **Employee Position:** Enter the position title of employee listed in column 1 (i.e. claims processor, monitor, director, accountant, etc.). Submit job descriptions for each position or title.
3. **Total Annual Salary (All Sources):** Enter total salary from all funding sources (ACS, OCFS, Head Start, CCR&R, etc.)
4. **Total Hours for Agency:** Enter total number of hours employee works per week for the agency.
5. **Total Hours for CACFP:** Enter total number of hours employee works per week for the CACFP.
6. **Hourly Wage:** Enter employee's hourly rate of pay.
7. **Total Salary Paid by CACFP Homes:** Multiply Column 5 by Column 6 by total number of weeks employee works per year.
8. **Total Hours per Week Spent on Monitoring Activities:** Enter total hours per week spent on monitoring activities.
9. **Total FTE's Spent on Monitoring Activities:** Divide column 8 by number of hours per week a full time employee works at your agency (ex. 35 to 40 hours per week).

Employees			Hours Worked Per Week				Monitoring Requirements	
1 Employee Name	2 Position	3 Total Annual Salary (All Sources)	4 Total Hours for Agency	5 Total Hours for CACFP	6 Hourly Wage	7 Total Salary paid by CACFP Homes	8 Total Hours per Week Spent on Monitoring Activities	9 Total FTE's Spent on Monitoring Activities
Grand Totals								

Line A: Personnel Costs

Salaries must equal the total calculated from the Administrative Labor Chart (column 7 on pages 5 and 6)

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Agency Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i> Modified Annual Cost to CACFP
Salaries				
F.I.C.A./Medicare (must be included for all salaries charged to CACFP) _____ %				
Group Insurance/Health Insurance				
Retirement				
Worker's Compensation – not to exceed 3.5%				
Unemployment Compensation – not to exceed 9.9%				
Disability – not to exceed				
Other-Explain				
Line A – Total Personnel Costs				

Line A: Total Personnel Costs (Enter on Line A, Page 4) \$_____ (Annual)

Line B: Operating Costs (for purchases less than \$5,000 per item)

Items with a single purchase price of less than \$5,000, including shared purchases. Receipts, invoices or other documentation must be kept for all purchases.

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Agency Cost	2 % Allocated to CACFP	Annual Cost to CACFP	State Use Only Modified Annual Cost to CACFP
Office/Maintenance Supplies				
Rental of Equipment (attach agreements if necessary):				
Furniture, Fixtures & Equipment (list items below)				
Computer Equipment (list items below)				
Printing				
Postage				
Bank Charges				
Advertising				
Other – Explain:				
Line B – Total Operating Costs				

Line B: Total Operating Costs (Enter on Line B, Page 4) \$ _____ (Annual)

Line C: Allocated Expenses

The Cost Allocation Plan must fairly and accurately reflect the actual share of costs that may be allocated between funding sources. Refer to instructions for more detail.

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Agency Cost	2 % Allocated to CACFP	Annual Cost to CACFP	State Use Only Modified Annual Cost to CACFP
Property Insurance				
Custodial Services (attach contract if applicable)				
Utilities (list total here)				
Electricity				
Gas				
Water/Sewer				
Other (specify):				
Office Rent or "Use" Allowance if building is owned				
Telephones				
Cell Phones				
Internet Access				
Liability Insurance				
Administrative Overhead – not to exceed 15% (attach methodology)				
Other – Explain:				
Line C – Total Allocated Expenses				

Line C: Total Allocated Expenses (Enter on Line C, Page 4) \$ _____ (Annual)

Line D: Travel

Records must be retained which indicate the date of travel, the name of the employee, purpose of travel and odometer readings, receipts, or monthly billing.

***Note: Federal mileage rate is 44.5 cents per mile**

**** Attach copy of lease. List only the CACFP portion of costs if the vehicle is shared between programs.**

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i> Modified Annual Cost to CACFP
Mileage @ _____ cents* per mile				
Indicate number of staff using own vehicles _____				
MTA/Metro Cards (New York City Only)				
Other Public Transportation/Fares @ _____ per round trip				
Transportation Costs for Agency Owned/Leased Vehicles:				
Vehicle Lease**				
Gas and Oil/Maintenance and Repairs				
Insurance				
Out of Area Travel (list total here or attach a separate sheet)				
Explain the purpose, location, names of staff traveling				
Meals/Lodging (list total here or attach a separate sheet)				
Indicate number of days, times, per diem, and lodging rates				
Other – Explain				
Line D – Total Travel Costs				

Line D: Total Travel Costs (Enter on Line D, Page 4) \$ _____ (Annual)

Line E: Training

Records must be retained that indicate the date, time and training agenda as well as those in attendance. Paid Speakers or Presenters cannot be agency employees.

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	State Use Only Modified Annual Cost to CACFP
Provider Training				
Facility Rental				
Refreshments/Food Demos				
Paid Speakers/Presenters (attach contract)				
Education & Training Supplies (list below)				
Sponsor Staff Training				
Staff Training/Tuition – Explain				
Subscription/Dues (list below)				
Other – Explain				
Line E – Total Training Costs				

Line E: Total Training Costs (Enter on Line E, Page 4) \$ _____ (Annual)

Line F: Contracts for Purchased or Professional Services

If any CACFP service is provided through a contract with an outside organization or consultant, a copy of the contract(s) must be submitted with this application.

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i> Modified Annual Cost to CACFP
Bookkeeping Services (non agency employee)				
Accounting Services (non agency employee)				
Payroll Services				
A -133 Audit (if total Federal funding exceeds \$500,000)				
Data Processing/Computer Services				
Nutritionist (should be Registered Dietitian or equivalent)				
Other – Explain				
Line F – Total Professional Costs				

Line F: Total Professional Services (Enter on Line F, Page 4) \$_____ (Annual)

Line G: Capital Outlay (for purchases costing more than \$5,000 per item)

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i>
				Modified Annual Cost to CACFP
List Items Below				
Line G – Total Capital Outlay Costs				

Line G: Total Capital Outlay Costs (Enter on Line G, Page 4) \$_____ (Annual)

Line H: Registration/License Assistance

This category is used to assist unregistered/unlicensed providers meet the requirements for licensure. Attach a plan for distributing funds to unlicensed providers which meets the requirements of 7 CFR 226.16(k). See instructions.

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: Multiply column 1 by column 2.

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i>
				Modified Annual Cost to CACFP
List Items Below				
Line H – Total Registration/License Assistance Costs				

Line H: Total Registration/License Assistance Costs (Enter on Line H, Page 4) \$_____ (Annual)

Line I: Indirect Costs

Attach a copy of your agency's plan of indirect costs approved by cognizant agency

Item	1 Total Annual Cost	2 % Allocated to CACFP	Annual Cost to CACFP	<i>State Use Only</i> Modified Annual Cost to CACFP
Indirect Charge _____%				
Line I – Total Indirect Costs				

Line I: Total Indirect Costs (Enter on Line I, Page 4) \$ _____ (Annual)

**CERTIFICATE OF AUTHORITY**

INSTRUCTIONS: Section 1 must be signed by the Chairperson of the Board of Directors of the nonprofit agency named as the Sponsoring Organization **OR** the owner of a for-profit organization. Section 2 must be signed by anyone the Chairperson or owner designates as authorized to represent the organization to the Child and Adult Care Food Program (CACFP).

SECTION 1

Print Name of Sponsor Official

Date of Birth

Print Title of Sponsor Official named above
i.e., Chairperson of Board of Directors or owner of a for-profit organization

Home Address (Street Address, City, State, Zip)

Daytime Phone (include area code)

I, _____, on behalf of _____
Print name of Sponsor Official Name of Sponsoring Organization

hereby authorize the person(s) below to represent this organization to the New York State Department of Health, Division of Nutrition, Child and Adult Care Food Program, and to submit claims for reimbursement and other documents to CACFP.

Signature of Sponsor Official (Original signature only)
(Chairperson of Board of Directors or owner of a for-profit organization)

Date

SECTION 2**ALL CACFP CORRESPONDENCE WILL BE SENT TO THE PERSON IDENTIFIED HERE**

1. _____
Print Name and Title of Person Authorized as Sponsor Administrator

Signature (Original signature only)

2. _____
Print Name of Executive Director

Signature (Original signature only)

Date of Birth

Home Address

3. _____
Print Name and Title of Person Authorized

4. _____
Print Name and Title of Person Authorized

Signature (Original signature only)

Signature (Original signature only)

This Certificate supersedes any document previously submitted to the CACFP



PARTICIPANT DATA FORM
for Sponsoring Organizations of Day Care Homes

CACFP regulations require that each sponsor annually collect information on the racial/ethnic category of the day care home providers and the children in care. Report 10591 in the new Local Homes System provides ethnic information for children, and Report 851 in the DOS Local Homes System provides ethnic information for providers. Use observation of visual appearance of the providers and children in care when the information is not otherwise available.

Sponsor: _____

Address: _____

Racial/Ethnic Category*	Number of Providers	Number of Children
Alaskan Native or American Indian – A person having origins in any of the original peoples of North or South America, and who maintains cultural identification through tribal affiliations or community recognition (includes Aleuts and Eskimos).		
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China Japan, Korea, and the Philippine Islands.		
Black (or African American) – A person having origins in any black racial groups of Africa.		
Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.		
Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.		
White (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.		
Other		

Signature of Director

Date

*As defined by Census Bureau Classifications



LISTING OF BOARD OF DIRECTORS MEMBERS

Sponsoring Organization Name _____

NAME & ADDRESS	CURRENT OCCUPATION & EMPLOYER	WORK PHONE NUMBER	HOME PHONE NUMBER	POSITION HELD and Length of Time on Board



**ANNUAL UPDATE OF CACFP MANUAL
for Sponsoring Organizations of Day Care Homes**

Sponsor Name: _____

Date: _____

PLEASE NOTE: These Program memoranda were sent to Sponsoring Organizations of Day Care Homes at the time of initial distribution and should be kept in the Sponsor's CACFP files. In order to ensure that Sponsoring Organizations maintain a complete file, once a year Sponsors have the opportunity to order any items from the last fiscal year that have been misplaced. The description column provides information on the content of the policy memo (DOH-CACFP #) or informational mailing (Year/Number).

Code	Name	Issue Date	Description	Check If Ordering
Policy Memos				
DOH-CACFP #104	Appealing an Adverse Action by CACFP	7/05	Describes procedures for Sponsoring Organizations to appeal adverse actions taken by CACFP against the organization. Supersedes DOH-CACFP #1 – How to Contest an Adverse Action (3/95)	
DOH-CACFP #105	Appealing a Suspension from CACFP	7/05	Describes procedures for Sponsoring Organizations to appeal the suspension of an organization by CACFP. Supersedes DOH-CACFP #1 – How to Contest an Adverse Action (3/95).	
DOH-CACFP #106	Appealing an Adverse Action by CACFP – Denial of an Application	7/05	Describes procedures for Sponsoring Organizations to appeal when CACFP denies an application for participation from an organization. Supersedes DOH-CACFP #1 – How to Contest an Adverse Action (3/95).	
DOH-CACFP #107H	Household Contacts in CACFP	10/05	Describes the circumstances and procedures under which NYS CACFP and Sponsoring Organizations are required to contact households for verification of enrollment and attendance in family day care homes.	
DOH-CACFP #108	Continuous Agreement with Day Care Home Providers	10/05	Reminder to sponsors of day care homes to obtain and submit Continuous Application and Agreement forms (DOH-3705) for all actively participating day care homes.	
DOH-CACFP #109	Impact of Informal Regulations on CACFP Sponsoring Organizations	4/06	Describes the regulatory changes to Title 18 of the NYS Codes, Rules and Regulations, Part 415, for improving the health and safety of children cared for by informal caregivers in legally-exempt child care.	
DOH-CACFP #111	Questions and Answers about the Serious Deficiency Process	6/06	Offers guidance to Sponsoring Organizations on the serious deficiency process for day care home providers.	
Mass Mailings				
2005-41	Mealtime Memos	10/05	Transmits three Mealtime Memos for Child Care: 2005-4 – Safe Food Storage; 2005-5 – Dietary Guidelines for Americans; 2005-6 – Getting the Most from Your Workday	
2006-02	Mealtime Memos	2/06	Transmits two Mealtime Memos for Child Care: 2005-8 – Proper Food Preparation Techniques; 2005-9 – Celebrating Diversity, Nurturing Respect	

Code	Name	Issue Date	Description	Check If Ordering
2006-10	2005 Revised Income Guidelines and Reimbursement Rates	7/06	Transmits income guidelines and reimbursement rates effective for July 1, 2006 through June 30, 2007 and updated program forms.	
2006-12	Mealttime Memos	7/06	Transmits six Mealttime Memos for Child Care: 2005-10 – Healthy Cooking with Limited Equipment; 2005-11 – Computer Basics for Child Care; 2005-12 – Happy Care Givers Means Happy Children; 2006-1 – Soup is On! Hot Soup for Cold Days; 2006-2 – Hot Breakfasts; 2006-3 – Good Nutrition – What is it?	
2006-13	Transmittal of March 2006 School Data	7/06	Transmits lists of pubic elementary schools where 50% or more enrolled children were eligible for free or reduced price meals in March 2006. This information is to be used to qualify day care home providers for Tier 1 reimbursement rates.	

Submit your order
using **ONE** of these options:
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Mail to:
CACFP – Michelle
150 Broadway FL 6 West
Albany, NY 12204-2719

OR

Fax to:
(518) 402-7252

OR

Email to:
cacfp@health.state.ny.us