

State of Maine Department of Education

CACFP Application Instructions

CNP Web



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CACFP APPLICATION PROCESS (NEW APPLICANTS)

Once the CACFP State Agency has received the required information to enter a “shell” for a “sponsor application” and a “site information sheet”, institutions are able to complete those forms. If there is no site information sheet or if the institution has more than 1 center and there are site information sheet(s) missing, please contact a CACFP Nutrition Consultant.

The following steps must be completed in order:

First Step: Complete the “Sponsor Application”

Lines 1 through 4: Enter the mailing address of your institution in the space to the left. If you have more than one site, this should be the address that you used to apply for your vendor code. If your street address is different, enter that in the space to the right. If the street address is the same, you can check the box below the mailing address section to copy that address to the street address section.

Lines 5 through 9: Enter the name, title, e-mail address, phone number(s) and date of birth of your institution’s authorized representative. The authorized representative is the person authorized to sign contracts on behalf of your institution. Line #9 requires that you choose the address where the authorized representative can be reached (either mailing or street address).

Lines 10 through 14: Enter the name, title, e-mail address, phone number(s) and date of birth of your institution’s Food Program Coordinator. This should be the person who is in charge of CACFP operations at your institution. If the information is the same as that of the authorized representative, you can check the box to copy information from the authorized representative section to this section.

Lines 15 through 19: Enter the name, title, e-mail address, phone number(s) and date of birth of your institution’s Financial Office Contact. This should be the person who is responsible for tracking CACFP funds, completing the budget and other financial duties related to CACFP. If the information is the same as that of the authorized representative, you can check the box to copy information from the authorized representative section to this section.

Lines 20 through 24: Enter the name, title, e-mail address, phone number(s) and date of birth of your institution’s Claim Contact. This should be the person who is responsible for completing the monthly CACFP claim for reimbursement. If the information is the same as that of the authorized representative, you can check the box to copy information from the authorized representative section to this section.

Lines 25 through 29: Enter the name, title, e-mail address, phone number(s) and date of birth of your institution’s Board Chair. This should be the person who is President of the Board of

Directors. This section does not apply to for-profit institutions because they are not required to have a Board of Directors.

Lines 30 through 36: Enter the name, e-mail address residential address (this should be the address where the for-profit owner lives), and date of birth of the owner of the center. If the information is the same as that of the authorized representative, you can check the box to copy information from the authorized representative section to this section. This section does not apply to non-profit entities.

Lines 37 through 43; Lines 44 through 50; and Lines 51 through 57: These sections can be completed if there is more than 1 owner of for-profit institutions. The Vendor/Food Service Management Company section must be completed if the institution is purchasing already prepared meals and/or snacks from a school or Food Service Management Company and those meals are delivered to the sites. Please make sure the amount matches what is in the Budget, Section II CACFP Expenses, for the contract total.

Line 58: This populates with information that was provided to the State Agency.

Line 59: Choose Independent site if you operate a single site/center. Choose Sponsoring Organization if you operate more than 1 site/center. If you operate more than 1 site, you must check all boxes that apply to the type of sites under your sponsorship. Homes refers to institutions that sponsor family day care homes in the CACFP. Centers that are legal entities of the sponsor refers to centers that are owned by the institution. Centers that are NOT legal entities of the sponsor refers to centers that are not owned by the institution but in which the CACFP is being administered by the institution (e.g. a town operated library that serves a meal or snack to children after school). If site is not a legal entity of the sponsor, the sponsor needs to complete the "Unaffiliated Center Agreement" on the checklist tab. *State Agency- this form is located under Review Forms and Schedules. SO keeps copy on file and SA checks during ARs.*

Line 60: Answer yes or no regarding the institution participating in CACFP in another state. This would only apply to institutions that are nation-wide entities or those that operate on both sides of the Maine/New Hampshire border. If the answer is "yes", please list the other states and answer the question regarding sending money outside the state.

Line 61: The answer to this question is "No" unless you are a Director of the National School Lunch Program (NSLP) and are serving a meal or snack to students after school. NSLP Directors must choose to use either the NSLP meal pattern or the CACFP meal pattern.

Line 62 auto-populates with the number of site/provider information sheets that have been entered.

Line 63: Choose to receive cash-in-lieu (this allows institutions to receive extra reimbursement for every lunch and supper they serve) or USDA Foods (this would allow institutions to receive USDA Foods instead of the extra reimbursement money, institutions would need to have a

storage space large enough to hold the food shipments and could choose which foods to order based upon the limited food types offered by USDA, institutions may find the shipping costs of USDA Foods to be prohibitive).

Line 64: Non-Pricing institutions are not allowed to charge participants for meals; the answer should be “No”. If institutions want to charge participants for meals, there are more rules to follow, and more paperwork required; CACFP participants who have tried the Pricing Center option have always decided that it was not worth the effort and switched back to Non-Pricing.

Lines 65 and 66: These lines would need to be completed if the answer to Line 64 is “Yes”.

Line 67: Enter the Start and Ending months of the institution’s fiscal year. Although the CACFP fiscal year is October through September, most institutions run their fiscal year from January through December. Please enter the correct start and end months for your institution.

Line 68: Non-Federal entities must submit to the OMB single audit if they receive(d) \$750,000 or more in Federal money in their fiscal year. Institutions must add all sources of Federal funds together to determine if the amount of Federal funds received/expended exceeds the \$750,000 threshold. Please verify the source of all funds received from the State of Maine; CACFP is Federal, and the Child Care Subsidy Program is Federal, other childcare subsidy programs are probably at least partially paid with Federal funds. This information should correspond with the Management Plan #15, or the Checklist Tab “Schedule of Federal Awards”. If the Sponsoring Agency did not submit a required Single Audit for the previous agreement year (if required), the State Agency will not approve your renewal for continued CACFP participation. *State Agency-verify with the P100 Report in NEO (013=Federal \$, 022=Covid \$)*

Lines 69 or 70 must be completed to provide specific information about the single audit if one is required. Please do not provide a URL that opens directly to the audit report, the audit report should be uploaded to the line on the checklist page titled “OMB audit report”.

Lines 71, 72 and 73: Answer the questions regarding Program integrity/participation.

Line 74: Independent sites/centers are not required to have outside employment policies and can skip this question. Sponsors of more than 1 site/center must answer “Yes” and upload the outside employment policy onto the Checklist page.

Line 75: List all publicly funded Programs in which the institution has participated in the last 7 years; this includes any Program for which the institution receives Local, State or Federal money. Childcare subsidy funds must all be listed.

Line 76: The person who is authorized to sign contracts on behalf of the institution must check the certification box.

Line 77: General Comments can be entered.

Second Step: Complete the Site Information Sheet(s) for Centers

CHILD CARE CENTERS

Lines 1 through 5: Enter the mailing address of the site/center (not the mailing address of the institution unless the center receives mail through the institution). If the street address is the same as the mailing address, check the box to copy the information into the street address section. It is important that the street address be the address of the site/center rather than the street address of the institution if the center is not in the same location as the institution.

Line 6: Enter a projected number of Free, Reduced and Paid (F, R, P) participants, the software will add these numbers together and the result will populate under total. It is important that the projected total number of participants (F+R+P) meets or exceeds the total number of unique children that the site/center expects to serve in any 1-month period. If the total exceeds the license capacity (Line 21), explain attendance patterns to verify that the center never exceeds the license capacity in the comment box beside Line 33 (e.g. The center enrolls several part-time children which allows enrollment above license capacity. In addition to the explanation always state that the license capacity is never exceeded because not all enrolled children attend at the same time. This is validated by the center keeping time in and time out attendance records.

Lines 7 through 10: Enter the name, title, date of birth and contact information of the person responsible for this site. This should be someone who actually works at the center.

Lines 11 and 12 do not exist.

Line 13: This information has auto populated from the information provided to the State Agency.

Line 14: Choose “Affiliated with Sponsor” if the center is owned by the institution. Choose “Not Affiliated with Sponsor” if the center is NOT owned by the institution but the CACFP is being administered by the institution at the site (e.g. a town operated library that serves a meal or snack to children after school).

Line 15: Choose “No” unless you are a Director of the National School Lunch Program. If the institution has a licensed childcare center within a school, the answer to this question is “No”.

Line 16: Choose the months that the center is open and participating in the CACFP. At Risk sites cannot operate the CACFP through the summer months, some Head Start centers are closed in

the summer months, etc. If the institution's center is operating the CACFP year-round, check the box to choose all months.

Line 17: Choose the age groups that the center serves; check all that apply. If the center is licensed for children 0 through 12 years of age, but does not accept infants, do not choose to check the box for ages 0-12; only choose the ages that are being served at the center.

Line 18: Choose "Licensed".

Line 19: Enter the childcare License number and the effective date and expiration date of the license. This should match the uploaded license on the checklist tab. *State Agency will verify license on Child Care Choices website.*

Line 20: Enter the capacity listed on the childcare license.

Lines 21 through 26: Choose the meals which will be served. In the first column, choose one of the codes (S=Prepare on-site if the center has a kitchen and that is where meals are prepared, SD=Sponsor prepare and deliver if the institution has numerous sites and the meals are prepared at a different site and are delivered, V=Vended/FSMC if the institution has a contract with a school or a Food Service Management Company to prepare and deliver the meals to the center). In the second column indicate whether the institution serves meals in shifts; choose yes or no. An example of a shift would be if the center has a morning and an afternoon session and both groups of children eat lunch. The morning group would eat before they went home for the day and the afternoon group would eat when they arrived for the day. Serving AM snack to children who do not arrive early enough to receive breakfast could also be considered a shift. In the third and fourth columns, enter the start time of the meal or snack and the end time of the meal or snack. Meal times must be reasonable (e.g. don't choose to serve lunch at 9:00 AM) and the length of the meal service must also be reasonable and show a reasonable amount of time between meal and snack service times. Most meal services do not exceed 30 minutes, and most snack services do not exceed 15 minutes. However, if PM snack is served as children wake from a nap, the snack service time could reasonably be 1 hour and "Yes" should be checked under the "Shift" column to indicate that not all children are eating at the same time. There needs to be enough time between meals and snacks for children to feasibly be hungry. The time between a snack and a meal should be at least 1 hour and 15 minutes and the time between 2 meals should be at least 2 hours. Lastly, choose the days of the week that the children are fed; if the center operates Monday through Friday, there is a box that can be checked to choose those days without having to choose each day individually. **Child Care Centers may not claim more than 2 meals and 1 snack or 2 snacks and 1 meal per child per day.**

Line 27: If the center is closed on all State and Federal holidays, choose "No". If the center is open for any holidays, choose "Yes".

Line 28 does not exist.

Line 29: Choose “Yes” if the center is closed for 2 consecutive weeks or longer during the year. Choose “No” if the center is not closed for 2 consecutive weeks or longer at any time during the year. (e.g., Some Head Start centers are closed for the entire summer, so they would answer “Yes”).

Line 30: If the answer to Line 29 is “Yes”, enter the date in the current year when the center will close and the date in the current year when the center will re-open.

Line 31: The answer should be “No”, there are no public schools in the State of Maine that operate year- round.

Line 32: Use the box to make comments regarding entries in the form which are apt to be questioned (e.g. the license capacity of the center is 50 and 60 children are enrolled because there are lots of part-time enrollees, but the center capacity is never exceeded).

Line 33: A person designated by the institution as authorized to submit center information sheets on behalf of the institution must check the box to verify that the information is true and correct.

AT RISK CENTERS

(Sites that qualify as At Risk due to 50% or more of the children enrolled in schools in the attendance area qualifying for Free or Reduced-Price School Lunch, these sites ONLY participate in the CACFP after the school day has ended and cannot participate in the CACFP during the summer months when school is closed)

Lines 1 through 5: Enter the mailing address of the site/center (not the mailing address of the institution unless the center receives mail through the institution). If the street address is the same as the mailing address, check the box to copy the information into the street address section. It is important that the street address be the address of the site/center rather than the street address of the institution if the center is not in the same location as the institution.

Line 6: Enter the number of children that the site expects to serve. At Risk sites do not require licensing as child care sites but must receive alternate approval. Even though the site may not be licensed, do not exceed the reasonable capacity of the site. If the total number of participants listed exceeds the site capacity listed on Line 25; explain attendance patterns in the comment box beside Line 39 (e.g. The capacity of a site is 200 and enrollment is 250; the explanation could be that 50 children are served on Mondays, 50 different children are served on Tuesdays, etc. and the site is open 5 days per week, so that 250 unique children are being served but the capacity of the site is never exceeded).

Line 7: Enter the name of the school that qualifies the site to operate as an At-Risk site, the Percentage of children at that school who qualify for Free or Reduced-Price Lunch, and the Program year in which the data was obtained.

Lines 8 through 11: Enter the name, title, date of birth and contact information of the person responsible for this site.

Lines 12 and 13 do not exist.

Line 14: This information auto populates from the information that was provided to the State Agency.

Line 15: Choose “Affiliated with Sponsor” if the center is owned by the institution. Choose “Not Affiliated with Sponsor” if the center is NOT owned by the institution but the CACFP is being administered by the institution at the site (e.g. a town operated library that serves a meal or snack to children after school).

Line 16: Choose “No” unless you are a Director of the National School Lunch Program. If the institution has a licensed child care within a school, the answer to this question is “No”.

Line 17: Choose the months that the center is open and participating in the CACFP. At Risk sites cannot operate through the summer months.

Line 18: Choose the age groups that the center serves; check all that apply.

Line 19: Choose “Licensed” or N/A if not licensed.

Line 20: If the site is licensed, enter the child care License number and the effective date and expiration date of the license.

Line 21: If the site is licensed, enter the capacity listed on the child care license.

Line 22: Choose “Yes” if the site is not licensed and “No” if the site is licensed.

Line 23: Unlicensed sites must enter the date of the site’s most recent Sanitation inspection.

Line 24: Unlicensed sites must enter the date of the site’s most recent Fire Safety Inspection.

Line 25: Unlicensed sites must enter a reasonable capacity for the site; the Fire Marshall has probably provided a safe capacity number after inspecting the building.

Line 26: At Risk sites must have educational and/or enrichment activities; check all that apply.

Line 27: Describe the educational and/or enrichment activities offered at the site.

Lines 28 through 33: Choose the meals which will be served; if more than 1 meal and 1 snack are chosen, some of the meal services must be listed as either occasional or shifts (At Risk providers cannot claim more than 1 meal and 1 snack per child per day and the meals and snacks must be served after school). At-Risk sites can use Offer Versus Serve (OVS) for a meal service. Checking the OVS box means that the site will offer all 5 required meal components and children can choose at least 3 of the 5 components offered. If the site occasionally serves breakfast (only allowed on days when school is closed for a storm or vacation during the school year), OVS at breakfast requires that all 3 required food components be offered along with an additional food item from one of the components. Children can choose which food item to refuse but must take a food item from the 3 required food components. OVS cannot be used at snack. If the site will use OVS for a meal service, check the OVS box. In the first column, choose one of the codes (S=Prepare on-site if the center has a kitchen and that is where meals are prepared, SD=Sponsor prepare and deliver if the institution has numerous sites and the meals are prepared at a different site and are delivered, V=Vended/FSMC if the institution has a contract with a school or a Food Service Management Company to prepare and deliver the meals to the center). In the second column indicate whether the institution serves meals in shifts; choose yes or no. An example of a shift would be if the center has distinctly different groups of children eating at different times. In the third and fourth columns, enter the start time of the meal or snack and the end time of the meal or snack. Meal times must be reasonable (e.g. don't choose to serve PM snack at midnight) and the length of the meal service must also be reasonable and show a reasonable amount of time between meal and snack service times. Most meal services do not exceed 30 minutes, and most snack services do not exceed 15 minutes. At-Risk sites often choose to serve Supper as soon as the children arrive and snack later in the day, so that most children are present to receive the bigger meal service. However, if Supper is served as children arrive at the site, the meal service time could reasonably be longer than 1 hour and "Yes" should be checked under the "Shift" column to indicate that not all children are eating at the same time. There needs to be enough time between meals and snacks for children to feasibly be hungry. Lastly, choose the days of the week that the children are fed; if the center operates Monday through Friday, there is a box that can be checked to choose those days without having to choose each day individually. **At-Risk sites may not claim more than 1 meal and 1 snack per child per day.**

Line 34: If the center is closed on all State and Federal holidays, choose "No". If the center is open for any holidays, choose "Yes".

Line 35: Select "Yes or No"; depending on how the site operates.

Line 36: Click "Yes" - since At-Risk sites may not operate in the summer months when school is closed, this answer should always be "Yes" for At-Risk sites.

Line 37: Enter the date that the site will close for the year and the date that it will re-open. The CACFP year runs from October through September.

Line 38: The answer should be “No”, there are no public schools in the State of Maine that operate year- round.

Line 39: Use the box to make comments regarding entries in the form which are apt to be questioned (e.g. the capacity of the center is 50 and 60 children attend because they come and go throughout the afternoon, but the center capacity is never exceeded).

Line 34: A person designated by the institution as authorized to submit center information sheets on behalf of the institution must check the box to verify that the information is true and correct.

ADULT DAY SERVICES (ADS) SITES

Adults 60 years of age and older or disabled adults who need care during the day. Adults must live in the community (the site cannot be residential). Institutions that offer socialization meals for adults that do not need care cannot participate.

Lines 1 through 5: Enter the mailing address of the site/center (not the mailing address of the institution unless the center receives mail through the institution). If the street address is the same as the mailing address, check the box to copy the information into the street address section. It is important that the street address be the address of the site/center rather than the street address of the institution if the center is not in the same location as the institution.

Line 6: Enter a projected number of Free, Reduced and Paid (F, R, P) participants, the software will add these numbers together and the result will populate under total. It is important that the projected total number of participants (F+R+P) meets or exceeds the total number of unique adults that the site/center expects to serve in any 1-month period. If the total number of participants exceeds the license capacity (line 21), explain the attendance patterns in the comment box beside Line 33 (e.g. meals are served in shifts; also, always state that the license capacity is never exceeded).

Lines 7 through 10: Enter the name, title, date of birth and contact information of the person responsible for this site.

Lines 11 and 12 do not exist.

Line 13: This information has auto populated from the information provided to the State Agency.

Line 14: Choose “Affiliated with Sponsor” if the center is owned by the institution. Choose “Not Affiliated with Sponsor” if the center is NOT owned by the institution but the CACFP is being administered by the institution at the site.

Line 15: Choose “No” unless you are a Director of the National School Lunch Program.

Line 16: Choose the months that the center is open and participating in the CACFP.

Line 17: Check the box or boxes that apply to the population served by the site.

Line 18: Describe the activities and services offered to the participants.

Lines 19 through 21: Choose “Licensed”. Enter the ADS License number and the effective date and expiration date of the license. Enter the capacity listed on the ADS license.

Lines 22 through 27: Choose the meals which will be served; if more than 2 meals and 1 snack or 2 snacks and 1 meal are chosen, some of the meal services must be listed as either occasional or shifts (providers cannot claim more than 2 meals and 1 snack per adult per day). ADS sites can use Offer Versus Serve (OVS) for a meal service. Checking the OVS box means that the site will offer all 5 required meal components and adults can choose at least 3 of the 5 components offered. If the site serves breakfast, OVS at breakfast requires that all 3 required food components be offered along with an additional food item from one of the components. Adults can choose which food item to refuse but must take a food item from the 3 required food components. OVS cannot be used at snack. If the site will use OVS for a meal service, check the OVS box. In the first column, choose one of the codes (S=Prepare on-site if the center has a kitchen and that is where meals are prepared, SD=Sponsor prepare and deliver if the institution has numerous sites and the meals are prepared at a different site and are delivered, V=Vended/FSMC if the institution has a contract with a Food Service Management Company to prepare and deliver the meals to the center). In the second column indicate whether the institution serves meals in shifts; choose yes or no. An example of a shift would be if the center has distinctly different groups of adults eating at different times. In the third and fourth columns, enter the start time of the meal or snack and the end time of the meal or snack. Mealtimes must be reasonable (e.g. don’t choose to serve PM snack at midnight) and the length of the meal service must also be reasonable and show a reasonable amount of time between meal and snack service times. Most meal services do not exceed 30 minutes, and most snack services do not exceed 15 minutes. There needs to be enough time between meals and snacks for adults to feasibly be hungry. Lastly, choose the days of the week that the adults are fed; if the center operates Monday through Friday, there is a box that can be checked to choose those days without having to choose each day individually. **Adult Day Service sites may not claim more than 2 meals and 1 snack or 2 snacks and 1 meal per adult per day.**

Line 28: If the center is closed on all State and Federal holidays, choose “No”. If the center is open for any holidays, choose “Yes”.

Line 29 does not exist.

Line 30: Choose “Yes” if the center is closed for 2 consecutive weeks or longer during the year. Choose “No” if the center is not closed for 2 consecutive weeks or longer at any time during the year.

Line 31: If the answer to Line 30 is “Yes”, enter the date in the current year when the center will close and the date in the current year when the center will re-open.

Line 32: The answer should be “No”, there are no public schools in the State of Maine that operate year- round.

Line 33: Use the box to make comments regarding entries in the form which are apt to be questioned (e.g. the license capacity of the center is 50 and 60 adults are enrolled because there are lots of part-time enrollees, but the center capacity is never exceeded).

Line 34: A person designated by the institution as authorized to submit center information sheets on behalf of the institution must check the box to verify that the information is true and correct.

EMERGENCY SHELTERS

Emergency Shelters provide temporary housing for those experiencing homelessness. The shelters must serve families with children (shelters that serve only men or only women cannot participate). Meals and snacks served to children and disabled adults can be claimed. CACFP participants must eat in a congregate meal setting.

Lines 1 through 5: Enter the mailing address of the site/center (not the mailing address of the institution unless the center receives mail through the institution). If the street address is the same as the mailing address, check the box to copy the information into the street address section. It is important that the street address be the address of the site/center rather than the street address of the institution if the center is not in the same location as the institution.

Line 6: Enter the number of children that the site expects to serve. Emergency Shelters do not require licensing as child care sites but must receive alternate approval. Even if the site is not licensed, the capacity of the building may not be exceeded. If the total exceeds the capacity (Line 20) explain attendance patterns in the comment box beside Line 32 (e.g. Children eat in shifts at various times throughout the day and site capacity is never exceeded).

Line 7: Choose “Yes”; if the answer is “No”, the site probably does not qualify to participate in the CACFP.

Lines 8 through 11: Enter the name, title, date of birth and contact information of the person responsible for this site.

Lines 12 and 13 do not exist.

Line 14: This information has auto populated from the information provided to the State Agency.

Line 15: Choose “Affiliated with Sponsor” if the center is owned by the institution. Choose “Not Affiliated with Sponsor” if the center is NOT owned by the institution but the CACFP is being administered by the institution at the site.

Line 16: Choose the months that the center is open and participating in the CACFP.

Line 17: Check the box or boxes that apply to the population served by the site.

Line 18: Enter the date of the site’s most recent Sanitation Inspection (if the site is not licensed).

Line 19: Enter the date of the site’s most recent Fire Inspection (if the site is not licensed).

Line 20: Enter the licensed capacity of the site. Unlicensed sites must enter a reasonable capacity for the site; the Fire Marshall has probably provided a safe capacity number after inspecting the building.

Lines 21 through 26: Choose the meals which will be served; if more than 3 meals, 2 meals and 1 snack or 2 snacks and 1 meal are chosen, some of the meal services must be listed as either occasional or shifts (providers cannot claim more than 2 meals and 1 snack per child per day). In the first column, choose one of the codes (S=Prepare on-site if the center has a kitchen and that is where meals are prepared, SD=Sponsor prepare and deliver if the institution has numerous sites and the meals are prepared at a different site and are delivered, V=Vended/FSMC if the institution has a contract with Food Service Management Company to prepare and deliver the meals to the center). In the second column indicate whether the institution serves meals in shifts; choose yes or no. In the third and fourth columns, enter the start time of the meal or snack and the end time of the meal or snack. Meal times must be reasonable (e.g. don’t choose to serve lunch at 9:00 AM) and the length of the meal service must also be reasonable and show a reasonable amount of time between meal and snack service times. Most meal services do not exceed 30 minutes, and most snack services do not exceed 15 minutes. However, if PM snack is served as children wake from a nap, the snack service time could reasonably be 1 hour and “Yes” should be checked under the “Shift” column to indicate that not all children are eating at the same time. There needs to be enough time between meals and snacks for children to feasibly be hungry. Lastly, choose the days of the week that the children are fed; if the center operates Monday through Friday, there is a box that can be checked to choose those days without having to choose each day individually. **Emergency shelters may claim up to 3 meals per child per day.**

Line 27: Click Yes or No – Does this Center serve meals on State/Federal holidays?

Line 28 does not exist.

Line 29: Choose “Yes” if the center is closed for 2 consecutive weeks or longer during the year. Choose “No” if the center is not closed for 2 consecutive weeks or longer at any time during the year.

Line 30: If the answer to Line 30 is “Yes”, enter the date in the current year when the center will close and the date in the current year when the center will re-open.

Line 31: The answer should be “No”, there are no public schools in the State of Maine that operate year- round.

Line 32: Use the box to make comments regarding entries in the form which are apt to be questioned.

Line 33: A person designated by the institution as authorized to submit center information sheets on behalf of the institution must check the box to verify that the information is true and correct.

DAY CARE HOME PROVIDERS

These sheets apply to institutions that sponsor, administer, and monitor family day care home providers that participate in the CACFP. The institutions have agreements between the homes and the institution and an agreement between the institution and the CACFP State Agency.

Line 1: The provider number is auto populated by CNPweb.

Line 2: Enter the provider’s name.

Line 3: Enter the provider’s date of birth.

Line 4: Enter the provider’s telephone number.

Line 5: Enter the provider’s e-mail address.

Line 6: Enter the first day that the provider participated in the CACFP. For providers that are new to the CACFP and begin participation throughout the year, enter the date that they are eligible to start claiming meals and snacks.

Line 7: Nothing will be entered in this box unless the provider has chosen to stop participating in the CACFP. If a provider chooses to stop doing child care, loses their child care license or is

not interested in continuing to participate in the CACFP, enter the date that the agreement between the provider and the institution ended.

Line 8: Enter the date that the agreement between the institution and the provider was terminated for issues of non-compliance. Choose the reason that best describes the non-compliance from the drop-down menu beside the box titled "Termination Reason".

Line 9: Enter the DBA (doing business as) name for the provider, if applicable.

Lines 10 through 13: Enter the mailing address of the provider. If the street address is the same as the mailing address, check the box to copy the information into the street address section. It is important that the street address be the address of the location where the provider is caring for children. Most family day care home providers care for children at the provider's residence.

Line 14: Choose approval type from the drop-down box. Most family day care home providers are "Licensed". In the case of legal unlicensed providers, choose "Alternate Approval". The homes of family day care home providers who reside on a military base are inspected and approved for child care purposes by military officials. Do not choose "Military Certified" unless the provider lives on a military base.

Lines 15 through 18: Enter the child care license number, licensed capacity, and effective dates (start and end dates) of the child care license. Claims for providers with expired licenses cannot be paid until the license dates are current; DCH sponsors must contact the provider to ask if the current license has been issued and to verify the effective dates. If the provider does not have the current license, DCH sponsors must contact Child Care licensing to ask if the license will be re-issued and to verify the effective dates. The providers licensed capacity should not exceed 12 children. Typical childcare license effective dates are 1-year provisional for new providers, or **1-year conditional/sanctioned**, and 2 years if in good standing. ***State Agency- All conditional licensed providers will be verified through Child Care Licensing Reports. Any food-related findings will be followed up on by the CACFP SA.***

Lines 19 through 24: Choose the meals which will be served; if more than 2 meals and 1 snack or 2 snacks and 1 meal are chosen, some of the meal services must be listed as either occasional or shifts (providers cannot claim more than 2 meals and 1 snack per child per day). In the second column, indicate if the meal service is occasional. (e.g. the provider usually claims breakfast, lunch, and PM snack, but occasionally claims AM snack if a child leaves for the day before PM snack is served, etc.) In the third column indicate whether the provider serves meals in shifts; choose yes or no. (e.g. one group of children attends PM Kindergarten and eats lunch before they get on the bus to go to school, and another group of children attends AM Kindergarten and eats lunch after their school day ends). In the fourth and fifth columns, enter the start time of the meal or snack and the end time of the meal or snack. Meal times must be reasonable (e.g. providers should not choose to serve lunch at 9:00 AM) and the length of the meal service must also be reasonable and show a reasonable amount of time between meal and snack service times. Most meal services do not exceed 30 minutes, and most snack services

do not exceed 15 minutes. However, if PM snack is served as children wake from a nap, the snack service time could reasonably be 1 hour and “Yes” should be checked under the “Shift” column to indicate that not all children are eating at the same time. There needs to be enough time between meals and snacks for children to feasibly be hungry. Lastly, choose the days of the week that the children are fed. **Family Day Care Home providers may claim 2 meals and 1 snack or 2 snacks and 1 meal per child per day.**

Line 25: Choose “Yes” if the home is open for child care 24 hours per day.

Line 26: Enter the hours that the child care home operates if the answer to Line 25 is “No”. These times should correctly correspond with meal times.

Line 27: If the day care home is closed on all State and Federal holidays, choose “No”. If the home is open for any holidays, choose “Yes”.

Line 28: Choose “Yes” if the child care home is closed for 2 consecutive weeks or longer during the year. Choose “No” if the home is not closed for 2 consecutive weeks or longer at any time during the year.

Line 29: If the answer to Line 28 is “Yes”, enter the date in the current year when the center will close and the date in the current year when the center will re-open.

Line 30: Enter the provider’s tier determination. Please verify correct tiering months with Line 40. *SA will double check tiering and make note of determination in the “Internal Use Only Section”*

Line 31: If the provider is tier 1, choose the type of data (school, census, or income) that was used to make the tier 1 determination. CNPweb will only allow sponsors to choose one tier 1 qualifier, but Day Care Home sponsors should look at the census data AND school data every year for every provider and keep the results on-file. If a provider qualifies as tier 1 by school data or census data, the determination is good for a period of 5 years from the date of the determination; however, checking the data every year and keeping that information on-file is required to keep the tier 1 determination valid for as long as possible. Choose tier 1 provider income if the provider has chosen to qualify for tier 1 by submitting proof of household income. You should choose provider income even if the provider has other qualifiers, because that is the only choice that will allow the provider to claim meals and snacks for her own child(ren) when other non-residential children are present and eating (this scenario requires questions #36 & #37 to be completed). Tier 1 by income providers must complete the “Dear Provider” income eligibility form annually and submit the form along with proof of household income to the sponsor. The SA will verify all Tier 1 by income providers during Administrative Review.

Line 32: Choose “Yes” if the provider’s household receives SNAP (Food Stamps). Choose “No” if the provider’s household does not receive SNAP. Receipt of SNAP is an automatic qualifier for tier 1 by income without having to provide proof of household income. It is important that the

provider fills in the section of the “Dear Provider” form that asks for a Case #; until the provider submits their SNAP or TANF Case # to the sponsor, the fact that the household receives either of those benefits does not qualify the provider as tier 1 income. Remember that all DCH sponsors are required to e-mail the State Agency at least annually to report the name address and case # of all providers who qualify as tier 1 income because the household receives SNAP.

Line 33: Enter the provider’s Block Group number if census data was chosen as the answer for Line 34. Enter Provider’s Block Group number to determine Tier 1 eligibility.

Line 35: Enter the date of the provider’s tier 1 determination. CNPweb will automatically calculate and enter the number of remaining months that the determination is valid based upon the type of eligibility chosen in Line 31.

Line 36: If the provider is tier 1 by income, enter the number of the provider’s own children that must be included in the Day Care Home’s capacity (children younger than the age of 4) that will be claimed.

Line 37: Choose “Yes” if a provider has submitted enrollment forms for her own children. Choose “No” if a provider has not submitted enrollment forms for her own children or the submitted forms have expired (Valid for 1 year).

Line 38: Enter the number of the provider’s own children the do not need to be included in the Day Care Home’s capacity (children 4 years of age through 12 years of age) that will be claimed.

Line 39: If the provider is determined to be tier 2 Mixed, enter “Yes” if the provider has submitted Income Eligibility Forms for the children who will be claimed at the higher rate of reimbursement (tier 1 level of reimbursement for children from low income households).

Line 40: Choose the months that the provider will operate in the current agreement year. If a provider starts participating in the CACFP in the month of December, do not choose the months of October and November because the provider did not operate for CACFP purposes in those months in the current agreement year. If a provider is closed during the summer months, do not choose those months as months of operation. If a provider changes tiers during the agreement year; make sure that the tiers listed for each month match the eligibility information (e.g. If a provider qualifies as tier 1 by income in the months of October through January but no longer qualifies in February, the eligibility section (Line 35) can be dated to show that the change is effective February 1; however, the months of operation section (Line 41) must also be changed to show that the months of February through September have been changed to tier 2. If the change is not made on Line 41, the claim for that provider will not be correct).

Line 41: Choose the provider’s tier for each month. If a provider qualifies as tier 1 by school or census, you can select the tier from the drop-down box titled “Set All Tier Levels”. If a provider qualifies as tier 1 by income, and that determination was made in July (for example) choose tier 1 for the months of October through July and tier 2 or tier 2 Mixed for the months of August

and September, because the current tier 1 by income determination will not cover the months of the current year beyond the expiration of that determination in July. If the provider submits a “Dear Provider” form in July and she still qualifies for the tier 1 rate of reimbursement by her own income, revise CNPweb once the tier 1 determination has been made, to change August and September to tier 1.

Line 41: Enter the number of children the provider has enrolled in the CACFP. A provider may have higher enrollment than the licensed capacity if they have different AM participants than PM, or, if different children attend during school vacation or summer breaks. CACFP Enrollment forms are valid for one year.

SA will request an explanation via email if enrollment total is double (or more) than the licensed capacity. SA will then enter the explanation into the “Activities Tab” prior to approving provider site sheet.

Line 43: Check the box to certify that the provider is not participating in the CACFP through another Day Care Home sponsor.

Line 44: A person designated by the institution as authorized to submit day care home provider information sheets on behalf of the institution must check the box to verify that the information is true and correct.

Institution Management Plan

Since the information provided in the agreement is certified by each institution to be true, the answers to every question along with boxes that are chosen as an answer to a question obligate institutions to ensure that the practices indicated/chosen are used as a means of administering the CACFP. If the directions say that an institution must choose a specific box or boxes as an answer to a question, that practice is mandatory. Institutions should choose the boxes titled “Other” and provide a description of what “other” entails when questions that allow institutions to choose all boxes that apply to their specific answer and the institution wants to provide an additional answer that is not listed as one of the choices.

Line 1: Auto populates from information provided to the CACFP State Agency.

Line 2: Choose the type of Business Organization that best describes your institution. Most non-profit institutions choose “Corporation” and most for-profit institutions choose “LLC”. A few types of institutions (e.g. Indian Tribe, University, Military Base) choose “Other” and enter the applicable type in the box.

Line 3: Choose the “Type of Sponsor” that best describes the institution. Choose “Sponsor of Affiliated Centers” if the institution operates the CACFP in more than 1 center and the centers

are part of the same legal entity as the institution. Choose “Sponsor of Unaffiliated Centers” if the institution operates the CACFP in more than 1 center and the centers are not part of the same legal entity as the institution. Choose “Multi-Program” Sponsor if the institution operates the CACFP in more than 1 type of CACFP site (the types are: Centers; Day Care Home Sponsors; At-Risk; Emergency Shelters and Adult Day Services). Choose “Independent Institution” if the institution operates the CACFP in 1 single site. Choose “Sponsor of Day Care Homes” if the institution administers the CACFP for Family Day Care Home providers and does not operate the CACFP in any other type of site.

Line 4: Enter the total number of each type of site (facilities) that the institution will sponsor.

Line 5: Describe the outreach efforts used to let the community know about the institution’s child/adult care services.

Line 6: Describe the areas that the institution will serve (e.g. towns and/or counties where the participants reside).

Line 7: Describe potential participants (e.g. children enrolled in Family Day Care Homes sponsored by the institution, adults who cannot be left alone during the day and are enrolled in adult day services and reside in the community, children enrolled in the child care center, children experiencing homelessness and living at an Emergency Shelter, children living in an area where 50% or more of the students enrolled at a school in the attendance area qualify for Free or Reduced-Price lunch, etc.).

Line 8: Choose “Yes” if you plan to expand the number of facilities or participants throughout the agreement year. Choose “No” if you do not plan to expand.

Line 9: If the answer to Line 8 is “Yes”, check all boxes that explain how you plan to expand/recruit.

Line 10: Most institutions will answer “Yes” to this question. (e. g. child care centers also provide child care, emergency shelters also provide housing and probably other services as well, most family day care home sponsors also provide various other services from fuel assistance to WIC and everything in between). Include any service offered by the institution for which the application is being submitted. If the institution administers the CACFP in family day care homes and does not provide any other services to the participants or the community, the answer should be “No”.

Line 11: If the answer to Line 10 is “Yes”, list every service provided to participants and to the community.

Line 12: Explain other sources of funding (e.g. Head Start grants, child care fees, etc.). Provide a funding answer for every service listed for Line 11.

Line 13: The answer to every option listed should be “Yes”. Please have written policies on-file to describe your internal processes for each of the options; the policy requirements for each option are as follows: 1st option: Institutions are required to have purchasing policies that include written codes of conduct for employees with purchasing duties. 2nd option: Institutions must track CACFP funds separately from other sources of funding, which requires income and expense accounting. (Financial records for the entire institution will be examined during CACFP administrative reviews conducted by the State Agency and/or USDA). 3rd option: Invoices, receipts and every other relevant document that verifies expenditure of CACFP funds must be properly processed to ensure that CACFP funds are used to cover costs that are reasonable, allowable, and necessary to the operation of the CACFP. 4th option: The institution must have a written policy that describes reimbursement systems; explain which employees are responsible for receiving and documenting incoming funds and how this is accomplished, explain which employees approve expenditures and how this is accomplished and explain which employees have purchasing authority and how this is accomplished. 5th option: The institution must have a wage and salary scale for all employees. 6th option: The institution must have written policies explaining employee benefits. The policy should include an explanation of benefits and include details about the length of service required to qualify for each benefit. Having a written personnel manual that explains employee benefits and expectations is in the best interests of every institution.

Line 14: There should be nothing written in the box for Line 14 since the answer to every option listed for Line 13 must be “Yes”.

Line 15: Complete the chart to list every source of income for the entire institution (institutions that administer other Programs such as fuel assistance, transportation, etc. must list every funding source for the institution, not just those associated with child care or adult day services). Those institutions with numerous funding sources may upload a Schedule of Federal Awards onto the Checklist page in lieu of completing the chart, if they choose to do so; however, any sources not listed on the Schedule of Federal Awards must be entered into the chart. For each line of the chart, list the source of funding in the first column, the number of months per year that the funding is received in the second column, the type of funding in the third column (CACFP is Federal, child care fees/tuition is Private, Tuition Subsidy varies – the Child Care Subsidy Program (CCSP) which is administered through the State of Maine is Federal; ASPIRE child care subsidy is Federal; TANF child care subsidy is State & Federal. Institutions should double check with their fiscal office regarding sources of funding to ensure that accurate information is entered in the “Type” column; as is the case with CACFP, several Programs are administered by the State of Maine but are funded by the Federal government. Enter the purpose of the funding in the fourth column (e.g. the purpose of CACFP funds is to operate a food service; the purpose of child care fees could be to pay staff members as well as to pay rent and utilities, etc.; the purpose of Head Start funds is to educate children and provide the services related to Head Start enrollees, but Head Start funds can also be used to supplement the meal service). In the fifth column, list the amount of money received from each funding source each month. It is important to be accurate and thorough when entering this information; a large part of determining the financial viability of the institution is based upon

the information provided in the chart. Additional lines can be added to the chart if the number of funding sources exceeds the number of lines in the chart. If the total of federal money is \$750,000 or more, the sponsoring organization is required to have a single audit completed (see application #68-70). If a new institution, use the “Potential CACFP Reimbursement Calculator” or “CACFP Home Reimbursement Calculator” to assist with the revenue source row for CACFP – calculators are located on the CACFP webpage:
<https://www.maine.gov/doe/schools/nutrition/cacfp/resources/applicanttraining>

Line 16: Check every box that applies to resources available to the institution; this is not asking for resources that solely or partly use CACFP as a funding source, choose all available resources from the list provided (even if no CACFP funding is used to pay the expenses).

Line 17: Check every box that represents how the institution would continue to administer/operate the CACFP if the CACFP funding was temporarily interrupted (e.g. in the case of a Federal Government shutdown).

Line 18: Check every box that represents the monetary source that the institution would use re-pay USDA for overclaims and/or disallowances discovered during an administrative review.

Line 19: Enter the number of new family day care homes that the institution anticipates recruiting in the agreement year (enter a number here ONLY if the institution is a sponsor of family day care home providers). Enter the number of new centers that the institution anticipates recruiting or opening in the agreement year. Independent centers and institutions with no plan to expand operations should check the box titled N/A.

Line 20: Choose the option that best describes how the institution will manage growth of their CACFP operations. Choose N/A if no growth is planned.

Line 21: Enter the institution’s plans regarding educating the community about the benefits of CACFP. The answer should include the fact that the institution annually submits a CACFP press release to local newspapers.

Line 22: Non-profit institutions should choose “Yes” because they have a Board of Directors and By-laws govern the Board. For-profit institutions should choose “No”.

Line 23: For-profit institutions should enter the comment “N/A for-profit”. Non-profit institutions should enter an explanation if their Board of Directors does not have by-laws (this is not likely).

Line 24: Choose one of the options regarding the effective date that will be used for completed Income Eligibility Forms. Institutions can choose to use the date that the parent or household members signs the form or the date that the staff person who determines the rate of reimbursement from the completed form signs the form. The institution must use the same choice for all forms (e.g. the effective date of the receipt of a completed form for one child or

adult cannot be the date that the parent or household member signed the form while the effective date for another child or adult is the date that the child care/adult day services staff signed the form).

Line 25: The following job duties should be listed in the budget- this section does not need to be completed **UNLESS**, staffing changes (such as additional staffing positions are added/changed) have occurred since the budget was approved. Changes to the staffing plan in the budget should be documented here. If staffing changes cause any one budget line to change 15% or more from the original (which will be uploaded on the checklist tab) the sponsor must contact the State Agency to file a revision to their budget in the system.

Complete the chart and be sure to add lines in the first column for the following activities, these activities will apply to most applicants:

1. **Creating Menus**
2. **Recording Infant Meals**
3. **Shopping for food**
4. **Cooking/preparing food**
5. **Creating Standardized Recipes**
6. **Collecting CN Labels or Product Formulation Statements**
7. **Completing portion menus**
8. **Tracking CACFP Income & Expenses** (Reviews receipts and allocates Food/Non-Food/Non-creditable expenses AND tracks staff time for CACFP allocating Food Labor and Administrative Labor) Can use the “CACFP Financial Tracking Workbook” available on our website: <https://www.maine.gov/doe/schools/nutrition/cacfp/resources/applicanttraining>
9. **Preparing the monthly CACFP claim**
10. **Submitting the monthly CACFP claim**
11. **Program Monitor(s)** – *If the Sponsor has more than 1 site.* Monitoring forms and 5-day reconciliation forms are available on our website: <https://www.maine.gov/doe/schools/nutrition/cacfp/forms>
12. **Ensuring that children in family day care homes are enrolled in CACFP** (family day care home sponsors ONLY).
13. **Tiering Determinations for providers** (family day care home sponsors ONLY).

In the second column, enter the name of the person responsible for each activity. In the third column, enter the position/job title of each person listed in the second column. In the fourth column, enter the number of hours per month devoted to each activity. Keep in mind that there are a limited number of hours in a month; add the hours listed for each activity together for each listed staff member. If the application indicates that a staff member works 1000 hours each month in the performance of CACFP duties; that will be questioned because the number of weekdays in the average month is 21.62, 21.62 days multiplied by 8 hours each day equals

172.69 work hours in the average month. Even if the person worked 24 hours per day for 31 days (which of course is not possible) the total would be 744 hours. Institutions should be tracking CACFP hours on staff timesheets- these should be separated by, CACFP Operating (Food Program Labor & Benefits), CACFP Administrative time, and non-CACFP time. There is a Time Attendance/Time Effort Template (Timesheet) available on our webpage under “Budget” to assist with this process <https://www.maine.gov/doe/schools/nutrition/cacfp/resources>. Job descriptions and a wage/salary scale must be uploaded for these positions (instructions for uploads are included in this document under the heading Checklist Page).

Line 26: Choose “Yes” and upload the organizational chart (instructions for uploads are included in this document under the heading Checklist Page). This does not apply to for-profit institutions.

Line 27: Choose “Yes” and upload job descriptions for every staff member with CACFP duties; include the job description of the person ultimately responsible for all operations of the institution (i. e. the Executive Director of a non-profit institution or the owner of a for-profit institution). The job descriptions must include all duties of each position, not just the CACFP-related duties, and the qualifications required for job applicants to be considered/hired for the positions (instructions for uploads are included in this document under the heading Checklist Page).

Lines 28 through 33 do not apply to independent institutions. If the institution consists of 1 single site, skip to Line 34. Lines 34 through 38 do not apply to for-profit institutions, for-profit institutions should skip to Line 39.

Line 28: If the institution consists of more than 1 site, the sites must be monitored according to Program Regulations and institutions must demonstrate that they have sufficient staff to perform monitoring duties. Complete the chart as follows: In the first column indicate if the monitor is responsible for monitoring Centers or Homes. If the monitor is responsible for monitoring both Centers and Homes, that information needs to be entered on 2 lines (1 line for Homes and the other line for centers). In the second column, enter the name (not the title) of the monitor. In the third column enter the number of hours per month that is dedicated to monitoring. More lines can be added if the institution has several monitors. Remember to include the hours entered in this chart when totaling the hours that staff members devote to CACFP-related duties if the monitors also have duties in the chart that was completed for Line 25. The total number of hours should equal a minimum of one (1) FTE monitor for every 25-150 centers or 50-150 day care homes. These individuals should be included in Line 25.

Line 29: Describe monitoring procedures, include details about: 1. What the monitor reviews on-site (be sure to include 5 day reconciliation procedures, health & safety inspections, paperwork that is viewed, etc.); 2. What procedures are used to report serious issues to supervisors and how the institution decides if a follow-up visit is necessary, as well as which staff members are involved in that decision.

Monitoring Requirements:

- Review each site three times per year
- At least two of these reviews must be unannounced
- At least one unannounced review must include observation of meal service
- At least on review must be during each new facility's first four weeks of operations.
- No more than 6 months may elapse between reviews.
- Complete a 5-day reconciliation form during each monitoring visit.

Monitoring forms and 5-day reconciliation forms are available on our website:

<https://www.maine.gov/doe/schools/nutrition/cacfp/forms>

Health and Safety Inspection forms are located on the checklist tab- #15

Line 30: Every institution should have at least 2 persons trained in every aspect of CACFP requirements. Describe how the institution will ensure that monitoring visits are carried out according to CACFP regulations if the person who usually conducts monitoring visits is unable to perform those duties. Descriptions should be specific and detail which staff members (include their names and their titles) would perform these duties and how the institution will ensure that the staff persons assigned to take on the duties will remember to conduct the monitoring visits, since they are not part of their regular duties.

Line 31: Choose "Yes" if you are using the monitoring form provided by the CACFP State Agency. Institutions that wish to use a monitoring form that they have created or obtained from a source other than the CACFP State Agency should check "No"; but the alternative monitoring form must be approved by the CACFP State Agency prior to implementing the use of the form.

Line 32: Choose "Federal fiscal year"; CACFP is a Federal funded Program and the CACFP State Agency runs on the Federal fiscal year.

Line 33: Describe the monitoring schedule; be sure to include details about how the institution will ensure that visits are varied so that Program staff cannot predict the date of monitoring visits and so that monitors view different meal and snack services (e. g. If a monitor always views the lunch service at site A, safeguards are not in place to ensure that the staff at site A is actually serving breakfast and that the breakfast being served meets Program requirements). The description should also include how the visits are tracked, how monitors ensure that no more than 6 months lapse between visits, how follow-up visits are tracked, details about the length of time that will lapse between the date of a visit that warrants a follow-up visit and the date that the follow-up visit is conducted, details about scheduling and conducting pre-approval visits for new sites, and details about the number of unannounced visits to be conducted as well as details about scheduling meal service observations.

Line 34: Provide the rate of recurrence for meetings of the non-profit institution's Board of Directors.

Line 35: Choose “Yes”; institutions must have a screening process for Board members.

Line 36: Complete the chart as follows: In the first columns, enter the names of Board members; In the second column, enter the role that each member has as part of the Board; In the third column, enter the e-mail address of each Board member; In the fourth column, enter the relationship of each Board member to other members of the Board or to employees of the institution (if the person is not related to another Board member or to an employee of the institution, enter “None”); In the fifth column, indicate whether the Board member is also employed by the institution. The majority, at least 51%, of the board members cannot be current or former employees of the institution and may not be related to any current or former employees. Current and former employees and their relatives cannot be voting members of the Board of Directors.

Line 37: Choose “No”; Board members should not be compensated for serving on the Board.

Line 38: Check all boxes that apply to the Board of Directors’ oversight of the institution’ s participation in the CACFP.

Line 39: Check the first box if the institution has a separate bank account for CACFP funds. Check the second box if the institution has a ledger account to document CACFP income and expense separately from other income and expense.

Line 40: Provide the name and address of the financial institution where CACFP funds are deposited.

Line 41: The difference between cash and accrual accounting lies in the timing of when purchases are recorded in the institution’s accounts. Cash accounting recognizes expenses only when money changes hands, but accrual accounting recognizes expenses when they are billed (but not paid). Modified accrual accounting is a method that combines accrual basis accounting with cash basis accounting. **Institutions are required to use accrual accounting in the last month of the agreement year (September). Choose the accounting method used by the institution throughout the year and be sure to use accrual accounting in September.**

Line 42: Choose the button that best represents how frequently CACFP income and expense is recorded in the institution’s financial records.

Line 43: Check all boxes that apply to records that the institution maintains to document how CACFP funds were expended and prove that the costs related to administering the CACFP that are listed in the budget are reasonable, allowable, and necessary. *All institutions must choose receipts, bank records and payroll records.* In addition, choose any other items that apply to CACFP expenses for the institution.

Line 44: Good recordkeeping practices require that actual expenses related to running the CACFP be compared to the projected CACFP budget on a regular basis; choose the frequency of the institution's budget review.

Line 45: *The first 2 boxes are CACFP requirements; check those boxes.* If the claims will be entered manually into CNPweb, skip the 3rd box; choose the 3rd box if a software program is used to upload claim information, and provide the name of the software program.

Line 46: For-profit institutions must ensure that at least 25% of participants come from lower income households, and they cannot claim meals or snacks in any month where they do not meet the 25% qualifier. For-profit Adult Day Services institutions should choose the first option (currently in Maine, all ADS sites are non-profit and can skip Line 46) and for-profit child care institutions should choose the second option. Non-profit institutions can skip to Line 47.

Line 47: Institutions must not make a profit from CACFP; any money received in reimbursement that exceeds the amount of money spent on food and non-food food service supplies must be invested in the food service in some way (e. g. to pay employees for CACFP duties, to purchase more fresh fruits and vegetables or higher quality food, etc.). Institutions are required to revise their budgets if any line item changes by 15% or more, and budgets must be amended if additional expenses need prior written approval. *Therefore, every institution must choose the fifth box (budgets must be amended as needed).* In addition to the fifth box, choose the options that tell the CACFP State Agency how CACFP income and expense is being tracked to ensure that every penny received in CACFP reimbursement is being spent on CACFP allowable expenses.

Line 48: *Every institution should choose the first box* (FNS Instruction 796-2, Rev. 4 is the reference for determining the allowability of CACFP expenses), *the third box and the fourth box.* Institutions that share expenses with other Programs that they administer should choose the second box (e. g. the institution receives funding to administer fuel assistance, housing assistance, etc. and each Program pays a portion of the rental cost that is proportionate to the amount of office space that they occupy).

Line 49: Choose all boxes that demonstrate the institution's practices that ensure proper financial activities by employees. *Every institution should choose the first box; CACFP wants two different people to check CACFP paperwork.*

Line 50: Most institutions are using the micro-purchase method of procurement. Micro-purchase applies to any single purchase that is \$50,000 or less; this means that an institution spends less than \$50,001 in any single shopping trip. Institutions with Food Service Management Company (FSMC) contracts must consider the entire amount of the contracted price of meals for the agreement year; these institutions will probably choose Small Purchase. If the institution sponsors a mixture of centers, some that receive pre-made meals through a FSMC and some that purchase food and prepare the meals on-site, they will probably choose Micro-Purchase as well as Small Purchase. Small purchase procedures are greater than \$50,000

and less than \$250,000 or less than the Institution's more restrictive small purchase threshold. Rarely would an institution choose any of the other purchasing methods.

Line 51: *Choose box 1* and provide the address where records are kept. *Choose box 2* and provide the name and title of the person who would have access to CACFP records if either the State Agency or Federal Agency showed up on-site unexpectedly and the authorized representative was not available to gather records for the representatives of USDA to review. *Choose boxes 3, 4 and 5; these answers are all CACFP requirements.*

Lines 52 through 55: *Choose "Yes"*; by choosing "Yes" institutions are verifying that they will meet these requirements.

Line 56: Provide the job titles of every person with CACFP-related duties.

Line 57: **IMPORTANT:** this question refers **ONLY** to annual in-house training; attendance at the annual mandatory training conducted by the State Agency does not meet any of the in-house training requirements. Describe the institution's procedures that ensure that staff members with CACFP duties receive annual in-house training relevant to their CACFP duties. *Required Topics are: Civil Rights (required for everyone and their immediate supervisor), Meal Pattern, POS Meal Counts, Record Keeping, Claim Review, Claim Submission, and Reimbursement Systems.* Explain when these trainings are conducted, how they are tracked to ensure that they will occur/have occurred. Detail who, by title, is responsible for creating agendas that list the required topics and how that person determines which employees will receive annual training for each of the required training topics (specify which topics relate to each position). Include that the agendas will be dated and will include the location of each training. Include the procedure for ensuring that new staff members with CACFP duties receive the proper required training prior to assuming those duties, and that all new staff members with CACFP duties receive Civil Rights training prior to assuming any duties. Explain how the institution will ensure that all employees with CACFP-related duties and their immediate supervisors receive annual Civil Rights training. Explain who, by title, is responsible for ensuring that all in-house trainings are documented with a sign-in sheet (this requirement includes ensuring that all employees required to receive annual in-house training have signed in to verify their attendance at the training; explain how this will be accomplished). Be sure to include staff members with financial/fiscal responsibilities such as tracking CACFP income and expense. Institutions that sponsor both Centers and family Day Care Home providers must include specifics relevant to annual trainings for each of these groups. Annual Staff Training form is available on our website: <https://www.maine.gov/doe/schools/nutrition/cacfp/resources/applicanttraining>

Line 58: Describe the institution's policy for ensuring that those employees for whom the annual training is mandatory will receive the training. Describe make-up training procedures; explain how the make-up trainings will be scheduled and tracked and include that employees who do not attend CACFP annual in-house training will be removed from CACFP duties until the training is completed. Provide the policy that describes consequences for staff members who do not attend the mandatory training.

Line 59: This line applies ONLY to sponsors of Family Day Care Homes or unaffiliated centers. Institutions that sponsor either FDCHs and/or unaffiliated centers must explain the policy for ensuring that **every** provider/center receives the mandatory annual training. Describe the policies used to provide make-up training for those attendees that did not attend the in-person training(s) that the sponsor conducted. If the individual cannot attend group training, sponsor must provide individual training.

Lines 60 through 63 apply to institutions that sponsor Family Day Care Home providers; all other institutions can skip to Line 64.

Line 60: *Choose all 4 boxes*; every sponsor of FDCHs should check tier 1 eligibility by using any method through which the provider may qualify for the higher rate of reimbursement to make the tiering determination. Categorical eligibility refers to DCH providers that qualify as tier 1 by income through the household's receipt of SNAP (Food Stamps) TANF or FDPIR (Food Distribution Program on Indian Reservations). FDCH sponsors are required to report providers that qualify as tier 1 because the household receives SNAP are required to report the provider's name, address, and SNAP case# to the CACFP State Agency annually (this must be done through e-mail).

Line 61: Describe the process used to notify providers that do not qualify for the tier 1 rate of reimbursement of their choices as a tier 2 provider. Explain how the institution obtains the provider's choice in writing of: 1. Giving the income eligibility forms (IEFs) to the family of every child in care; 2. Giving the IEFs to only those families that the provider believes may qualify for the higher rate of reimbursement; or 3. Accepting the lower rate of reimbursement for every child in care. This written choice must be obtained initially for new providers, and annually thereafter for providers who do not qualify for the higher rate of reimbursement.

Line 62: *Choose "No"*; DCH sponsors can choose the lower of actual costs or the homes times rate method for administrative reimbursement. Every DCH sponsor in the State of Maine receives the homes times rate.

Line 63: Skip this line if the answer to Line 62 is "No". Every institution should skip this line.

Lines 64 through 69 do not apply to institutions that ONLY sponsor FDCHs.

Line 64: *Check the box.*

Line 65: *Choose boxes 1 through 4.*

Food Buying Guide: <https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs>

CACFP Crediting Handbook: <https://www.fns.usda.gov/tn/crediting-handbook-child-and-adult-care-food-program>

CACFP Meal Patterns:

<https://www.maine.gov/doe/schools/nutrition/cacfp/resources/applicanttraining>

Line 66: Check the box if the institution does not serve infants. **Institutions that do not serve infants (children younger than 1 year of age) may skip to Line 70.**

Line 67: Describe the process for recording the specific food and amount of breastmilk and/or formula that is served to infants. Explain what documents are used, when this is recorded and who (names and titles) checks these records for accuracy.

Line 68: Provide the titles of staff members who are responsible for recording infant meals.

Line 69: Check the box.

CACFP Infant Feeding Guide & Training Resources:

<https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>

Line 70: *Choose the first box* if the institution sponsors any licensed facilities (most sponsors will choose box 1). It is the sponsor's responsibility to ensure that sponsored facilities have a current child care license. If a facility is in the process of license renewal, the sponsor should contact the State office of Child Care Licensing to verify that the license will be renewed. *Every institution must choose the second and third boxes.* Choose the fourth box if the institution sponsors legal unregulated day care homes and/or at-risk sites that are not licensed to provide child care. The alternate approval form referred to by choosing the fourth box is the health and safety checklist which can be obtained from the CACFP State Agency.

Line 71: Choose all boxes that explain how the institution ensures that food service practices meet health and safety requirements.

Line 72: Choose the first 7 boxes; the choices outlined beside the first 7 boxes are requirements.

Line 73: Every institution must have a designated Civil Rights Coordinator; provide the names and titles of all staff members who are designated as Civil Rights Coordinators for the institution.

Line 74: Choose the first 2 boxes; the choices outlined beside the first 2 boxes are requirements.

Line 75: Institutions that sponsor centers and independent centers must choose the first box. Point of Service meal counts recording which participants eat each meal and snack must be done either: 1. When the participants first sit down to eat; 2. When the participants are eating; or 3. Immediately after the meal and snack service. Institutions that sponsor Family Day Care Home providers must choose the second box. DCH providers may complete meal count records at the end of each business day. Every institution, with the exception of Emergency Shelters (aka homeless shelters) and At-Risk sites, must choose the third box (emergency shelters are

allowed to claim 3 meals per child per day and At-Risk sites may not exceed 1 meal and 1 snack per child per day). Every institution, with the exception of At-Risk sites and Emergency Shelters, must choose the fourth box (At-Risk sites are walk-in and do not require enrollment forms and Emergency Shelters do not require enrollment forms). Every institution must choose the fifth box; menus must be submitted to the institution for review before meals are claimed.

Independent institutions should also choose this box; even though there is no sponsor to which the menu needs to be submitted, the menus still need to meet meal pattern requirements for a meal or snack to be claimed for reimbursement. Every Family Day Care Home sponsor must choose the sixth box; the ONLY applies to DCH providers. Every institution must choose the seventh box. Every institution must choose the eighth box. Every institution must choose the ninth box. Every institution must choose the tenth box. The eleventh box ONLY applies to for-profit adult day sites (there are currently none of these sites in Maine). Every for-profit center should choose the twelfth box; this ONLY applies to for-profit child care centers. Every institution except Adult Day Sites, Emergency Shelters and At-Risk sites must choose the thirteenth box.

Line 76: This question applies to sponsors of Family Day Care Home providers and to sponsors of unaffiliated sites; every other institution may skip to Line 77. Sponsors of DCH providers and unaffiliated sites must explain how they ensure that reimbursement is disbursed to the providers and/or sites within 5 business days of receiving the funds from the CACFP State Agency. If funds are disbursed in advance of receipt of the reimbursement from the State Agency; that is what should be written, along with a description of the disbursement schedule (e. g. CACFP funds are disbursed on the second Tuesday of each month and are disbursed in advance of receipt of reimbursement from the State Agency). Sponsors of unaffiliated sites may retain up to 15% of the reimbursement for actual administrative costs. If the administrative costs are less than 15% of the reimbursement, the sponsor may retain the portion of the reimbursement that represents the actual administrative costs incurred to administer the CACFP (administrative costs do not include food service costs; they are for those costs associated with monitoring, training center staff and CACFP paperwork). Unaffiliated sponsors that are purchasing food and preparing food may keep the amount of money that represents actual costs for these services as well. Any reimbursement in excess of actual costs (not to exceed 15% of the total reimbursement for administrative costs) must be disbursed to the unaffiliated sites within 15 business days of receipt of these funds from the CACFP State Agency.

Line 77: Every institution, with the exception of Adult Day Sites, At-Risk sites, Outside School Hours sites and Emergency Shelters must choose one or both boxes to provide information about how WIC information is provided to families.

Line 78: A person designated by the institution as authorized to submit contract information on behalf of the institution must check the box to verify that the information is true and correct.

Centers Budget (applies to every institution except those that ONLY sponsor Family Day Care Homes)

The Budget is an Excel Document that is available for download on checklist tab in CNPweb.

Schedule A

CACFP Income & Non-Program Food Service Account Income

Sponsor Information

Enter Sponsor Name, Agreement Number, Date, Revision, and Number of CACFP Daycare Home Providers

1a. Projected CACFP Income

All sponsors must use the [Estimated Annual Food Program Reimbursement Worksheet](#) to estimate the CACFP reimbursement.

Complete the table as follows:

- Enter the number of sponsored daycare home providers 1-50 in first row. If a sponsor has more than 50 providers those additional providers should be noted in the second row. Example: Sponsor ABC Daycare has 65 daycare home providers. Row one will show 50 providers, row two will show 15. The spreadsheet will automatically calculate the annual administrative reimbursement rate for each category.
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required

1b. Prior Year CACFP Surplus

Per FNS Instruction 796-2 Rev 4, all participating institutions must operate a nonprofit food service principally for the benefit of enrolled participants. All program reimbursement funds must be used solely for allowable CACFP purposes. Any surplus of funds must be retained and used only to maintain, expand, or improve the CACFP. If you have excess CACFP funds as of the end of the previous Federal fiscal year (9/30), complete this section.

Note: Do not enter a CACFP deficit - a CACFP deficit cannot be carried forward into the next year.

- To answer the question: Does this institution have a surplus balance of CACFP funds as of 9/30 of the previous year? Click on the highlighted box and select from the drop down options.
 - If yes, complete the table below as follows:
- Enter the amount of the CACFP surplus as of 9/30 of the previous fiscal year in the Amount Column

- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

2. Non-Program Funds Used to Meet CACFP Requirements

If CACFP expenses exceed the reimbursement, non- Program funds are required to be listed in this section.

Non-program funds include, but are not limited to, all other sources of income used to meet CACFP requirements such as Tuition and parent fees, special grant funds, Head Start funds, cash donations, etc.

- To answer the question: *Does this institution have unrestricted non-CACFP funds to meet CACFP requirements?* Click on the highlighted box and select from the drop-down options.
 - If yes, complete the table below as follows:
 - Enter the source of funds to be used in the Non-CACFP Funding Source Column
 - Enter the amount of funds dedicated to CACFP program costs in the Annual Amount Column
 - Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
 - Repeat these instructions for all additional funds used in the food service program
 - The Section Total box at the bottom of the table, will automatically populate

If the answer to question 2 is no and CACFP expenses exceed CACFP reimbursements, Maine CACFP will not be able to approve the budget.

Schedule A Total Income

This box will automatically populate with the values entered above. The bottom of the box will include the Total Income.

Schedule B

Operating Costs for CACFP

Schedule B is designed to capture all operating costs of the CACFP. Operating costs include all costs associated with the preparing, delivering and serving of CACFP meals to eligible participants. This includes but is not limited to: food costs, kitchen supplies, cooking, menu planning, food vendors, and transportation of meals to other sites.

3. Purchased Food Costs

Food costs are expenditures for the food used in all CACFP meals. The cost of the food may include the purchase price of the food and additional charges for processing, transporting,

storing, and handling purchased food. Invoices, receipts, inventory records, and itemized bills must document these costs.

Food costs are documented by vendor's invoices and delivery slips for unitized Program meals if purchased under a contract with a FSMC or commercial vendor or under an agreement with a food school authority. **Note, any meals served that were purchased from a vendor for which the Sponsor does not have an approved and fully executed contract on file cannot be paid for with federal funds.**

The following are instructions per column. Complete the table for each type of food costs.

- Enter the estimated amount of Purchased Food costs for the year in the Annual Cost Column
- Enter an explanation or any clarifying information in the Sponsor Comments Column
- Enter the estimated amount of Purchased Vended Meals for the year in the Annual Cost Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

4a. Equipment – Under \$5,000

This includes equipment/durable supplies with a useful life of more than 1 year and a per unit acquisition cost of under \$5,000 that will be directly expensed.

Examples of kitchen equipment that could be a durable supply include: fridges, stoves, small appliances.

- Enter a description of the item in Item Description Column
- Enter the date you expect to purchase the item in Est Purchase Date Column
- Enter the cost in Total Cost Column
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column. Note you must provide the rationale used to support the allocation percentage.
- The Annual Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all equipment under \$5,000 directly expensed to CACFP
- The Section Total box at the bottom of the table, will automatically populate

4b. Capital Equipment – Over \$5,000

Equipment is an item of nonexpendable personal property with a useful life of more than 1 year and per unit acquisition cost that conforms to the definition of set by the Department's grant administrative rules (currently \$5,000 or more per unit).

Examples of equipment include motor vehicles, computers, copiers, office furniture, food service equipment, etc. that meets the capitalization threshold (currently \$5,000 or more) and is used for the operation of the food service.

All equipment over \$5,000 must be depreciated.

- Enter a description of the item in Item Description Column
- Enter the date the item was/will be purchased in the Purchase Date Column
- Enter the cost in Total Cost Column
- Enter the estimated useful life for depreciation purposes in the Life Expectancy Column. See FNS Instruction 796-2 Rev 4. VIII I 13 for more information on determining the appropriate useful life.
- The Annual Depreciation Column will automatically populate
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column. Note you must provide the rationale used to support the allocation percentage.
- The Annual Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all equipment over \$5,000
- The Section Total box at the bottom of the table, will automatically populate

5. Nonfood Supplies

Nonfood supplies may include:

- Paper goods (napkins, forks, and spoons)
- Cleaning supplies used directly for the food service operation, such as chlorine bleach, sanitizer, cleanser, and dish detergent
- Food storage supplies, such as aluminum foil and plastic containers;
- Small kitchen supplies, such as serving utensils, eating utensils, trash cans for the kitchen, pots and pans

Office supplies may include items such as pens, pencils, notepads, printer supplies and copier supplies.

Itemized receipts or invoices must be kept on file as documentation for all supplies.

The following are instructions per column. Complete the table for purchased CACFP Food Service Supplies.

- Enter the types of supplies to be purchased under the Brief Description of Supplies Purchased Column
- Enter the estimated amount in the annual supply expense
- Enter the percentage allocated to CACFP. Note: an allocation plan must be submitted with the budget that includes the rationale used to support the allocation percentage used.

- The Annual Cost to CACFP will automatically calculate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

6. Labor Costs-Employees with CACFP Food Service Duties

The cost of food service labor needed for the operation of the CACFP must be documented. This may include wages, salaries, employee benefits (e.g. health insurance, dental insurance, vision insurance, life insurance, retirement), and employment taxes for employees to complete the following tasks: Menu planning and food purchasing, Supervision of day-to-day food service operations, including supervision of children during the meal service, and On-site preparation of daily Program meal service records, etc.

Records that must be maintained include payroll records and job descriptions for all positions that have CACFP duties.

- Enter the Position or Title of the employees in the Position/Title Column
- Enter the number of employees in the listed position in the Number of Personnel in Position Column
- Enter the number of months the position has CACFP duties in the CACFP Program Months Column
- Enter the amount the position is paid per hour in the Hourly Wage Column
- There are two sub columns under the Avg. Hours per Month* Column
 - Enter the total number of hours worked per month in the Total Column
 - Enter the total number of CACFP hours worked per month in the for CACFP Column
- There are two sub columns under the Avg. Benefits Paid per Month
 - Enter the dollar amount of benefits paid for the position in the by Sponsor Column
 - The benefits paid to the position in the by CACFP Column will automatically populate
 - Example: If total benefits paid to a position e.g. cook is \$100 and there are 2 cooks – enter \$100– the formula will multiply benefits by number of personnel in the position
- There are two sub columns under the Total Cost to CACFP Column
 - Do not enter information in either sub column
 - Both the Monthly and Annual Columns will automatically populate
- The Section Total box at the bottom of the table, will automatically populate
- Enter detailed description of the CACFP food service duties performed by each position in the Specific CACFP Job Duties Column
- Repeat these instructions for all CACFP food service positions included on the budget

7. Contracted Services

Contracted services include all costs associated with a contract. Examples include equipment rental or equipment maintenance contracts, janitorial services, pest control services, independent contractors or other similar services. Most contracted service costs require specific prior written approval from the State Agency. Most items listed in this section require the submission of the [“Specific Prior Written Approval”](#) template for Maine CACFP approval. See tab “Costs Req Specific Approval” of the Specific Prior Written Approval template for more details on prior approval for Contracted Services. Copies of contracts must be provided as documentation.

These costs must be allocated between operational and administrative accounts if the costs support both operational and administrative functions. These costs must also be allocated if they support both CACFP and non-CACFP programs. If costs will be allocated, the allocation method must be approved by Maine CACFP.

- Enter the type of contracted service under the Contracted Service Column
- Enter the name of the provider of the contracted service under the Provider Column
- Enter the total monthly cost for the contracted service under the Monthly Cost Column
- Enter the number of CACFP months the contracted service is used under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the contracted service cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Contracted Services paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

8. Other Operational Costs

Other operational costs could include printing, postage, food transportation costs, subscriptions, training and/or travel costs, etc. Costs for these services require prior approval or specific prior written approval from the State Agency, depending on the type and nature of the services to be purchased.

(a) Miscellaneous Food Service:

- Enter a description of the type of cost under the Description Column
- Enter the total monthly cost under the Monthly Cost Column
- Enter the number of months the cost will be incurred under the CACFP Program Months Column
- The Annual Cost Column will automatically populate

- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Other Operational Costs paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

(b) Annual Mileage for CACFP Food Transportation Costs and Staff Training
Mileage logs must be maintained per FNS 796-2 Rev.4 VIII I 39(c)

- Click on the box associated with the Sponsor Certification Statement
 - Select from the drop down options

Begin by determining the Institution's approved mileage reimbursement rate. If it is different than the federal rate (cannot be higher than federal rate), enter it in the Mileage Reimbursement Rate box. If it is the same as the federal rate:

- Enter the position or title of the person who will be incurring the mileage under the Position/Title Column
- Enter the estimated miles to be driven in the Total Miles Column
- The Mileage Reimbursement Column will automatically populate
- Enter the number of months the cost will be incurred under the Number of Months Column
- The Monthly Total Cost to CACFP and Annual Cost to CACFP Columns will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all staff who will be participating in food transportation
- The Section Total box at the bottom of the table, will automatically populate

9. Facility and Utilities Costs

A percentage of operating food service facility costs can be paid with CACFP funds. Operating food service facility costs for leased spaces can include rent or lease expenses, and utilities not included in rent or lease agreements, etc. Copies of lease or rental agreements must be submitted with the budget.

An institution may not claim in its budget for CACFP reimbursement, a rental fee for space, when the building is owned by the institution; however, the institution may be able to claim depreciation. An institution cannot claim depreciation and a lease fee for the same space. The cost of an owned building can be depreciated using 30-year straight line depreciation or the depreciation method used and accepted for purposes of reporting to the IRS. The acquisition

cost upon which depreciation is based must exclude the cost of land. A copy of the depreciation schedule used must be provided for owned buildings.

Costs associated with less-than-arms-length lease arrangements are limited to depreciation only and require specific prior written approval. The [“Less than arm’s length rental”](#) template must also be completed. Documentation must be provided that supports the property acquisition cost and value of land used for Less than arm’s length rental calculation and that supports the square footage used in the allocation.

(a) Percent of Facility Expenses Allocable to CACFP through Food Service Operations

- Enter the number of weeks per year the center is active in CACFP in the How many WEEKS PER YEAR is the center active in CACFP? Column (If more than one site use an average for all sites)
- Enter the number of hours per week the center is open in the How many HOURS PER WEEK is the center open? Column (If more than one site use an average for all sites)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites)
- Enter the square footage of the kitchen that is used for CACFP in the Kitchen(s) Column. (If more than one site use an average for all sites)
- Enter the hours per week the kitchen square footage is used in the Hour per Week Used for CACFP Food Service Column
- Enter the square footage of the food storage area that is used for CACFP in the Food Storage(s) Column. (If more than one site use an average for all sites).
- Enter the hours per week the food storage area is used in the Hour per Week Used for CACFP Food Service Column.
- Enter the square footage of any other area that is used for CACFP in the Other* Column
- Enter the hours per week the other area is used in the Hour per Week Used for CACFP Food Service Column
- If other areas are used, please complete the Describe ‘Other’ Include name of area(s) and how it’s used for CACFP operation Box
- The Percent of Facility Expenses Allocable to CACFP box will automatically populate

(b) Facility Costs

- In the Type Column, click on the highlighted box and select from the drop down options
 - Depreciation may be used by institutions whom own their building(s)
 - Rental/Lease can be used by institutions who do not own their building(s)
 - Less than arm’s length transactions are limited to depreciation – see calculation on less than arm’s length rental template
- Enter the name of the lessor/owner of the property in the Lessor Column
- Enter the monthly cost in the Monthly Cost Column
- The Annual Cost Column will automatically populate
- The % Allocated to CACFP Column will automatically populate

- The Total Cost to CACFP Column will automatically populate
- Indicate if utilities or other items are included in the lease. If utilities/other items are included in the lease DO NOT include them in 9(c).
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Facility Costs paid with CACFP funds
- The Section Total Box will automatically populate

(c) Utilities

Utilities such as electricity, gas, water, sewer, etc. which are not included in the facility lease or rental agreement are allowed with State Agency prior approval. If the utilities are shared with another Program, the costs will be allocated as applicable. Provide copies of invoices used to estimate annual cost.

- For each Utility type, Enter the name of the company providing the service in the Company Column
- For each Utility type, Enter the total monthly cost in the Monthly Cost Column
- For each Utility type, the following columns will automatically populate:
 - The Annual Cost Column
 - The % Allocated to CACFP Column
 - The Total Cost to CACFP Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total Box will automatically populate

Schedule B Total Cost to CACFP

This box will automatically populate with the values entered above. The bottom of the box will include the Total Operational Costs to CACFP.

Schedule C

Administrative Costs for CACFP

Administrative costs are costs incurred in planning, organizing, and managing the food service labor, supplies, monitoring labor, and mileage, travel, and training costs. Administrative costs charged to the Program cannot exceed the lesser of 15% of projected annual CACFP reimbursement or net allowable administrative costs.

10. Labor costs-Employees with CACFP Administrative Duties

Labor costs include compensation paid for administrative labor needed for: planning, organizing and managing the food service operation; completing CACFP application materials, compiling daily records to complete monthly consolidated reimbursement claims, staff training, preparing monthly reimbursement claims, and monitoring.

Records that must be maintained include payroll records and job descriptions for all positions that have CACFP duties.

- Enter the Position or Title of the employees in the Position/Title Column
- Enter the number of employees in the listed position in the Number of Personnel in Position Column
- Enter the number of months the position has CACFP duties in the CACFP Program Months Column
- Enter the amount the employee is paid per hour in the Hourly Wage Column
- There are two sub columns under the Avg. Hours per Month* Column
 - Enter the total number of hours worked per month in the Total Column,
 - Enter the total number of hours worked per month completing CACFP administrative and monitoring duties in the CACFP Administrative Duties and Monitoring Column
- There are two sub columns under the Avg. Benefits Paid per Month
 - Enter the dollar amount of benefits paid to the position in the by Sponsor Column
 - The benefits paid to the position in the by CACFP Column will automatically populate
 - Example: If total benefits paid to a position e.g. monitor is \$100 and there are 2 monitors –enter \$100 – the formula will multiply benefits by number of personnel in the position
- There are two sub columns under the Total Cost to CACFP Column
 - Do not enter information in either sub column
- Both the Monthly and Annual Columns will automatically populate
- The Section Total box at the bottom of the table, will automatically populate
- Enter detailed description of the CACFP administrative duties performed by each employee in the Specific CACFP Job Duties Column
- Repeat these instructions for all positions that are paid with CACFP funds

11. Contracted Services

Contracted services include all costs associated with a contract. Examples include accounting services, payroll services, administrative equipment rental or maintenance, independent contractors or other similar services. Contracted service costs require specific prior written approval from the State Agency. Copies of contracts must be provided.

- Enter the type of contracted service under the Contracted Service Column
- Enter the name of the provider of the contracted service under the Provider Column
- Enter the total monthly cost for the contracted service under the Monthly Cost Column
- Enter the number of CACFP months the contracted service is used under the CACFP Program Months Column
- The Annual Cost Column will automatically populate

- Enter the percent of the contracted service cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Contracted Services paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

12. Other Administrative Costs

Other administrative costs could include printing, postage, photocopies, administrative supplies, monitoring transportation costs, training and/or travel costs, etc. Costs for these services require prior approval or specific prior written approval from the State Agency, depending on the type and nature of the services to be purchased. Itemized receipts, invoices, and other records must be kept to document these costs.

(a) Miscellaneous Office Expenses:

This includes administrative supplies with a useful life of one year or less that is generally consumed in use. For example, general office supplies (pens, pencils, notepads), computer supplies, copier supplies (paper, toner), printer supplies (ink cartridges, paper). This would also include miscellaneous costs associated with printing, postage, and photocopies.

- Enter a description of the type of cost under the Description Column
- Enter the name of the provider under the Provider Column
- Enter the total monthly cost under the Monthly Cost Column
- Enter the number of months the cost will be incurred under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Other Administrative Costs paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

(b) Annual Mileage, Lodging, and Meals for Monitoring and Other Administrative Support:

This includes CACFP administrative travel expenses funded with CACFP funds. Examples would be travel related to CACFP monitoring, technical assistance visits, on-site center training. NOTE: Travel to Maine CACFP trainings should be included under the operating tab.

Mileage logs must be maintained per FNS 796-2 Rev.4 VIII I 39(c)

- Click on the box associated with the Sponsor Certification Statement

- Select from the drop down options

Begin by determining the Institution's approved mileage reimbursement rate. If it is different than the federal rate, enter it in the Mileage Reimbursement Rate box. If it is the same as the federal rate:

- Enter the position or title of the person who will be incurring the mileage under the Position/Title Column
- Enter the estimated miles to be driven in the Total Miles Column
- The Mileage Reimbursement Column will automatically populate
- Enter the number of months the cost will be incurred under the Number of Months Column
- The Monthly Total Cost to CACFP and Annual Cost to CACFP Columns will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all staff who will be incurring monitoring mileage costs
- The Section Total box at the bottom of the table, will automatically populate

(c) Conference Travel/Training costs:

Projected annual CACFP expenses incurred for attendance of any employee listed in the administrative labor section at any CACFP workshops, conferences, trainings and meetings.

Specific Prior Written Approval is required for allocated share of travel & registration fees when CACFP is only a portion of a larger child & adult care related agenda.

- In the Conference/Class Column click on the highlighted box and select from the drop down options
 - If other is selected a detailed sponsor explanation will be required
- Enter the date of arrival at the conference
- Enter the date of departure from the conference
- Enter the number of nights lodging
- Enter the Registration fee
- Enter Airfare costs
- Enter the Total Lodging cost of the conference
- Enter the cost of meals
- The Cost to CACFP per Employee Column will automatically populate
- Enter the number of employees who will be attending the conference
- Enter the total miles to be driven
- Enter the Car Rental cost
- The Total Cost to CACFP Column will automatically populate
- Provide a detailed explanation in the Sponsor Explanation Column

13. Facility and Utilities Cost

A percentage of administrative facility costs can be paid with CACFP funds. Administrative facility costs can include rent or lease expenses, and utilities not included in rent or lease agreements, etc. Copies of lease or rental agreements must be submitted with the budget. Note this section is for the allocation of administrative facility expenses only, facility expenses related to the operation of the food service should be listed on the operation tab. For example, this section would be used by a sponsoring organization of centers that rents office space for its operation of the CACFP.

An institution may not claim in its budget for CACFP reimbursement, a rental fee for space, when the building is owned by the institution; however, the institution may be able to claim depreciation. An institution cannot claim depreciation and a lease fee for the same space. The cost of an owned building can be depreciated using 30-year straight line depreciation or the depreciation method used and accepted for purposes of reporting to the IRS. The acquisition cost upon which depreciation is based must exclude the cost of land. A copy of the depreciation schedule used must be provided for owned buildings.

Costs associated with less-than-arms-length lease arrangements are limited to depreciation only and require specific prior written approval. The “Less than arm’s length rental” template must also be completed. Documentation must be provided that supports the property acquisition cost and value of land used for Less than arm’s length rental calculation and justification for the square footage used.

(a) Percent of Facility Expenses Allocable to CACFP through Administration

- Enter the number of weeks per year the center is active in CACFP in the How many Weeks Per Year is the center active in CACFP? Column. (If more than one site use an average for all sites.)
- Enter the number of hours per week the center is open in the How many Hours Per Week is the center open? Column. (If more than one site use an average for all sites.)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites.)
- Enter the square footage of the office that is used for CACFP in the Office Column. (If more than one site use an average for all sites.)
- Enter the hours per week the office square footage is used in the Hour per Week Used for CACFP Food Service Column.
- Enter the square footage of any other area that is used for CACFP in the Other* Column.

(b) Facility Costs

- In the Type Column, click on the highlighted box and select from the drop down options
 - Depreciation may be used by institutions whom own their building(s)
 - Rental/Lease can be used by institutions who do not own their building(s)

- Less than arm's length transactions are limited to depreciation – see calculation on less than arm's length rental template
- Enter the name of the lessor/owner of the property in the Lessor Column
- Enter the monthly cost in the Monthly Cost Column
- The Annual Cost Column will automatically populate
- The % Allocated to CACFP Column will automatically populate
- The Total Cost to CACFP Column will automatically populate
- Indicate if utilities or other items are included in the lease. If utilities/other items are included in the lease DO NOT include them in 13(c).
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Facility Costs paid with CACFP funds
- The Section Total Box will automatically populate

(c) Utilities

Utilities such as electricity, office phone system, internet, etc. which are not included in the office lease or rental agreement are allowed with State agencies prior approval. If the utilities are shared with another Program, the costs will be allocated as applicable.

- For each Utility type, Enter the name of the company providing the service in the Company Column
- For each Utility type, Enter the total monthly cost in the Monthly Cost Column
- For each Utility type, the following columns will automatically populate:
 - The Annual Cost Column
 - The % Allocated to CACFP Column
 - The Total Cost to CACFP Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total Box will automatically populate

Schedule C Total Cost to CACFP

This box will automatically populate with the values entered above. The bottom of the box will include the Total Administrative Costs to CACFP.

Summary

Annual CACFP Budget Summary

The Sponsor Name, Agreement Number, Date, Number of Sites, % of Income Spent on Food, Admin Costs Paid with CACFP funds, Maximum CACFP Allowable for Admin, and CACFP Funded Admin % fields will automatically populate.

The remaining information contained in the budget summary table is automatically populated and is a compilation of all information entered in previous sections.

Other Budget Related Templates

The below may be required for submission along with the budget but are separate templates outside of the Annual CACFP Budget Form.

Specific Prior Written Approval

Include any items for which you are requesting specific prior written approval. See tab “Costs Req Specific Approval” for a listing of costs requiring additional approvals. This listing is taken directly from FNS Instruction 796-2, Exhibit I.

- Enter the Line Item Number Associated with the Request
- Enter a Description of the Request
- Provide an Explanation of the Request
- Click on the box associated with the Sponsor Acknowledgement Statement
- Select from the drop down options Disclosures

Disclosures of Related Party Transactions and/or Less than arm’s length Transactions

Include any items that require disclosure. Sponsors must disclose any related-party or less-than-arms-length expenditures. This includes contracts, agreements, leases, and transactions. Additionally, any ownership interests in equipment, supplies, or facilities must be disclosed.

Failure to disclose required information will result in the disallowance of the cost and may subject the institution, its principals, employees, and others to the administrative and legal recourse available to Maine CACFP and FNS.

- Enter the Line Item Number associated with the Disclosure
- Enter a Description of the Disclosure
- Provide an Explanation of the Disclosure
- Click on the box associated with the Sponsor Acknowledgement Statement
 - Select from the drop down options

Note: Complete "Less Than Arm’s Length Rental" template if you have a facility less than arm’s length rental expense in your CACFP budget

“Less than arm’s length rental” Calculation

Costs associated with less-than-arms-length facility lease arrangements are limited to depreciation only and require specific prior written approval. Allowable space and facilities lease costs are limited to the amount that results from applying 30-year life expectancy to the property’s acquisition cost less the value of land.

Calculation of Annual Depreciation

- Enter the acquisition cost of the property
- Enter the value of the land
- Depreciable Value and Annual Depreciation will automatically calculate

Documentation must be provided that supports the property acquisition cost and value of land used and justification for the square footage used.

Allocation of Facility Cost to CACFP

- Enter the number of weeks per year the center is active in CACFP in the How many WEEKS PER YEAR is the center active in CACFP? Column (If more than one site use an average for all sites)
- Enter the number of hours per week the center is open in the How many HOURS PER WEEK is the center open? Column (If more than one site use an average for all sites)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites)
- Enter the square footage of the kitchen that is used for CACFP in the Kitchen(s) Column. (If more than one site use an average for all sites)
- Enter the hours per week the kitchen square footage is used in the Hour per Week Used for CACFP Food Service Column
- Enter the square footage of the food storage area that is used for CACFP in the Food Storage(s) Column. (If more than one site use an average for all sites).
- Enter the hours per week the food storage area is used in the Hour per Week Used for CACFP Food Service Column.
- Enter the square footage of any other area that is used for CACFP in the Other* Column. Use this column for administrative office space that is being allocated to CACFP.
- Enter the hours per week the other area is used in the Hour per Week Used for CACFP Food Service Column
- If other areas are used, please complete the Describe 'Other' Include name of area(s) and how it's used for CACFP operation Box
- The Percent of Facility Expenses Allocable to CACFP box will automatically populate

Percentage of Facility Expenses Allocable to CACFP and Annual Depreciation Expenses Allocable to CACFP will automatically populate.

FDCH Budget (applies to Sponsors of Family Day Care Homes ONLY)

The Budget is an Excel Document that is available for download on checklist tab in CNPweb.

Schedule A

CACFP Income & Non-Program Food Service Account Income

Sponsor Information

Enter Sponsor Name, Agreement Number, Date, Revision, and Number of CACFP Daycare Home Providers

1a. Projected CACFP Income

Enter the number of sponsored daycare home providers 1-50 in first row below. If a sponsor has more than 50 providers those additional providers should be noted in the second row. Example: Sponsor ABC Daycare has 65 daycare home providers (see Sponsor Information above). Row one will show the first 50 providers, row two will show 15. The spreadsheet will automatically calculate the annual administrative reimbursement rate for each category.

1b. Prior Year CACFP Surplus

Per FNS Instruction 796-2 Rev 4, all participating institutions must operate a nonprofit food service principally for the benefit of enrolled participants. All program reimbursement funds must be used solely for allowable CACFP purposes. Any surplus of funds must be retained and used only to maintain, expand, or improve the CACFP. If you have excess CACFP funds as of the end of the previous Federal fiscal year (9/30), complete this section.

Note: Do not enter a CACFP deficit - a CACFP deficit cannot be carried forward into the next year.

- To answer the question: Does this institution have a surplus balance of CACFP funds as of 9/30 of the previous year? Click on the highlighted box and select from the drop down options.
 - If yes, complete the table below as follows:
- Enter the amount of the CACFP surplus as of 9/30 of the previous fiscal year in the Amount Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

2. Non-Program Funds Used to Meet CACFP Requirements

If CACFP expenses exceed the reimbursement, non- Program funds are required to be listed in this section.

Non-program funds include, but are not limited to, all other sources of income used to meet CACFP requirements such as Tuition and parent fees, special grant funds, Head Start funds, cash donations, etc.

- To answer the question: *Does this institution have unrestricted non-CACFP funds to meet CACFP requirements?* Click on the highlighted box and select from the drop-down options.
 - If yes, complete the table below as follows:
- Enter the source of funds to be used in the Non-CACFP Funding Source Column

- Enter the amount of funds dedicated to CACFP program costs in the Annual Amount Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all additional funds used in the food service program
- The Section Total box at the bottom of the table, will automatically populate

If the answer to question 2 is no and CACFP expenses exceed CACFP reimbursements, Maine CACFP will not be able to approve the budget.

Schedule A Total Income

This box will automatically populate with the values entered above. The bottom of the box will include the Total Income.

Schedule B

Operating Costs for CACFP

Schedule B is designed to capture all operating costs of the CACFP. Operating costs include all costs associated with the preparing, delivering and serving of CACFP meals to eligible participants. This includes but is not limited to: food costs, kitchen supplies, cooking, menu planning, food vendors, and transportation of meals to other sites.

3. Purchased Food Costs

Food costs are expenditures for the food used in all CACFP meals. The cost of the food may include the purchase price of the food and additional charges for processing, transporting, storing, and handling purchased food. Invoices, receipts, inventory records, and itemized bills must document these costs.

Food costs are documented by vendor's invoices and delivery slips for unitized Program meals if purchased under a contract with a FSMC or commercial vendor or under an agreement with a food school authority. **Note, any meals served that were purchased from a vendor for which the Sponsor does not have an approved and fully executed contract on file cannot be paid for with federal funds.**

The following are instructions per column. Complete the table for each type of food costs.

- Enter the estimated amount of Purchased Food costs for the year in the Annual Cost Column
- Enter an explanation or any clarifying information in the Sponsor Comments Column
- Enter the estimated amount of Purchased Vended Meals for the year in the Annual Cost Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

4a. Equipment – Under \$5,000

This includes equipment/durable supplies with a useful life of more than 1 year and a per unit acquisition cost of under \$5,000 that will be directly expensed.

Examples of kitchen equipment that could be a durable supply include: fridges, stoves, small appliances.

- Enter a description of the item in Item Description Column
- Enter the date you expect to purchase the item in Est Purchase Date Column
- Enter the cost in Total Cost Column
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column. Note you must provide the rationale used to support the allocation percentage.
- The Annual Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all equipment under \$5,000 directly expensed to CACFP
- The Section Total box at the bottom of the table, will automatically populate

4b. Capital Equipment – Over \$5,000

Equipment is an item of nonexpendable personal property with a useful life of more than 1 year and per unit acquisition cost that conforms to the definition of set by the Department's grant administrative rules (currently \$5,000 or more per unit).

Examples of equipment include motor vehicles, computers, copiers, office furniture, food service equipment, etc. that meets the capitalization threshold (currently \$5,000 or more) and is used for the operation of the food service.

All equipment over \$5,000 must be depreciated.

- Enter a description of the item in Item Description Column
- Enter the date the item was/will be purchased in the Purchase Date Column
- Enter the cost in Total Cost Column
- Enter the estimated useful life for depreciation purposes in the Life Expectancy Column. See FNS Instruction 796-2 Rev 4. VIII I 13 for more information on determining the appropriate useful life.
- The Annual Depreciation Column will automatically populate
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column. Note you must provide the rationale used to support the allocation percentage.
- The Annual Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all equipment over \$5,000
- The Section Total box at the bottom of the table, will automatically populate

5. Nonfood Supplies

Nonfood supplies may include:

- Paper goods (napkins, forks, and spoons)
- Cleaning supplies used directly for the food service operation, such as chlorine bleach, sanitizer, cleanser, and dish detergent
- Food storage supplies, such as aluminum foil and plastic containers;
- Small kitchen supplies, such as serving utensils, eating utensils, trash cans for the kitchen, pots and pans

Office supplies may include items such as pens, pencils, notepads, printer supplies and copier supplies.

Itemized receipts or invoices must be kept on file as documentation for all supplies.

The following are instructions per column. Complete the table for purchased CACFP Food Service Supplies.

- Enter the types of supplies to be purchased under the Brief Description of Supplies Purchased Column
- Enter the estimated amount in the annual supply expense
- Enter the percentage allocated to CACFP. Note: an allocation plan must be submitted with the budget that includes the rationale used to support the allocation percentage used.
- The Annual Cost to CACFP will automatically calculate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total box at the bottom of the table, will automatically populate

6. Labor Costs-Employees with CACFP Food Service Duties

The cost of food service labor needed for the operation of the CACFP must be documented. This may include wages, salaries, employee benefits (e.g. health insurance, dental insurance, vision insurance, life insurance, retirement), and employment taxes for employees to complete the following tasks: Menu planning and food purchasing, Supervision of day-to-day food service operations, including supervision of children during the meal service, and On-site preparation of daily Program meal service records, etc.

Records that must be maintained include payroll records and job descriptions for all positions that have CACFP duties.

- Enter the Position or Title of the employees in the Position/Title Column
- Enter the number of employees in the listed position in the Number of Personnel in Position Column

- Enter the number of months the position has CACFP duties in the CACFP Program Months Column
- Enter the amount the position is paid per hour in the Hourly Wage Column
- There are two sub columns under the Avg. Hours per Month* Column
 - Enter the total number of hours worked per month in the Total Column
 - Enter the total number of CACFP hours worked per month in the for CACFP Column
- There are two sub columns under the Avg. Benefits Paid per Month
 - Enter the dollar amount of benefits paid for the position in the by Sponsor Column
 - The benefits paid to the position in the by CACFP Column will automatically populate
 - Example: If total benefits paid to a position e.g. cook is \$100 and there are 2 cooks – enter \$100– the formula will multiply benefits by number of personnel in the position
- There are two sub columns under the Total Cost to CACFP Column
 - Do not enter information in either sub column
 - Both the Monthly and Annual Columns will automatically populate
- The Section Total box at the bottom of the table, will automatically populate
- Enter detailed description of the CACFP food service duties performed by each position in the Specific CACFP Job Duties Column
- Repeat these instructions for all CACFP food service positions included on the budget

7. Contracted Services

Contracted services include all costs associated with a contract. Examples include equipment rental or equipment maintenance contracts, janitorial services, pest control services, independent contractors or other similar services. Most contracted service costs require specific prior written approval from the State Agency. Most items listed in this section require the submission of the [“Specific Prior Written Approval”](#) template for Maine CACFP approval. See tab “Costs Req Specific Approval” of the Specific Prior Written Approval template for more details on prior approval for Contracted Services. Copies of contracts must be provided as documentation.

These costs must be allocated between operational and administrative accounts if the costs support both operational and administrative functions. These costs must also be allocated if they support both CACFP and non-CACFP programs. If costs will be allocated, the allocation method must be approved by Maine CACFP.

- Enter the type of contracted service under the Contracted Service Column
- Enter the name of the provider of the contracted service under the Provider Column
- Enter the total monthly cost for the contracted service under the Monthly Cost Column

- Enter the number of CACFP months the contracted service is used under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the contracted service cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Contracted Services paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

8. Other Operational Costs

Other operational costs could include printing, postage, food transportation costs, subscriptions, training and/or travel costs, etc. Costs for these services require prior approval or specific prior written approval from the State Agency, depending on the type and nature of the services to be purchased.

(a) Miscellaneous Food Service:

- Enter a description of the type of cost under the Description Column
- Enter the total monthly cost under the Monthly Cost Column
- Enter the number of months the cost will be incurred under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Other Operational Costs paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

(b) Annual Mileage for CACFP Food Transportation Costs and Staff Training

Mileage logs must be maintained per FNS 796-2 Rev.4 VIII I 39(c)

- Click on the box associated with the Sponsor Certification Statement
 - Select from the drop down options

Begin by determining the Institution's approved mileage reimbursement rate. If it is different than the federal rate (cannot be higher than federal rate), enter it in the Mileage Reimbursement Rate box. If it is the same as the federal rate:

- Enter the position or title of the person who will be incurring the mileage under the Position/Title Column

- Enter the estimated miles to be driven in the Total Miles Column
- The Mileage Reimbursement Column will automatically populate
- Enter the number of months the cost will be incurred under the Number of Months Column
- The Monthly Total Cost to CACFP and Annual Cost to CACFP Columns will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all staff who will be participating in food transportation
- The Section Total box at the bottom of the table, will automatically populate

9. Facility and Utilities Costs

A percentage of operating food service facility costs can be paid with CACFP funds. Operating food service facility costs for leased spaces can include rent or lease expenses, and utilities not included in rent or lease agreements, etc. Copies of lease or rental agreements must be submitted with the budget.

An institution may not claim in its budget for CACFP reimbursement, a rental fee for space, when the building is owned by the institution; however, the institution may be able to claim depreciation. An institution cannot claim depreciation and a lease fee for the same space. The cost of an owned building can be depreciated using 30-year straight line depreciation or the depreciation method used and accepted for purposes of reporting to the IRS. The acquisition cost upon which depreciation is based must exclude the cost of land. A copy of the depreciation schedule used must be provided for owned buildings.

Costs associated with less-than-arms-length lease arrangements are limited to depreciation only and require specific prior written approval. The [“Less than arm’s length rental”](#) template must also be completed. Documentation must be provided that supports the property acquisition cost and value of land used for Less than arm’s length rental calculation and that supports the square footage used in the allocation.

(a) Percent of Facility Expenses Allocable to CACFP through Food Service Operations

- Enter the number of weeks per year the center is active in CACFP in the How many WEEKS PER YEAR is the center active in CACFP? Column (If more than one site use an average for all sites)
- Enter the number of hours per week the center is open in the How many HOURS PER WEEK is the center open? Column (If more than one site use an average for all sites)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites)
- Enter the square footage of the kitchen that is used for CACFP in the Kitchen(s) Column. (If more than one site use an average for all sites)

- Enter the hours per week the kitchen square footage is used in the Hour per Week Used for CACFP Food Service Column
- Enter the square footage of the food storage area that is used for CACFP in the Food Storage(s) Column. (If more than one site use an average for all sites).
- Enter the hours per week the food storage area is used in the Hour per Week Used for CACFP Food Service Column.
- Enter the square footage of any other area that is used for CACFP in the Other* Column
- Enter the hours per week the other area is used in the Hour per Week Used for CACFP Food Service Column
- If other areas are used, please complete the Describe 'Other' Include name of area(s) and how it's used for CACFP operation Box
- The Percent of Facility Expenses Allocable to CACFP box will automatically populate

(b) Facility Costs

- In the Type Column, click on the highlighted box and select from the drop down options
 - Depreciation may be used by institutions whom own their building(s)
 - Rental/Lease can be used by institutions who do not own their building(s)
 - Less than arm's length transactions are limited to depreciation – see calculation on less than arm's length rental template
- Enter the name of the lessor/owner of the property in the Lessor Column
- Enter the monthly cost in the Monthly Cost Column
- The Annual Cost Column will automatically populate
- The % Allocated to CACFP Column will automatically populate
- The Total Cost to CACFP Column will automatically populate
- Indicate if utilities or other items are included in the lease. If utilities/other items are included in the lease DO NOT include them in 9(c).
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Facility Costs paid with CACFP funds
- The Section Total Box will automatically populate

(c) Utilities

Utilities such as electricity, gas, water, sewer, etc. which are not included in the facility lease or rental agreement are allowed with State Agency prior approval. If the utilities are shared with another Program, the costs will be allocated as applicable. Provide copies of invoices used to estimate annual cost.

- For each Utility type, Enter the name of the company providing the service in the Company Column
- For each Utility type, Enter the total monthly cost in the Monthly Cost Column
- For each Utility type, the following columns will automatically populate:
 - The Annual Cost Column
 - The % Allocated to CACFP Column

- The Total Cost to CACFP Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total Box will automatically populate

Schedule B Total Cost to CACFP

This box will automatically populate with the values entered above. The bottom of the box will include the Total Operational Costs to CACFP.

Schedule C

Administrative Costs for CACFP

Administrative costs are costs incurred in planning, organizing, and managing the food service labor, supplies, monitoring labor, and mileage, travel, and training costs. Administrative costs charged to the Program cannot exceed the lesser of 15% of projected annual CACFP reimbursement or net allowable administrative costs.

10. Labor costs-Employees with CACFP Administrative Duties

Labor costs include compensation paid for administrative labor needed for: planning, organizing and managing the food service operation; completing CACFP application materials, compiling daily records to complete monthly consolidated reimbursement claims, staff training, preparing monthly reimbursement claims, and monitoring.

Records that must be maintained include payroll records and job descriptions for all positions that have CACFP duties.

- Enter the Position or Title of the employees in the Position/Title Column
- Enter the number of employees in the listed position in the Number of Personnel in Position Column
- Enter the number of months the position has CACFP duties in the CACFP Program Months Column
- Enter the amount the employee is paid per hour in the Hourly Wage Column
- There are two sub columns under the Avg. Hours per Month* Column
 - Enter the total number of hours worked per month in the Total Column,
 - Enter the total number of hours worked per month completing CACFP administrative and monitoring duties in the CACFP Administrative Duties and Monitoring Column
- There are two sub columns under the Avg. Benefits Paid per Month
 - Enter the dollar amount of benefits paid to the position in the by Sponsor Column
 - The benefits paid to the position in the by CACFP Column will automatically populate
 - Example: If total benefits paid to a position e.g. monitor is \$100 and there are 2 monitors –enter \$100 – the formula will multiply benefits by number of personnel in the position

- There are two sub columns under the Total Cost to CACFP Column
 - Do not enter information in either sub column
- Both the Monthly and Annual Columns will automatically populate
- The Section Total box at the bottom of the table, will automatically populate
- Enter detailed description of the CACFP administrative duties performed by each employee in the Specific CACFP Job Duties Column
- Repeat these instructions for all positions that are paid with CACFP funds

11. Contracted Services

Contracted services include all costs associated with a contract. Examples include accounting services, payroll services, administrative equipment rental or maintenance, independent contractors or other similar services. Contracted service costs require specific prior written approval from the State Agency. Copies of contracts must be provided.

- Enter the type of contracted service under the Contracted Service Column
- Enter the name of the provider of the contracted service under the Provider Column
- Enter the total monthly cost for the contracted service under the Monthly Cost Column
- Enter the number of CACFP months the contracted service is used under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the contracted service cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Contracted Services paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

12. Other Administrative Costs

Other administrative costs could include printing, postage, photocopies, administrative supplies, monitoring transportation costs, training and/or travel costs, etc. Costs for these services require prior approval or specific prior written approval from the State Agency, depending on the type and nature of the services to be purchased. Itemized receipts, invoices, and other records must be kept to document these costs.

(a) Miscellaneous Office Expenses:

This includes administrative supplies with a useful life of one year or less that is generally consumed in use. For example, general office supplies (pens, pencils, notepads), computer supplies, copier supplies (paper, toner), printer supplies (ink cartridges, paper). This would also include miscellaneous costs associated with printing, postage, and photocopies.

- Enter a description of the type of cost under the Description Column
- Enter the name of the provider under the Provider Column
- Enter the total monthly cost under the Monthly Cost Column
- Enter the number of months the cost will be incurred under the CACFP Program Months Column
- The Annual Cost Column will automatically populate
- Enter the percent of the cost that can be allocated to CACFP in the % Allocated to CACFP Column
- The Total Cost to CACFP Column will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Other Administrative Costs paid with CACFP funds
- The Section Total box at the bottom of the table, will automatically populate

(b) Annual Mileage, Lodging, and Meals for Monitoring and Other Administrative Support: This includes CACFP administrative travel expenses funded with CACFP funds. Examples would be travel related to CACFP monitoring, technical assistance visits, on-site center training. NOTE: Travel to Maine CACFP trainings should be included under the operating tab.

Mileage logs must be maintained per FNS 796-2 Rev.4 VIII I 39(c)

- Click on the box associated with the Sponsor Certification Statement
 - Select from the drop down options

Begin by determining the Institution's approved mileage reimbursement rate. If it is different than the federal rate, enter it in the Mileage Reimbursement Rate box. If it is the same as the federal rate:

- Enter the position or title of the person who will be incurring the mileage under the Position/Title Column
- Enter the estimated miles to be driven in the Total Miles Column
- The Mileage Reimbursement Column will automatically populate
- Enter the number of months the cost will be incurred under the Number of Months Column
- The Monthly Total Cost to CACFP and Annual Cost to CACFP Columns will automatically populate
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all staff who will be incurring monitoring mileage costs
- The Section Total box at the bottom of the table, will automatically populate

(c) Conference Travel/Training costs:

Projected annual CACFP expenses incurred for attendance of any employee listed in the administrative labor section at any CACFP workshops, conferences, trainings and meetings.

Specific Prior Written Approval is required for allocated share of travel & registration fees when CACFP is only a portion of a larger child & adult care related agenda.

- In the Conference/Class Column click on the highlighted box and select from the drop down options
 - If other is selected a detailed sponsor explanation will be required
- Enter the date of arrival at the conference
- Enter the date of departure from the conference
- Enter the number of nights lodging
- Enter the Registration fee
- Enter Airfare costs
- Enter the Total Lodging cost of the conference
- Enter the cost of meals
- The Cost to CACFP per Employee Column will automatically populate
- Enter the number of employees who will be attending the conference
- Enter the total miles to be driven
- Enter the Car Rental cost
- The Total Cost to CACFP Column will automatically populate
- Provide a detailed explanation in the Sponsor Explanation Column

13. Facility and Utilities Cost

A percentage of administrative facility costs can be paid with CACFP funds. Administrative facility costs can include rent or lease expenses, and utilities not included in rent or lease agreements, etc. Copies of lease or rental agreements must be submitted with the budget. Note this section is for the allocation of administrative facility expenses only, facility expenses related to the operation of the food service should listed on the operation tab. For example, this section would be used by a sponsoring organization of centers that rents office space for its operation of the CACFP.

An institution may not claim in its budget for CACFP reimbursement, a rental fee for space, when the building is owned by the institution; however, the institution may be able to claim depreciation. An institution cannot claim depreciation and a lease fee for the same space. The cost of an owned building can be depreciated using 30-year straight line depreciation or the depreciation method used and accepted for purposes of reporting to the IRS. The acquisition cost upon which depreciation is based must exclude the cost of land. A copy of the depreciation schedule used must be provided for owned buildings.

Costs associated with less-than-arms-length lease arrangements are limited to depreciation only and require specific prior written approval. The “Less than arm’s length rental” template must also be completed. Documentation must be provided that supports the property acquisition cost and value of land used for Less than arm’s length rental calculation and justification for the square footage used.

(a) Percent of Facility Expenses Allocable to CACFP through Administration

- Enter the number of weeks per year the center is active in CACFP in the How many Weeks Per Year is the center active in CACFP? Column. (If more than one site use an average for all sites.)
- Enter the number of hours per week the center is open in the How many Hours Per Week is the center open? Column. (If more than one site use an average for all sites.)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites.)
- Enter the square footage of the office that is used for CACFP in the Office Column. (If more than one site use an average for all sites.)
- Enter the hours per week the office square footage is used in the Hour per Week Used for CACFP Food Service Column.
- Enter the square footage of any other area that is used for CACFP in the Other* Column.

(b) Facility Costs

- In the Type Column, click on the highlighted box and select from the drop down options
 - Depreciation may be used by institutions whom own their building(s)
 - Rental/Lease can be used by institutions who do not own their building(s)
 - Less than arm's length transactions are limited to depreciation – see calculation on less than arm's length rental template
- Enter the name of the lessor/owner of the property in the Lessor Column
- Enter the monthly cost in the Monthly Cost Column
- The Annual Cost Column will automatically populate
- The % Allocated to CACFP Column will automatically populate
- The Total Cost to CACFP Column will automatically populate
- Indicate if utilities or other items are included in the lease. If utilities/other items are included in the lease DO NOT include them in 13(c).
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- Repeat these instructions for all Facility Costs paid with CACFP funds
- The Section Total Box will automatically populate

(c) Utilities

Utilities such as electricity, office phone system, internet, etc. which are not included in the office lease or rental agreement are allowed with State agencies prior approval. If the utilities are shared with another Program, the costs will be allocated as applicable.

- For each Utility type, Enter the name of the company providing the service in the Company Column
- For each Utility type, Enter the total monthly cost in the Monthly Cost Column

- For each Utility type, the following columns will automatically populate:
 - The Annual Cost Column
 - The % Allocated to CACFP Column
 - The Total Cost to CACFP Column
- Enter an explanation or any clarifying information in the Sponsor Explanation Column if additional information is required
- The Section Total Box will automatically populate

Schedule C Total Cost to CACFP

This box will automatically populate with the values entered above. The bottom of the box will include the Total Administrative Costs to CACFP.

Summary

Annual CACFP Budget Summary

The Sponsor Name, Agreement Number, Date, Number of Sites, % of Income Spent on Food, Admin Costs Paid with CACFP funds, Maximum CACFP Allowable for Admin, and CACFP Funded Admin % fields will automatically populate.

The remaining information contained in the budget summary table is automatically populated and is a compilation of all information entered in previous sections.

Other Budget Related Templates

The below may be required for submission along with the budget but are separate templates outside of the Annual CACFP Budget Form.

Specific Prior Written Approval

Include any items for which you are requesting specific prior written approval. See tab “Costs Req Specific Approval” for a listing of costs requiring additional approvals. This listing is taken directly from FNS Instruction 796-2, Exhibit I.

- Enter the Line Item Number Associated with the Request
- Enter a Description of the Request
- Provide an Explanation of the Request
- Click on the box associated with the Sponsor Acknowledgement Statement
- Select from the drop down options Disclosures

Disclosures of Related Party Transactions and/or Less than arm’s length Transactions

Include any items that require disclosure. Sponsors must disclose any related-party or less-than-arms-length expenditures. This includes contracts, agreements, leases, and transactions. Additionally, any ownership interests in equipment, supplies, or facilities must be disclosed.

Failure to disclose required information will result in the disallowance of the cost and may

subject the institution, its principals, employees, and others to the administrative and legal recourse available to Maine CACFP and FNS.

- Enter the Line Item Number associated with the Disclosure
- Enter a Description of the Disclosure
- Provide an Explanation of the Disclosure
- Click on the box associated with the Sponsor Acknowledgement Statement
 - Select from the drop down options

Note: Complete "Less Than Arm's Length Rental" template if you have a facility less than arm's length rental expense in your CACFP budget

"Less than arm's length rental" Calculation

Costs associated with less-than-arms-length facility lease arrangements are limited to depreciation only and require specific prior written approval. Allowable space and facilities lease costs are limited to the amount that results from applying 30-year life expectancy to the property's acquisition cost less the value of land.

Calculation of Annual Depreciation

- Enter the acquisition cost of the property
- Enter the value of the land
- Depreciable Value and Annual Depreciation will automatically calculate

Documentation must be provided that supports the property acquisition cost and value of land used and justification for the square footage used.

Allocation of Facility Cost to CACFP

- Enter the number of weeks per year the center is active in CACFP in the How many WEEKS PER YEAR is the center active in CACFP? Column (If more than one site use an average for all sites)
- Enter the number of hours per week the center is open in the How many HOURS PER WEEK is the center open? Column (If more than one site use an average for all sites)
- Enter the square footage of the center that is used for CACFP in the Center(s) Column. (If more than one site use an average for all sites)
- Enter the square footage of the kitchen that is used for CACFP in the Kitchen(s) Column. (If more than one site use an average for all sites)
- Enter the hours per week the kitchen square footage is used in the Hour per Week Used for CACFP Food Service Column
- Enter the square footage of the food storage area that is used for CACFP in the Food Storage(s) Column. (If more than one site use an average for all sites).
- Enter the hours per week the food storage area is used in the Hour per Week Used for CACFP Food Service Column.

- Enter the square footage of any other area that is used for CACFP in the Other* Column. Use this column for administrative office space that is being allocated to CACFP.
- Enter the hours per week the other area is used in the Hour per Week Used for CACFP Food Service Column
- If other areas are used, please complete the Describe 'Other' Include name of area(s) and how it's used for CACFP operation Box
- The Percent of Facility Expenses Allocable to CACFP box will automatically populate

Percentage of Facility Expenses Allocable to CACFP and Annual Depreciation Expenses Allocable to CACFP will automatically populate.

State Agency-

- Verify items and amounts listed in the budget match Specific Prior Written Approval Form.**
- State Agency- Check Management Plan #4 – Is there a difference from last year? If yes, include how many homes the Sponsor plans to add this year (Homes x Rate)**
 - Does the institution plan to purchase equipment such as a new copier, computer, etc.?
 - Does the institution plan to hire new staff or increase wages for current staff?
 - Consider all increases and decreases in CACFP income and expense and project dollar amounts based on historical financial records.
- For each DCH budget verify the Sponsor does not have carryover.**

Checklist Page

The checklist page is where institutions must upload documents that are applicable to the type(s) of site(s) participating in the CACFP. The following instructions outline the purpose of each form and explain which forms apply to the various types of institutions. Multiple page documents must be uploaded as 1 document; there is no way to upload documents 1 page at a time. The documents on the checklist page may change so they may not be listed in the order that they appear in CNPweb.

CACFP Agreement: This document details the rights and responsibilities of the institution as well as the rights and responsibilities of the CACFP State Agency. Start by clicking on the blue word document under the column titled "Downloads"; this will open the document. Next, save the document to a place where it can easily be found (such as the desktop of your computer). Institutions must fill in the required information on the first page of the document to identify their institution and sign and date the next to last page of the document agreeing to the stipulations outlined in the document (electronic signatures are acceptable, there is no need to

print and sign the document). Once the identifying information and electronic signature and date have been entered, save the changes, and close the document. Click on the light blue box containing an upward pointing arrow under the column titled “Action”; choose “browse” and choose “desktop” (if the desktop is where the document is saved) and click on the document to upload it to the checklist page. Read the entire document carefully before signing; institutions cannot agree to terms that have not been read. **Every institution must upload the entire CACFP Agreement, not just the pages that have been completed with institution information and a signature.** *State Agency- Save new sponsor CACFP Agreements in p:drive/filing cabinet*

DCH Service Area Policy: A DCH Sponsor is not obligated to take on everyday care home that inquiries about joining CACFP. If the DCH Sponsor is not going to accept all providers in their self-designated county, then they must write up the parameters of their business and provide a clear definition of their service area and justification (staffing/distance etc.) **This applies ONLY to sponsors of family daycare home providers.**

Proof of CACFP Training: Upload the most recent dated sign-in sheet and agenda showing the seven required topics covered: Civil Rights (everyone and their immediate supervisor), Point of Service Meal Counts, Meal Pattern, Record Keeping, Claim Review, Claim Submission, and Reimbursement Systems. This is specifically “In-House” training that the sponsor conducts with staff regarding their policies and procedures on this topic. This **does not include** trainings provided by the state agency. Anyone with CACFP duties is required to be trained prior to taking on those duties. **Required for all CACFP programs. DCH Sponsors should upload sign-in sheets for Staff and Providers.** *State Agency- Make sure staff listed in Budget are included in the CACFP training documentation.*

Non-Pricing Free-Reduced Policy Statement: New applicants must download, save, complete, and upload this document using the steps that were used to submit the CACFP Agreement (outlined in the instructions for Line 1). Complete the document by entering the name of the institution in the 2 blank spaces provided in the first portion of the form. If the institution does not sponsor family day care homes, check the N/A box. If the institution does sponsor family day care homes, complete the second section of the document by entering the name of the institution in the blank space. **Institutions currently participating in the CACFP do not have to submit this document; each institution is required to submit the policy statement ONLY ONCE (when they first apply to participate in the CACFP), not when they are submitting the agreement for the new year.**

Civil Rights Pre-Award Survey: New applicants must download, save, complete, and upload this document using the steps that were used to submit the CACFP Agreement (outlined in the instructions for Line 1). Complete the document by entering the towns that are served by your institution (the towns where children and adults receiving care reside). Do not enter any information in the race and ethnicity portion of page 1. Answer the questions on page 2 and sign and date the document, then follow the steps to upload to the checklist page. **Institutions currently participating in the CACFP do not have to submit this document; each institution is**

required to submit the Civil Rights Pre-Award Survey ONLY ONCE (when they first apply to participate in the CACFP), not when they are submitting the agreement for the new year.

Disclosure Guidance: Download, save and upload; institutions agree to follow disclosure guidance by uploading the document. Read and refer to this document if disclosure questions arise. **Every institution must upload the entire Disclosure Guidance document.**

Household Contact Policy: Download, save and upload; institutions agree to utilize a household contact policy by uploading the document. Institutions may create their own household contact policy and upload their own policy as long as it contains all of the same information that is included in the policy provided by the CACFP State Agency. **Every institution except independent sites, Adult Day Service sites, At-Risk sites and Emergency Shelters must upload the entire Household Contact policy. *State Agency- Sponsoring Organizations must reupload current Household Contact Policy on “Fine-tooth comb” year.***

Milk Requirements: Download, save and upload; institutions agree to follow milk requirement guidance by uploading the document. Read and refer to this document if milk requirement questions arise. **Every institution must upload the Milk Requirements document.**

Organizational Chart: Upload the institution’s organizational chart; the chart must show the chain of command for all positions within the entire organization. **Every non-profit institution must upload the organizational chart. *State Agency- Sponsoring Organizations must reupload current Organizational Chart on “Fine-tooth comb” year.***

Field Trip / Sports Team Schedules: At-Risk sites must upload a field trip and/or sports team schedule if the At-Risk site is located in a school and the students participating in the At-Risk program are sometimes fed when they are on trips related to school activities. **School Food Authorities operating At-Risk after school programs must upload these schedules; this does not apply to other types of CACFP entities.**

Childcare or adult day site license(s) or Health & Safety Checklist for At Risk or legal unregulated DCHs:

Licenses – Institutions must upload a copy of their childcare and/or adult day site license. This also applies to licensed Emergency Shelters. **Every institution (except DCH Sponsors) must upload copies of all licenses. *State Agency- Verify license on Child Care Choices website: <https://www.childcarechoices.me/>***

OR

Health & Safety Checklist – Sponsors of unlicensed At-Risk sites and legal unregulated day care home providers must inspect these facilities to determine that they meet health & safety requirements. The health & safety checklist must be completed annually and uploaded at the time of application and reapplication. **This applies ONLY to**

sponsors of unlicensed At-Risk sites and legal unregulated (unlicensed) family day care home providers.

Unaffiliated Center Agreement: To be completed by the Sponsoring Agency and the Unaffiliated Center/Site (not a legal entity of the Sponsoring Agency). Sponsor must upload a signed copy of the agreement for each unaffiliated center it has under its sponsorship. **This applies ONLY to sponsor of unaffiliated centers/sites.**

501(c)(3): Non-profit institutions are not always 501(c)(3) institutions. Non-profit means the entity, usually a corporation, is organized for a non-profit purpose. 501(c)(3) means a non-profit organization that has been recognized by the IRS as being tax-exempt by virtue of its charitable programs. Tax-exemption is the result of a non-profit organization being recognized by the IRS as being organized for any purpose allowable under 501(c)(3) – 501(c)(27). **Non-profit 501(c)(3) institutions ONLY must upload a copy of the 501(c)(3) letter issued by the IRS.** *State Agency-Save new sponsor 501(c)3 in p:drive/filing cabinet*

Outside Employment Policy: Institutions that sponsor multiple facilities (family day care homes and/or centers) must upload an outside employment policy. The policy should detail any restrictions placed on employees of the institution in regard to working an additional job while employed by the institution. If there are no restrictions to employees working an additional job (e.g. at a competitor's child care center or babysitting for enrolled children when the center is closed, etc.) the outside employment policy must state that there are no restrictions to outside employment. **Every institution except independents (those institutions with only 1 site participating in the CACFP) must upload their outside employment policy.** *State Agency-Sponsoring Organizations must reupload current Outside Employment Policies if they change or during a "Fine-tooth comb" year.*

Press Release for Adult Day Sites, Child Care Centers and OSHCCs: The press release for these types of institutions includes the current income guidelines. Every institution with a CACFP agreement with the State Agency must complete the prototype press release to include the name, address, and phone number of their institution. The form must be dated and include the name of the local newspaper(s) to which the press release is submitted. Every institution is required to annually submit the completed press release to a local newspaper; you do not have to pay to have the press release published, nor do you have to be concerned if it is not published. The institution's obligation is met by submitting the completed press release to a newspaper and uploading it into CNPweb. **Every Independent Adult Day Site and Adult Day Site Sponsor, Independent Child Care Center and Child Care Center Sponsor and Independent Outside School Hours Child Care and OSHCC Sponsor must upload this press release.**

Press Release for At Risk Sites, Emergency Shelters, and Family Day Care Home Sponsors: The press release for these types of institutions does not include income guidelines. Every institution with a CACFP agreement with the State Agency must complete the prototype press release to include the name, address, and phone number of their institution. The form must be dated and include the name of the local newspaper(s) to which the press release is submitted.

Every institution is required to annually submit the completed press release to a local newspaper; you do not have to pay to have the press release published, nor do you have to be concerned if it is not published. The institution's obligation is met by submitting the completed press release to a newspaper and uploading it into CNPweb. **Every Independent At Risk Site and At Risk Site Sponsor, Independent Emergency Shelter and Emergency Shelter Sponsor and Family Day Care Home Sponsor must upload this press release.**

Written Standards of Conduct: All institutions must upload their written standards of conduct for persons making purchases with CACFP funds. Download the word doc to see the general outline of what information is required and develop written standards of conduct that apply specifically to your institution. *State Agency- Sponsoring Organizations must reupload current Written Standards of Conduct if they change or during a "Fine-tooth comb" year. 2CFR 200.318(c)1*

Pre-Approval Visit Documentation: Completed by the State Agency before approving a sponsor for participation in CACFP. **For State Agency Use Only**

CNPWeb User Access Annual Certification Form: All institutions must review the list of approved CNPWeb Users for their agency and have this form completed and uploaded. The form must be signed by the CACFP Authorized Representative. The Authorized Representative is agreeing to ensure that the list of CNPWeb Users is updated as needed.

Budget Documents:

Annual Center Budget Form:

The Annual Center Budget is to be completed annually by the sponsoring organization. There is an excel document available for download on the checklist tab. Complete each section that is applicable to your organization. Provide explanations for all budget items that require additional information. Once complete, the excel spreadsheet should be uploaded on the checklist tab for approval. **There is a pdf document on the Annual Center Budget checklist line titled "Procedures for the Annual CACFP Center Budget Form", this document provides step-by-step instructions on how to complete the budget and other Maine CACFP templates that may be required to be submitted as part of the budgeting process.** *State Agency- This budget should not be approved until all applicable/required budget uploads/templates are completed and uploaded into appropriate locations on the checklist tab.*

Annual DCH Budget Form:

The Annual DCH Budget is to be completed annually by the sponsoring organization. There is an excel document available for download on the checklist tab. Complete each section that is applicable to your organization. Provide explanations for all budget items that require additional information. Once complete, the excel spreadsheet should be uploaded on the checklist tab for approval. **There is a pdf document on the Annual DCH Budget checklist line titled "Procedures for the Annual CACFP DCH Budget Form", this document provides step-by-**

step instructions on how to complete the budget and other Maine CACFP templates that may be required to be submitted as part of the budgeting process. *State Agency- This budget should not be approved until all applicable/required budget uploads/templates are completed and uploaded into appropriate locations on the checklist tab.*

Reimbursement Calculator:

As part of the Center budget, all Center sponsors must use the [Estimated Annual Food Program Reimbursement Worksheet](#) to estimate the CACFP reimbursement. The worksheet should be completed and uploaded onto the checklist tab for approval.

Specific Prior Written Approval: Some budget line items require "Prior Approval" or "Specific Prior Written Approval" from the State Agency/FNS . See separate ["Specific Prior Written Approval"](#) template "Costs Req Specific Approval Tab" for a listing of costs that require "Specific Prior Written Approval". If a line item requires "Specific Prior Written Approval" you must complete the "Specific Prior Written Approval" template. To request Specific Prior Written Approval, download the form from the checklist line, complete the form and upload onto the checklist tab for approval.

Specific Prior Written Approval Letter: The CACFP State Agency will review the "Specific Prior Written Approval" (SPWA) uploaded by institutions that are requesting specific prior written approval for budget items. Once the requests have been reviewed, the State Agency will write a letter approving or disallowing each request included in the SPWA. Approval of the budget is granted with approval of the budget document, but approval of SPWA items is granted ONLY through the approval letter that is uploaded by the CACFP State Agency. **Every institution that requests specific prior written approval for budget items should keep checking the checklist tab in CNPweb until the Approval letter is uploaded by the State Agency. These institutions must then review the letter before expending the money budgeted for these items; items that are disallowed must be removed from the budget by submitting a revised budget document.**

Schedule of Federal Awards: Institutions that receive Federal funds to administer several different programs (i. e. fuel assistance, housing, CACFP, Head Start, etc.) should upload a Schedule of Federal Awards showing the amount of funding that will be received from each source. **This applies ONLY to institutions with a Schedule of Federal Awards.**

Food Cost Justification: Sponsors must provide methodology used to estimate purchased food cost. Example: Copy of a completed [CACFP Financial Tracking Workbook](#) for the previous agreement year.

Small Equipment Inventory/Allocation Plan:

- 1) Inventory list with all equipment with a useful life of more than a year that were funded with CACFP funds.
- 2) Copy of all equipment lease or rental agreements
- 3) Allocation percentage - provide the rationale used to support the allocation percentage used.

Capitol Equipment Inventory/Allocation Plan:

- 1) Inventory list with all equipment with a useful life of more than one year that were funded with CACFP funds.
- 2) Copy of all equipment lease or rental agreements
- 3) Allocation plan: the rationale used to support the allocation percentage used.

Non-Food Supply Justification/Allocation Plan:

- 1) Methodology used to arrive at estimated amount.
- 2) Allocation percentage: the rationale used to support the allocation percentage used.
Example: Copy of a completed [CACFP Financial Tracking Workbook](#) for the previous agreement year.

Job Description Supplemental Form:

During budget training we received feedback that changing job descriptions can be incredibly difficult for some organizations. To assist with this issue, our office created a "Job Description Supplemental Form" which is designed to be submitted along with the standard job description for your employee(s). This form allows the sponsor to enter the employee(s) assigned duties/time and will calculate the percentages of Non-CACFP/CACFP Food Service/CACFP Admin duties automatically. The one form has the capability to track percentages for up to 25 employees if needed and is available for download/upload on the checklist tab. This form must be completed and uploaded if job descriptions do not allocate Non-CACFP Time from CACFP Foodservice and Admin Time.

Job Descriptions for Staff with Food Service & Administrative Duties: Upload the job descriptions for all positions with CACFP-related duties listed in the Budget (and Management Plan #25 if applicable). Include job descriptions for supervisors of those with CACFP duties and staff members that track financial aspects of the Food Program. Job descriptions for the CEO of non-profit institutions and the owner of for-profit institutions must also be included. **Every institution must upload current job descriptions. Documents must be combined prior to upload.**

Contracted Service Agreements/Allocation Plans- Food Service & Administrative:

- 1) Copy of executed contract for current year.
- 2) Copy of all equipment lease or rental agreements
- 3) Equipment Maintenance Contracts: Upload a copy of every equipment maintenance contract that is paid fully or partially with CACFP funds and has been included in the budget. Institutions that include equipment maintenance contracts in the budget must upload a copy of those contracts.
- 4) Allocation plan - rationale used to support the allocation percentage used.

Food Service Management Company Contract: Institutions that purchase prepared meals and snacks from a Food Service Management Company must have a contract signed and dated by a representative of the institution and a representative of the FSMC. Blank copies of the

contracts can be obtained from the CACFP State Agency. The contracts are renewed annually and must be uploaded every year. Scan and save a copy of the FSMC completed, signed, and dated contract and upload. **ONLY applies to institutions with a contract with a Food Service management Company.**

School Food Authority Contract: Institutions that purchase prepared meals and snacks from a school must have a contract signed and dated by a representative of the institution and a representative of the School Food Authority. Blank copies of the contracts can be obtained from the CACFP State Agency. The contracts are renewed annually and must be uploaded every year. Scan and save a copy of the completed, signed and dated SFA contract and upload the document using the upload. **ONLY applies to institutions with a contract with a School Food Authority.**

Rental/Lease Agreement & Square Footage Justification:

- 1) Copy of all lease or rental agreements
- 2) Support for square footage used in allocation

Less than Arms Length Rental Calculation:

If any budgeted items are "less-than-arms-length" transactions, meaning the institution is doing business with those related by blood, family, business and legal relationships, this must be indicated in the "Sponsor Explanation" column of the budgeted line item. These items may require Specific Prior Written Approval from both the State agency and the USDA. Download the [Less Than Arms-Length Rental Calculation Template](#), complete, and upload to the checklist tab in CNPweb.

Justification for Utilities- Food Service & Administrative:

Upload copies of invoices used to estimate annual cost.

Depreciation Schedule:

Institutions that include equipment depreciation as a CACFP budgeted item must upload a depreciation schedule. The depreciation schedule must detail the amount of depreciation that is applied towards CACFP expense. Upload documentation used in determining annual depreciation or depreciation schedule if not using straight line. **Specific prior written approval is required if not using straight line method.** Any equipment that is not required specifically for the administration of the CACFP cannot be purchased with CACFP funds and should not be included in the budget. If equipment will be used by several different programs within the organization, the cost of the equipment must be allocated across all the programs using the equipment.

Indirect Rate Letter: Indirect costs are organization costs that have been incurred for common or joint objectives necessary to operate the organization and its programs and that are not readily identifiable with a particular project or program. The most common indirect costs include salaries and expenses of executive officers, administrative and accounting staff, depreciation, and the cost to operate and maintain facilities. Organizations that expend Federal funds and allocate and claim indirect costs must negotiate an indirect cost rate with their

cognizant Federal Agency. The cognizant Federal agency is generally the agency that provides the largest amount of direct Federal funds to the organization. When the cognizant agency approves an indirect cost rate, the rate is accepted by other federal agencies to determine the amount of indirect costs that apply to their grants. This applies to non-profit institutions that administer several Federal Programs to aid the community. **Every institution that applies for and receives a Federally Negotiated Indirect Cost Rate must upload the letter.** *State Agency-Sponsor will receive letter annually, if it changes during the year the Sponsor must upload "New Indirect Rate Letter" on checklist tab*

New Indirect Rate Letter: Institutions should upload the indirect cost rate letter (described above) if a new indirect cost rate is issued during the Program year (October through September). If the new indirect cost rate changes any budget line item by more than 15%, institutions must also revise the budget to reflect the change. **Every institution that applies for and receives a Federally Negotiated Indirect Cost Rate that has changed since the start of the Program year must upload the letter.**

Carryover Report: *DCH Sponsors Only

The Carryover Report is a close-out analysis and calculation spreadsheet for sponsors of daycare homes administrative funds. Carryover is due to the State Agency on or before December 1st each year. The State Agency will send out reminder emails to complete the Carryover Report. Once completed and reviewed, the State Agency then reports this information to FNS. Completion of the Carryover Form should not be completed before the Sponsor has submitted their September claim AND all claim revisions for the year- as the total administrative reimbursement for the year must be correct. *State Agency- Use CACFP State Agency Guidance Handbook (pg. 4-7) for carryover process. (P:ChildNutrition/CACFP/Documents/Carryover-All years)*

Carryover Approval- *DCH Sponsors Only:

The proposed carryover expenditures (if allowable) will be approved by the State Agency (SA). The SA will sign and date the form and upload it to CNPweb as approval of the proposed expenditures.

Single Audit Report: All institutions that receive more than \$750,000 annually must upload their most current single audit report that was submitted to the Federal Clearinghouse. **If a Sponsor has not successfully submitted a Single Audit Report for the previous agreement year, the CACFP Application/Renewal will not be approved until the Single Audit Report is submitted.** *State Agency- If a Sponsor uploads the same audit report as the previous agreement year, delete and ask Sponsor to either upload the most current audit or to complete the section of the application that tells the SA the date that the report should be submitted to the FAC (Application #67-70). Enter anticipated date that audit reports will be available into the Single Audit Report Tracking spreadsheet located p:child nutrition/cacfp/documents/single audit information/single audit report tracking spreadsheet. If/when current audit reports are uploaded, read through report to identify if the program had findings related to CACFP and/or financial viability then complete columns in Single Audit Report Tracking spreadsheet regarding*

when the report was uploaded into CNP Web, whether or not the program had findings related to CACFP and/or financial viability, the nature of relevant findings, information regarding if corrective action for relevant findings has been implemented and any additional notes if applicable. Check this list each month during the agreement year and follow up with programs who reported that their single audit report would be ready during the month. Advise them to upload their audit report or revise the sponsor application (questions #67-70) with a new anticipated date that the report will be ready. Make sure to enter revised report dates into the Single Audit Report Tracking spreadsheet if they revise the sponsor application section, Q#67-70. If they upload an audit report, remember to review the report for findings and finish filling out the spreadsheet.

Profit & Loss Statement from Most Current Reconciled Year: The State Agency is required to verify that non-profit institutions are financially viable. A profit and loss financial statement shows the institution's revenues and expenses during a particular period. **Every non-profit institution must upload a document that summarizes revenues and expenses for the most current reconciled year annually.** If the profit and loss statement shows a loss for the year, the institution must provide a statement, explaining how the loss was or will be covered in order to maintain financial viability.

Most Current Income Tax Form 1040 w/schedule C or Form 1120 if incorporated: The State Agency is required to verify that for-profit institutions are financially viable. **Every For-profit institution must upload their most current income tax form annually, including all related forms and schedules.** *State Agency- If the 1040 is not an accurate reflection of the Sponsors current financial status or the sponsor requested a tax extension, the SA can request 4 weeks of all income and expenses. This documentation must be detailed. **Tax documentation is generally more than one page.*