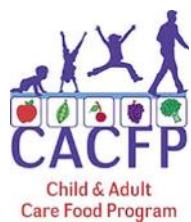




NC CACFP Review Manual for Annual Application Update

State agency use only



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**2020 Annual Application Update Guide
INDEPENDENT CENTERS**



Application Update Documents must be submitted electronically: www.nccares.com

Use this guide as a checklist to ensure you have completed and submitted all required forms into the NCCARES system. Institution use only – this guide does not need to be submitted.

NC CARES Application Packet		
✓	Section	Notes
	Institution Application	Verify information and enter any changes directly into NC CARES.
	Board of Directors/Principals	Verify information and enter any changes directly into NC CARES.
	Institution Budget Detail Institution Budget for Independent Centers (Excel workbook)	<ol style="list-style-type: none">1. Complete the "Institution Budget for Independent Centers" Excel workbook found at: http://www.nutritionnc.com/snp/forms.htm.2. Use information in the Budget Summary to complete the Institution Budget Detail in NC CARES.3. Upload the completed Excel workbook section located in NC CARES Institution <div style="border: 1px solid #ccc; padding: 5px; background-color: #ffffcc;"><p>If you have budget questions, please contact the Finance and Business Team.</p></div>
	Checklist (see lists on following pages)	Upload the documents listed below under Required Checklist Items. These items can be found at http://www.nutritionnc.com/snp/forms.htm .
	Application Packet Notes for Institutions	Check this area for communication from the State agency – check here if your application is returned. Correction requirements are specified here.
	Attachment List	Upload all required documents that are not in the NC CARES Checklist. Be sure to label each document correctly.
	Facility Application	A green approval checkmark will be present upon enrolling in the new year. Facility Applications <i>must</i> be verified and updated, some new information is required.

Required Checklist Items			
Please follow this guide for the documents required for application update.			
✓	Document listed in NC CARES Checklist	Where to find it	Notes
	Attachment F- Contractor Certification Required by NC State Law		Download documents from the NC CACFP website, complete as indicated, and upload into the NC CARES Checklist using the paperclip icon.
	Attachment I - FFATA Data Reporting Requirement <input type="checkbox"/> Active SAM registration from www.sam.gov	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 - Application Update	
	NC CACFP Fact Sheet 2020		

Required Checklist Items (continued)			
✓	Document listed in NC CARES Checklist	Where to find it	Notes
	Management Plan 2020 – including: □ Org Chart □ Policies/Procedures		
	Media Release – Child & Adult Day Care Centers, Outside School Hours Care Centers □ Income guidelines attached <i>or</i> Media Release - Emergency Shelters and At-Risk Afterschool Meals (no income guidelines required)	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 - Application Update	Download documents from the NC CACFP website, complete as indicated, and upload into the NC CARES Checklist using the paperclip icon.
	Institution Training Certification – Independent Centers		
	Certification Regarding Other Publicly Funded Programs (Question 51.1 of Institution Application)		Make sure the correct Media Release is uploaded based on the type of program(s) offered.
	Annual Information Certification for Institutions		The Certification Regarding Other Publicly Funded Programs is listed as List of Publicly Funded Programs on our

Additional Checklist Items for Institution Receiving Catered Meals from Food Service Management Companies (FSMC)			
✓	Required Document	Where to find it	Notes
	CACFP Agreement to Furnish Food Service (Food Service Management Company)	http://www.nutritionnc.com/snp/forms.htm	
	FSMC Attachment A - General Terms and Conditions	CACFP Forms Fiscal Year 2020 – Application Update: Food Service Management Contracts	Download forms from website, complete as indicated, and upload into NC CARES Checklist.
	FSMC Attachment B - Federal Certifications		
	Quotes or Bids – per 2 CFR 226 and FNS 796-2 Rev4 Ex J	Institution's documentation of <i>all</i> of phone quotes, written quotes, and bids including solicitation materials and specifications	Contracts up to \$10,000 may be phone quotes. Contracts \$10,000-\$250,000 require written quotes submitted. Contracts over \$250,000 requires sealed bids and justification of selected contract. Upload copies into NC CARES Checklist.
If you have Procurement standards questions, please contact the Finance and Business Team.			

Additional Checklist Items for Institutions Receiving Catered Meals from School Food Authorities (SFA)			
✓	Required Document	Where to find it	Notes
	CACFP Agreement to Furnish Food Service (School Food Authority)	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 – Application Update: Food Services Management Contracts	Download forms from website, complete as indicated, and upload into NC CARES Checklist. <i>No quotes required for meal contracts with School Food Authorities/Public Schools.</i>
	SFA Attachment A - General Terms and Conditions		
	SFA Attachment B - Certifications		

Attachment List			
The Attachment List in NC CARES is the area in which all required documents not listed in the Checklist should be uploaded. Be sure to upload with the correct document name. Mislabeled items will result in the return of the Application Update to the institution for corrections.			

	Policies and Procedures for Management Plan	Institution's copy of documents	The Management Plan requires many of your organization's Policies and Procedures as attachments. All the Policies and Procedures marked as required in the Management Plan must be uploaded into the Attachment List as part of your institution's Application Packet for 2020.
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Additional Items for 2020			
The Permanent Agreement will be uploaded into NC CARES Attachment List by the State agency once the signed document is received, reviewed, and approved by the State agency.			

The Permanent Agreement is not an Application Update specific requirement and does not require review as part of the update. If it is submitted in the application update, please send a copy of it to CACFPagreement@dhhs.nc.gov . Copy the Program Contact listed in the Institution Application so they are aware of it was sent.			
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	NC CACFP Permanent Agreement for Institutions 2020	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 – Application Update	NC CACFP – Permanent Agreement 5601 Six Forks Road 1914 Mail Service Center Raleigh, NC 27699-1914 Or EMAIL to: CACFPagreement@dhhs.nc.gov
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When reviewing checklist, budget, and attachments, all uploaded documents should be in the correct section, correctly labeled, and cleanly* and accurately completed. Documents should be legible and in correct format. Keep in mind photos may not meet these standards. *no White-out, no cross-outs, and a clean paper (for example, no stains)			
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North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
Child and Adult Care Food Program
2020 Annual Application Update Guide
SPONSORING ORGANIZATIONS



Application Update Documents must be submitted electronically: www.nccares.com

Use this guide to ensure you have completed and submitted all required forms into the NC CARES system.
Institution use only – this guide does not need to be submitted.

NC CARES Application Packet		
✓	Section	Notes
	Institution Application	Verify information and update.
	Board of Directors/Principals	Verify information and update.
	Institution Budget Detail Required Excel Workbooks based on institution type: Sponsoring Organization of Unaffiliated Centers Budget for Sponsoring Organization of Centers Budget for Sponsored Centers Sponsoring Organization of Affiliated Centers Budget for Sponsoring Organization of Affiliated Centers Sponsoring Organization of Day Care Homes Budget for Sponsoring Organization of Day Care Homes Sponsoring Organization of Unaffiliated Centers and Day Care Homes Budget for Sponsoring Organizations of Centers Budget for Sponsored Centers Budget for Sponsoring Organizations of Day Care Homes	<ol style="list-style-type: none">1. Complete the required Excel workbooks listed to the left based on institution type. They can be found on our website under forms: http://www.nutritionnc.com/snp/forms.htm2. Use the summary tab (titled "Budget") to enter required information into the Institution Budget Detail section in N3. Upload all complete attachments in the section located in Budget Detail. <div style="border: 1px solid #ccc; padding: 5px; background-color: #fff;"><p>If you have budget questions, please contact the Finance and Business Team.</p></div>
	Checklist	Upload the documents listed under Required Checklist Items (see lists on following pages).
	Application Packet Notes for Institutions	Check this area for communication from the State agency – check here if your application is returned. Correction requirements are specified here.
	Attachment List	Upload all required documents <i>not</i> listed in the Checklist. Be sure to label each document correctly.
	Facility Application(s)	A green approval checkmark will be present for all of the sponsored facilities upon enrolling in the new year. Facility Applications <i>must</i> be verified and updated, some new information is required.
Each Facility Application must be updated by the Institution every year—check the dates in the application for verification of the update.		

Required Institution Checklist Items Please follow this guide for the documents required for application update.			
✓	Document listed in NC CARES Checklist	Where to find it	Notes
	Attachment F - Contractor Certification Required by NC State Law		
	Attachment I - FFATA Data Reporting Requirement □ Active SAM registration from www.SAM.gov		
	Management Plan for Sponsoring Organizations 2020, including: □ List of current/potential facilities and/or DCH □ Org Chart □ Policies/Procedures		
	Media Release for Sponsoring Organizations of Centers □ Income guidelines attached or Media Release for Sponsoring Organizations of Emergency Shelters, At-Risk After School Care Centers, and Day Care Homes (no income guidelines required)	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 Application Update	Download documents from our website, complete as indicated, and upload into NC CARES Checklist using the paperclip icon.
	NC CACFP Facts Sheet 2020		Make sure the correct Media Release is uploaded based on the type of program(s) offered.
	Institution Training Certification – Sponsoring Organizations		
	Monitoring Plan		
	Certification Regarding Other Publicly Funded Programs (Question 51.1 of Institution Application)		The Certification Regarding Other Publicly Funded Programs is listed as List of Publicly Funded Programs on our website.
	Annual Information Certification for <i>Institutions</i>		
Additional Required Checklist Items for Unaffiliated Facilities			
✓	Items listed in NC CARES Facility Checklist	Where to find it	Notes
	Annual Information Certification for <i>Facilities</i>	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 Application Update	Download documents from our website, complete as indicated, and upload into NC CARES Checklist for Facilities.
	Attachment F - Contractor Certification Required by NC State Law		
Additional Required Checklist Items for Day Care Homes			
✓	Items listed in NC CARES Day Care Home Checklist	Where to find it	Notes
	Annual Information Certification for Facilities	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 Application Update	Download documents from our website, complete as indicated, and upload into NC CARES Checklist for Facilities.
	Attachment F - Contractor Certification Required by NC State Law		

Additional Checklist Items for Facilities Receiving Catered Meals from Food Service Management Companies (FSMC)			
✓	Required Document	Where to find it	Notes
	Agreement to Furnish Food Service (Food Service Management Company)	http://www.nutritionnc.com/sn/p/forms.htm CACFP Forms Fiscal Year 2020 – Application Update Food Service Management Contracts	Download forms from website, complete as indicated, and upload together into NC CARES Checklist. If you have Procurement standards questions, please contact the Finance and Business Team.
	FSMC Attachment A - General Terms and Conditions		
	FSMC Attachment B – Federal Certifications		
	CACFP Invitation to Bid – per 2 CFR 226 and FNS 796-2 Rev4 Ex J	Institution's documentation of all of phone quotes, written quotes, and bids including solicitation materials and specifications.	Contracts up to \$10,000 may be phone quotes. Contracts \$10,000-\$250,000 require written quotes submitted. Contracts over \$250,000 requires sealed bids and justification of selected contract. Upload copies into NC CARES Checklist.
Additional Checklist Items for Institutions Receiving Catered Meals from School Food Authorities (SFA)			
✓	Required Document	Where to find it	Notes
	Agreement to Furnish Food Service (School Food Authority)	http://www.nutritionnc.com/sn/p/forms.htm CACFP Forms Fiscal Year 2020 – Application Update Food Services Management Contracts	No quotes required for School Food Authorities/Public Schools. Download forms from website, complete as indicated, and upload together into NC CARES Checklist.
	SFA Attachment A - General Terms and Conditions		
	SFA Attachment B- Certifications		

Attachment List

The Attachment List is the area in which all required documents not listed in the Checklist should be uploaded. Be sure to upload with the correct document name. Mislabeled items will result in the return of the Application Update to the institution for corrections.

An SO is a non-profit, for-profit or public organization that assumes responsibility for administration of the food program in Affiliated or Unaffiliated Organizations.

Unaffiliated

- One or more day care homes
- A child care center, emergency shelter, at-risk afterschool care center, outside-school hours care center, or adult day care center which is a distinct legal entity separate from the sponsoring organization
- Two or more child care centers, emergency shelters, at-risk afterschool centers, outside-school hours care center, or adult day care centers; or
- Any combination of the above options

Each facility has their own Separate Federal EIN number.

Affiliated

- Any combination of two or more child care centers, at-risk afterschool care centers, adult day care centers or outside-school hours care centers
- Are part of the same legal entity as a sponsoring organization

Each facility has the same Federal EIN number as the Sponsoring Organization

This page of the guide is just to serve as a reminder for institutions to complete the required agreements.

The Sponsoring Organization Agreements are not an Application Update specific requirement and does not require review as part of the update.

Additional Items for 2020			
Sponsoring Organization Agreements (as applicable, if not already completed)			
✓	Required Document	Where to find it	Notes
	Agreement Between Sponsoring Organization & Unaffiliated Center 2020	Emailed to you on May 7, 2019. These are also available on our website.	Per previous instructions in memo emailed May 7, 2019, to all Sponsoring Organizations, complete the appropriate agreement with all unaffiliated centers and/or day care homes, scan and send to SVC_SO_documentation@dhhs.nc.gov .
	Agreement Between Sponsoring Organization & Day Care Home 2020		

Permanent Agreement

The Permanent Agreement will be uploaded into NC CARES Attachment List **by the State agency** once the signed document is received, reviewed, and approved by the State agency.

✓	Required Document	Where to find it	Notes
	NC CACFP Permanent Agreement for Institutions 2020	http://www.nutritionnc.com/snp/forms.htm CACFP Forms Fiscal Year 2020 – Application Update	Complete with signature from Institution's Administrator and either: MAIL to: NC CACFP – Permanent Agreement 5601 Six Forks Road 1914 Mail Service Center Raleigh, NC 27699-1914 Or EMAIL to: CACFPagreement@dhhs.nc.gov

The Permanent Agreement is not an Application Update specific requirement and does not require review as part of the update.

Failure to accurately submit all required documents into NC CARES may delay approval of application update.

When reviewing checklist, budget, and attachments, all uploaded documents should be in the correct section, correctly labeled, and cleanly* and accurately completed. Documents should be legible and in correct format. Keep in mind photos may not meet these standards.

*no White-out, no cross-outs, and a clean paper (for example, no stains)

NC CARES

Institution

Application

Child and Adult Care Food Program **NCDHHS**

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
Details	Application Packet Notes		
View	Application Packet Notes for Institution		
Details	Attachment List		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Facility Application(s)	0	0	0	0	0	0	0

[**< Back**](#) [Submit for Approval](#) [Recommend Approval](#) [Return](#) [Deny](#) [Withdraw Packet](#)

Show Packet History

IMPORTANT NOTE: If the institution application is started but not completed before the end of the current fiscal year (September 30), the institution could possibly lose the ability to file a claim.

Institution Description

Verify the institution's FEIN and DUNS Numbers. If the numbers are not correct, this should be noted in the Application Packet Notes to Institutions when returning the application update. Institutions should be directed to verify the numbers and submit any corrections to the first party reviewer's email address. Any corrections/changes should be submitted to the NC CACFP Program Manager for approval.

Institution Description

FEIN	Type of Agency
56-0576153	Non-Profit Organization

1. Does the institution operate the CACFP in any other state(s)? Yes No
Name(s) of State(s):
2. DUNS Number: 064471134
3. Organization Fiscal Year: Start Date: 01/01/2019 (mm/dd/yyyy) End Date: 12/31/2019 (mm/dd/yyyy)

Addresses

Take note of the physical and mailing addresses, including county, these should match all documents submitted with this application update as well as other places the address may be noted such as on the license or with SAM verification.

Addresses

Physical Address

4. Address Line 1: 119 West 3rd Avenue
- Address Line 2:
5. City: Lexington
6. State: NC Zip: 27292-3023 [USPS Zip Code Lookup](#)
7. County: Davidson (057)

Mailing Address

8. Address Line 1: 119 West 3rd Avenue
- Address Line 2:
9. City: Lexington
10. State: NC Zip: 27292-3023 [USPS Zip Code Lookup](#)
11. County: Davidson (057)

Program Contacts

In this section, there *should* be a list at least two different individuals that are authorized to act on behalf of the institution. The Program Contact and Authorized Individual should to be two different individuals. The Program Contact, Executive Director/Owner, and the Claim Preparer may be the same person.

An administratively capable institution does not have one person completing all tasks. Furthermore, the NC CARES system sends emails to the Program Contact and Authorized Individual.

Program Contact

The Program Contact must be an individual who has been authorized to act on behalf of the Institution.

	Salutation	First Name	Last Name
12. Name:	Mrs.	Jennifer	Fuller Allen
13. Date of Birth:	12/24/1977 (mm/dd/yyyy)		
14. Email Address:	 jen@lexingtonymca.com		
15. Institution Phone Number:	(336) 249-2177	Ext:	Fax:
16. Cell/Alt Phone:	(336) 250-0714		
17. Title:	Senior Director of Programs		

Executive Director/Owner

	Salutation	First Name	Last Name
18. Name:	Mr.	Tony	Sigmon
19. Date of Birth:	12/01/1967 (mm/dd/yyyy)		
20. Email Address:	 tony@lexingtonymca.com		
21. Institution Phone Number:	(336) 249-2177	Ext:	Fax:
22. Cell/Alt Phone:	(704) 678-8355		
23. Title:	CEO		

Claim Preparer

	Salutation	First Name	Last Name
24. Name:	Mrs.	Jennifer	Fuller Allen
25. Date of Birth:	12/24/1977 (mm/dd/yyyy)		
26. Email Address:	 jen@lexingtonymca.com		
27. Institution Phone Number:	(336) 249-2177	Ext:	Fax:
28. Cell/Alt Phone:	(336) 250-0714		
29. Title:	Senior Director of Programs		

Authorized Individual

An Authorized Individual must be an individual who has been authorized to act on behalf of the Institution.

	Salutation	First Name	Last Name
30. Name:	Mrs.	Jennifer	Fuller Allen
31. Date of Birth:	12/24/1977 (mm/dd/yyyy)		
32. Email Address:	 jen@lexingtonymca.com		
33. Institution Phone Number:	(336) 249-2177	Ext:	Fax:
34. Cell/Alt Phone:	(336) 250-0714		
35. Title:	Senior Director of Programs		

Ethnicity Data and Racial Data

Geographic Data can be found on the NC CACFP website at www.nutritionnc.com under CACFP > RESOURCE (this data is valid for the 2020 update year).

The Geographic Data document looks like this image below and includes all 100 counties in North Carolina:

Ethnicity and Race Data by County, July 1, 2017 Census Estimate

for North Carolina Child and Adult Care Food Program

County	Ethnicity		Race					
	Hispanic or Latino	Non-Hispanic	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Total
North Carolina Statewide Total	1,012,588	9,510,898	7,475,950	2,415,824	237,543	371,563	22,606	10,523,486
Alamance County	21,840	144,520	123,708	35,347	3,465	3,515	325	166,360
Alexander County	1,829	36,052	34,395	2,612	358	476	40	37,881
Alleghany County	1,100	10,104	10,643	286	151	117	7	11,204
Anson County	1,083	24,283	12,217	12,400	362	350	37	25,366
Ashe County	1,459	25,794	26,407	389	241	194	22	27,253
Avery County	969	16,750	16,494	876	207	127	15	17,719

Ethnicity Data will be found in the Ethnicity section of this document to identify the number of Hispanic and Non-Hispanic or Latino persons in the institution's county:

Ethnicity Data

Provide the ethnic makeup of the population to be served.

36. Geographic Area (enter whole numbers)

To obtain the racial/ethnic data for your geographical area please click [HERE](#)

Hispanic or Latino: 7

Non-Hispanic or Latino: 93

Ethnicity and Race Data by County, July 1, 2017 Census Estimate

for North Carolina Child and Adult Care Food Program

County	Ethnicity		Race					
	Hispanic or Latino	Non-Hispanic	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Total
North Carolina Statewide Total	1,012,588	9,510,898	7,475,950	2,415,824	237,543	371,563	22,606	10,523,486
Alamance County	21,840	144,520	123,708	35,347	3,465	3,515	325	166,360
Alexander County	1,829	36,052	34,395	2,612	358	476	40	37,881
Alleghany County	1,100	10,104	10,643	286	151	117	7	11,204
Anson County	1,083	24,283	12,217	12,400	362	350	37	25,366
Ashe County	1,459	25,794	26,407	389	241	194	22	27,253
Avery County	969	16,750	16,494	876	207	127	15	17,719

Racial data will be found in the Race section of this document to identify the number of White, Native Hawaiian, African American, Asian, American Indian persons in the institution's county:

Racial Data

37. Geographic Area (enter whole numbers)

To obtain the racial/ethnic data for your geographical area please click [HERE](#)

American Indian or Alaskan Native: 3
Asian: 1
Black or African American: 10
Native Hawaiian or Pacific Islander: 0
White: 86

38. Describe the efforts to be used to assure that minority populations have an equal opportunity to participate.

Feeding program will be advertised in all schools and neighborhoods in the community.

39. Describe efforts to be used to contact minority and grassroots organizations about the opportunity to participate.

Feeding program will be shared with local housing authority, school systems and DSS.

40. List any Federal agencies currently providing financial support to the Institution.

SFSP program currently operating

41. Has the Institution ever been found to be in noncompliance by those Federal agencies?

Yes No

42. Describe your procedure to collect and maintain ethnic and racial data of participants enrolled in participating facilities on an annual basis.

By Observation

Ethnicity and Race Data by County, July 1, 2017 Census Estimate

for North Carolina Child and Adult Care Food Program

County	Ethnicity		Race					Total
	Hispanic or Latino	Non-Hispanic	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	
North Carolina Statewide Total	1,012,588	9,510,898	7,475,950	2,415,824	237,543	371,563	22,606	10,523,486
Alamance County	21,840	144,520	123,708	35,347	3,465	3,515	325	166,360
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Anson County	1,083	24,283	12,217	12,400	362	350	37	25,366
Ashe County	1,459	25,794	26,407	389	241	194	22	27,253
Avery County	969	16,750	16,494	876	207	127	15	17,719

Racial Data

35. Geographic Area (enter whole numbers)

To obtain the racial/ethnic data for your geographical area please click [HERE](#)

American Indian or Alaskan Native:

Asian:

Black or African American:

Native Hawaiian or Pacific Islander:

White:

You may notice this link under question 35 which links to the US Census. **We highly recommend institution's NOT use this link.** Use the document found on the NC CACFP website under resources.

The next questions are worded similarly and can therefore be confusing. One of the key words in these two questions is “describe”, which is different than “list” and requires detailed wording. Note: There is a 40 word limit in each of these text boxes.

38. Describe the efforts to be used to assure that minority populations have an equal opportunity to participate.

These are examples of acceptable answers regarding efforts to assure **equal opportunity**:

“The Annual Media Release was sent to the local radio station to be shared. Information about our program and CACFP is shared in more than one language and communication types, as needed.”

“We have an extremely diverse staff including Spanish speaking, sign language fluent, Mmong speaking and African American. All promote our organization to the entire community through word-of-mouth.”

“Directors have applications available in English & Spanish at each center. Media releases are placed in local newspapers such as the New Bern Sun Journal & Jacksonville Daily News, yellow pages, magazines, and billboards throughout the County.”

39. Describe efforts to be used to contact minority and grassroots organizations about the opportunity to participate.

These are examples of acceptable answers regarding **efforts used to contact grassroots organizations**:

“In January and July we provide handouts for distribution to participants of area faith-based communities, housing developments, parks and recreation, schools, YMCA intervention programs, social service and WIC offices, and food pantries.”

“Our program reaches out to such organizations through the local newspaper and social media. We also have an extremely diverse staff who reaches out through word of mouth to the minority and grassroots organizations of which they are a part.”

“Fliers are mailed/mailed annually to centers and grass root organizations. Also information is made available via various day care associations about program benefits.”

40. List any Federal agencies currently providing financial support to the Institution.

SFSP program currently operating

The institution will need to list any FEDERAL Agencies (not state or local) currently providing financial support. If there are no federal agencies currently providing financial support, the institution will have to type "N/A" - they can not leave this blank.

41. Has the Institution ever been found to be in noncompliance by those Federal agencies?

Yes No

The institution will Choose Yes or No to indicate if it has been in noncompliance with any FEDERAL programs

42. Describe your procedure to collect and maintain ethnic and racial data of participants enrolled in participating facilities on an annual basis.

By Observation

Use the drop-down options to select an answer this question

Note: There are 3 options in the drop-down menu; however options a and b are the only acceptable choices for programs serving children. Option c is only acceptable for programs serving adult participants.

- a. By Observation
- b. Through Parent or Guardian
- c. Participant

General Questions

43. Does the Institution subcontract for any CACFP functions?

Yes No

44. If yes, describe:

General Questions

If an institution pays a company or individual to take care of CACFP functions for their organization, such as meal preparation or filing claims, they would indicate *yes* to this question and describe which functions are being contracted out. The subcontracted work should be reflected in the Management Plan AND the Budget(s), and copies of the contract should be uploaded into the Checklist (catered meal contracts) or Attachment List, as applicable.

If all functions of CACFP are completed within the institution they would mark *no*.

45. Does the Institution have a documented monitoring plan for monitoring facilities? Upload monitoring plan.

Yes No N/A

Sponsoring Organizations are required to monitor sites 3 times per year, unless they are using the averaging method. They should mark "yes" and upload this information into the Attachment List. If anyone has questions, please refer to the Monitoring Handbook on our website under Resources.

46. Does the Institution now participate or has the Institution participated in any Child Nutrition Program(s)? If yes, please specify program(s) and years.

Yes No

Program(s) and Years:

SFSP in 2018 (under Y of Western NC) & 2019
CACFP in 2019 (under Y of Western NC)

To answer this question, an institution will list all Child Nutrition Programs that they have participated in and the actual year(s) that they participated (for example, "2010 to Current")

Certification

Check to accept and agree to comply with each bullet listed in this question.

Certification

47. Institutions must comply with the following for each facility location. Check the checkbox to accept and agree.

- Provide meals that meet the CACFP meal pattern requirements and claim reimbursement only for eligible meals and participants.
- Operate a food service that complies with applicable State and local health and sanitation requirements.
- If a Child Care Center, distribute the Building for the Future Parental Notification of CACFP Benefits to the parents/guardians of all enrolled children.
- If a Child Care Center, post a Building for the Future poster.
- If a Child Care Center, distribute the WIC Fact Sheet to the parents/guardians of all enrolled children.
- Post the USDA "And Justice for All" poster in a prominent location.
- Post menus.
- Annually collect racial/ethnic data on participants and the community served.

48. Is any owner or principal of this Institution either an owner or a principal in any other institution or facility in the CACFP? Yes No

Name of Institution/Facility	Name of Responsible Principal	Address of Institution/Facility Street, City, State, Zip Code	Agreement Number
------------------------------	-------------------------------	---	------------------

This question seeks to identify those owners or principal employees at the institution that may be involved with other institutions or facilities operating CACFP. They should answer "yes" to this question if, for example, an employee of the institution also owns a day care center operating under CACFP, under a different contract (ex. different Federal EIN#). It could also apply if the employee who prepares claims for the organization also prepares claims for a different independent center or sponsoring organization.

49. I certify that the Institution has trained all of their key staff in the CACFP.

Institutions are required to complete annual training, as well as train new staff at onboarding.

Confirm that the institution and/or principal staff have not been added to the National Disqualified List.

Note: First party reviewers need to note their findings in the internal comments section of this section. If the finding is not favorable, you should notify your supervisor and the Program Manager.

50. I certify that neither the Institution nor the principals, individuals, or facilities are listed on the National Disqualified List (NDL).

These next few questions under #51 in NC CARES (as of 8/12/19) certify past business participation and criminal background.

The questions can be confusing to institutions because they contain double negatives.

1. The answer to this question is YES if the institution has participated in any program funded by federal, state or local government.
2. In this question by answering YES, the institution is certifying that NEITHER the institution, nor principals have been declared ineligible to participate in publicly funded programs. Some applicants accidentally answer NO because they miss the word "neither" in this statement.
- 2a. If the institution answers YES to question 2 – IGNORE QUESTION 2a – do not mark N/A. If answered NO to question 2, then the institution will need to proceed to question 2a and answer Yes or No. If answered No, they must attach a detailed explanation under the Attachment List.
3. In this question, by answering YES, they are certifying that NEITHER the institution, nor principals have been convicted of any activity in the past 7 years that indicated a lack of business integrity. This is another question some applicants accidentally answer NO because they miss the word "neither" in this statement. If they answer NO, they must attach a detailed explanation under the Attachments.
4. Certify if they are not involved in multiple CACFP agreements by doing a search in NC CARES.

51. Federal regulations require an Institution to certify information regarding past business participation and criminal background. Please answer the following questions:

1. Has the Institution or any of the Institution's principals participated in any publicly funded programs during the past seven years? Yes No

NOTE: Principal means any individual who holds a management position within or is an officer of the Institution or a sponsored center, including all members of the Institution's or sponsored center's Board of Directors.

Publicly funded program means any program or grant funded by federal, state or local government.

If yes to 1, submit a listing of the publicly funded programs in which the Institution and its principals have participated during the past seven years and currently participate in.

2. The Institution certifies that, during the past seven years, **neither** the Institution nor any of its principals has been declared ineligible to participate in any other publicly funded programs by reason of violating that program's requirements. Yes No

- 2a. Were the violations corrected and eligibility restored, including payments of debts owed? Yes No N/A

If yes to 2a, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no to 2a, submit a detailed explanation.

3. The Institution certifies that **neither** the Institution nor any of its principals have been convicted of any activity that occurred during the past seven years that indicates a lack of business integrity. Yes No

NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency. Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties.

If no to 3, submit a detailed explanation.

4. The Institution certifies that this Institution is **neither** participating nor applying to participate under the auspices of more than one CACFP agreement and that, therefore, our Agreement with the State agency is exclusive.

Certification and Disclaimer

This certification has to be marked by the institution *for them* to submit their application.

The disclaimer check box is for STATE AGENCY STAFF to check if they had to make modifications to the application, after receiving the information from the institution.

52. The Institution certifies that the information in this Institution Application is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Institution's application may result in the denial of the application or termination of the agreement (as applicable) and disqualification of the Institution, the responsible principals and the responsible individuals from the CACFP program.

Disclaimer

- I certify that I entered the information into NC CARES as presented to the State agency by the Institution. The State agency makes no certification that the information entered is true and correct.

Take special note of the Internal Use Only section. Your checks of SAM, the NDL, and DUNS should be noted like this on every application you review.

If non-profit, remember that in addition to SAM, NDL, DUNS, check the institution's EIN through the IRS' Tax Exempt Organization Search.

NDL: <https://www.eauth.usda.gov/Login/login.aspx>

Tax Revocation: https://apps.irs.gov/app/eos/mainSearch.do;jsessionid=XF_y17yZnuXDtySeO7iRbu5Kdk99YN75M5ut7evG.-?mainSearchChoice=revoked&dispatchMethod=selectSearch

DUNS: <https://www.dandb.com/advanced-search/>

SAM: <https://sam.gov/SAM/>

Internal Use Only

Application Settings

Application is:	Continuing Application
Application Effective Date:	10/1/2019
Application Status:	Submitted
Original Approval Date:	<input type="text"/>
Approval Date:	<input type="text"/>
Verified not on NDL list:	<input type="text"/>
Tax Revocation Date Reviewed:	<input type="text"/>
SAM Registration Date Reviewed:	<input type="text"/>

Facility Application

Child and Adult Care Food Program

NCDHHS

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
Details	Application Packet Notes		
View	Application Packet Notes for Institution		
Details	Attachment List		

	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Facility Application(s)	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Recommend Approval](#) [Return](#) [Deny](#) [Withdraw Packet](#)

[Show Packet History](#)

Effective Approval Date

1. Application Effective Date: Oct 2019

Application Effective Date

Application Effective Date is that date that the facility will be engaged in providing CACFP meals. For most facilities, this date would be the current month/year or the month/year an institution plans to start, allowing time for the application to be processed and approved. All of the choices in the drop-down menu will be for the upcoming fiscal year. An application will be returned if this is left blank.

License Information

2. Center Type For-profit

If Other, please explain:

License Information

This section tells us information about the type of facility providing services.

2. Center type is a drop-down menu of the following choices:

- A. For Profit
- B. Non-Profit
- C. Federal Government
- D. State Government
- E. Local Government
- F. Charter School
- G. School Food Authority
- H. Other – the institution will have a blank box to explain what type of facility

3. Program Type:

Adult Day Care Center

Child Care Center

Child Care

Outside School Hours

Emergency Shelter

Head Start

At-Risk Afterschool Care Center

3. Program Type, tells us information about the type of program being provided. What is selected here, populates documents listed as required in the Facility Checklist.

Program type includes several options listed below. Only one best describes the facility: Adult Day Care Center, Child Care Center, Head Start, Outside School Hours, At-Risk Afterschool Care Center – not allowed, Emergency Shelter

Based on the answer selected here will grey-out options in questions 4-8 (see next page) that are irrelevant. These questions provide additional detail about the program type.

4. The Adult Day Care center provides nonresidential adult day care services to functionally impaired adults or persons 60 years of age or older in a group setting outside their homes or a group living arrangement on a less than 24-hour basis and provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services.
5. The Adult Day Care Center provides a structured, comprehensive program that provides a variety of health, social, and related support services.
6. The Adult Day Care center has individual plans of care for functionally impaired adults.
7. The Emergency Shelter provides temporary residential and food services to homeless children and their families.
8. The At-Risk program is organized primarily to provide care for children after school, on weekends, holidays, or scheduled vacations during the regular school year.

At-Risk After School Meals (ARAM) are required to provide educational and/or enrichment activities to the participants. If an institution is an ARAM, Yes should be selected, and a description of the activities should be provided. These can include homework help, tutoring, field trips, guest speakers, self-improvement or life skills curriculum, arts and crafts, etc.

9. The Institution/Center provides Organized Educational and/or Enrichment Activities for participants. Yes No

If an At-Risk Facility, describe organized educational and/or enrichment activities:

The institution provides Organized Education and or Enrichment Activities for participants. Tutoring & educational games

Additional information regarding eligibility:

- ARAMs do not need a license, but do need an occupancy permit.
- If ARAM lists a license, this needs to be verified.
- Verify *area eligibility* for all ARAMS.
 - One way to verify area eligibility is through area school data which can be accessed through our website under Resources > School Data. The area school must be \geq 50% free/reduced lunch (our school data is from 2017-2018 and is good for five years).
 - Another way to verify area eligibility is for the ARAM to provide more up-to-date information in NC CARES Attachment List. If the ARAM is using 2018-2019 data, we do not have access to this data and therefore documentation of the 2018-19 data will need to be uploaded in the Attachment List.
- State agency reviewer must add verification date with initials under Internal Comments.

School District:

School Name: Hunter Huss High School

Percentage of Enrollment Eligible for Free and Reduced-price Meals: 74.80 %

Program Year of School Data: 2018 - 2019

10. Fire Inspection Date: 08/24/2017

Occupancy Permit:

Each child care facility license must be cross-referenced against the records on NC DHHS Childcare Search. Search by license number and verify that the number matches what the institution has in their application. If this does not match, search by name to see if the institution is licensed. Any finding regarding the license will require the application to be returned and your supervisor and the Program Manager notified. Please note your finding in the Internal Comments at the bottom of the Facility Application, for example "License 7/1/19 TLC".

11. License Number:
12. Licensed Type:
13. License Capacity:
14. Do you provide child care for infants under 12 months old? Yes No

<https://ncchildcarensearch.dhhs.state.nc.us/search.asp>



NCDHHS
Division of Child Development
and Early Education

Search for a Child Care Facility

English **Español**

Welcome to the Division of Child Development Search Site.

Find facilities using 1 of the 2 different methods below.

Enter license number and click on Submit button:

All or part of license number*

Submit **Reset**

Or...

Enter/select one or more of the following and click on Submit button at the bottom:

All or part of facility's name

City Any ▾

County Any ▾

For adult day care facilities, you will need to match the facility name with the list provided by the Division of Aging and Adult Services (There is no license number). Again, please note your finding in the Internal Comments at the bottom of the Facility Application.

<https://www.ncdhhs.gov/assistance/adult-services/adult-day-services> > Certified Adult Day Care and Adult Day Health Programs

The screenshot shows the NCDHHS website with a dark blue header. On the left is the NCDHHS logo featuring a circular seal with a figure and the text "NCDHHS". To the right is a search bar with the placeholder "Search All DHHS Websites..." and a magnifying glass icon. Below the header is a navigation menu with five items: "Home" (underlined), "Assistance", "Divisions", "Documents", and "Providers". Under "Divisions", there is a dropdown arrow. Below the menu, a breadcrumb trail shows the path: "NCDHHS" > "Divisions" > "Aging and Adult Services" > "Adult Day Services". The main title "Adult Day Services" is displayed in a large, bold, dark blue font. A horizontal green bar is positioned below the title.

Associated Files



[Certified Adult Day Care and Adult Day Health Programs-5-2-2019.pdf](#) 

PDF • 88.34 KB

[Download](#) 

Questions 14-29 are General questions answered by the institution.

Monitoring dates (for Sponsoring Organizations ONLY) must be updated for every facility annually. Monitoring must meet the following requirements:

- Be reflected in the Management Plan
- Four dates can be included, but a minimum of two dates must be input. Monitoring should happen an average of three times per institutions per year. If one facility has two dates another should have four.

There should be no more than 6 months between reviews,

Monitoring Dates

30. Date of Monitoring 1:	11/29/2018
31. Date of Monitoring 2:	12/12/2018
32. Date of Monitoring 3:	03/13/2019
33. Date of Monitoring 4:	03/26/2019

Schedule

Verify the months and days selected by the facility operator. Only those days of the week that meals are provided should be selected. The questions that follow list hours of operation and meals served.

Schedule

34. A. Months of Operation
(Check all that apply)

All: Jan: Feb: Mar: Apr: May: Jun:
Jul: Aug: Sep: Oct: Nov: Dec:

B. Days of Operation
(Check all that apply)

Mon-Fri:

Mon: Tue: Wed: Thu: Fri: Sat: Sun:

Weekday Schedule

35. Normal Hours of Operations: Time Open: 7:00 AM

Time Close: 6:00 PM

36. Weekday Meals

Weekday Meals start and end times should be within the normal operating hours listed above. In some instances, an institution could indicate a “Second Meal Service” in cases where participants eat in shifts. For example, younger children eat first shift, older child eat second shift. Note that meals may not be served up to the operational closing time. This would not allow participants adequate time to eat and clean up after meal service.

Example with pm snack and lunch:

Meals	First Meal Service		Second Meal Service	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	▼	▼	▼	▼
<input type="checkbox"/> AM Snack	▼	▼	▼	▼
<input type="checkbox"/> Lunch	▼	▼	▼	▼
<input checked="" type="checkbox"/> PM Snack	03:30 PM ▼	04:00 PM ▼	▼	▼
<input checked="" type="checkbox"/> Supper	05:15 PM ▼	06:00 PM ▼	▼	▼
<input type="checkbox"/> Night Snack	▼	▼	▼	▼

Example with two dinner shifts:

Meals	First Meal Service		Second Meal Service	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	▼	▼	▼	▼
<input type="checkbox"/> AM Snack	▼	▼	▼	▼
<input type="checkbox"/> Lunch	▼	▼	▼	▼
<input type="checkbox"/> PM Snack	▼	▼	▼	▼
<input checked="" type="checkbox"/> Supper	05:15 PM ▼	06:00 PM ▼	06:30 PM ▼	07:00 PM ▼
<input type="checkbox"/> Night Snack	▼	▼	▼	▼

37. Weekday At-Risk Meals

First Meal Service

Meals	Start Time	End Time
<input type="checkbox"/> Breakfast		
<input type="checkbox"/> AM Snack		
<input type="checkbox"/> Lunch		
<input type="checkbox"/> PM Snack		
<input checked="" type="checkbox"/> Supper	02:45 PM ▼	03:15 PM ▼
<input type="checkbox"/> Night Snack		

Weekday At-Risk Meals start and end times will be on the Facility Application if the Facility is an At-Risk Afterschool Meal program as indicated under question 3 of the Facility Application. after meal service.

Weekend Schedule

38. Weekend Hours of Operations: Time Open: □ ▼

Time Close: □ ▼

39. Weekend Meals

First Meal Service

Meals	Start Time
<input type="checkbox"/> Breakfast	▼
<input type="checkbox"/> AM Snack	▼
<input type="checkbox"/> Lunch	▼
<input type="checkbox"/> PM Snack	▼
<input type="checkbox"/> Supper	▼
<input type="checkbox"/> Night Snack	▼

Second Meal Service

	Start Time	End Time
	▼	▼
	▼	▼
	▼	▼
	▼	▼
	▼	▼
	▼	▼

40. Weekend At-Risk Meals

First Meal Service

Meals	Start Time
<input type="checkbox"/> Breakfast	▼
<input type="checkbox"/> AM Snack	▼
<input type="checkbox"/> Lunch	▼
<input type="checkbox"/> PM Snack	▼
<input type="checkbox"/> Supper	▼
<input type="checkbox"/> Night Snack	▼

Weekend Schedule will be on the Facility Application if Saturday and/or Sunday is selected under y Application. after meal service.

The institution will add any additional notes that would be important for NC CACFP staff to know when reviewing this facility application.

41. Additional Institution notes related to Meal Service:

42. Will Offer versus Serve (OVS) be implemented?

Yes No

Food Service

Institution selects how the meals are prepared.

If meals are contracted through a Food Service Management Company or Public School, questions 44-46 will be inhibited and should be completed. Contracts will then be required in the Checklist for the facility.

Food Service

43. How are meals prepared?

- Prepared on site
- Prepared at Central Facility and Delivered
- Contracted with a Public School
- Contracted from a Food Service Management Company
- Other

If the facility has a commercial kitchen that prepares its own meals on site then select this option.

If Other, please explain:

44. Check all meals that are purchased through a Food Service Management Company or Public School:

Breakfast Lunch Supper Snacks

45. Name of Food Service Management Company or Public School Agreement:

46. Contract Period:

From:

To:

If the facility contracts with a school or other company to provide meals

Participants

The anticipated number of participants of any age from most recent fiscal year should be listed here. The total will calculate for the institution.

Participants

43. Number of enrolled participants in each income eligibility category:

- | | |
|----------------------------|-----|
| A. Free Category: | 87 |
| B. Reduced-Price Category: | 14 |
| C. Paid Category: | 40 |
| D. Total Enrolled: | 141 |

Certification and Disclaimer

This certification has to be marked by the facility *for them* to submit their application.

The disclaimer check box is for STATE AGENCY STAFF to check if they had to make modifications to the application, after receiving the information from the institution.

Certification



- The Institution certifies that the information in this Center Application is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Center's application may result in the denial of the application and disqualification of the Institution and/or Center, the responsible principals and the responsible individuals from the CACFP program.

Disclaimer



- I certify that I entered the information into NC CARES as presented to the State agency by the Institution. The State agency makes no certification that the information entered is true and correct.

Verify the facility or day care home license and (if applicable) the ARAM area eligibility.

Comments

Internal Comments:

License: 08/27/19 TLC

ARAM: 08/27/19 TLC

Board of Directors/ Principals

Child and Adult Care Food Program

NCDHHS

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
Details	Application Packet Notes		
View	Application Packet Notes for Institution		
Details	Attachment List		

	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Facility Application(s)	0	0	0	0	0	0	0

< Back | Submit for Approval | Recommend Approval | Return | Deny | Withdraw Packet

Show Packet History

Board of Directors / Principals

Non-Profit Institutions are required to have a board that provides oversight of organizational activities. The institution's Board Members and Principals should include:

- For Profit - At least the owner/owner(s) or the Executive Director
- Non-Profit - refer to Management Plan and By-laws to make sure that board of directors information is consistent with what is entered in NC CARES.
- Board members may be the primary contact(s) listed in the application; however, the Board Chair must have the authority to hire and fire the Executive Director.

The following information should be entered for each board member:

Board Member/Principal Information

1. Board Member Type: Chairman of the Board

Board Member Type
Other:

2. Length of Time on Board: 32 years

3. Term End Date: 3 /2018 (mm/yyyy)

Salutation First Name

Last Name

4. Name: jack

harwell

Note: The DOB must
be a valid date

5. Date of Birth: 12/14/1959 (mm/dd/yyyy)

6. Email Address:  jackharwell@embarqmail.com

7. Phone: (828) 327-2500 Ext: Fax: (828) 324-2453

8. Occupation: management

9. Current Employer: jack harwell and Associates, Inc

Street Address

10. Address Line 1: 90 trotters lane

11. Address Line 2:

12. City: hickory

13. State: NC Zip: 28601 USPS Zip Code Lookup

14. Is this member related to other board members or staff of this Institution? Yes No

If Yes, please specify Name and Position held:

If Yes, does the member have a vote? Yes No

15. Does the Board Chair have the authority to hire and fire the Executive Director? Yes No

Institution Budget Detail

Child and Adult Care Food Program

NCDHHS

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
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View	Application Packet Notes for Institution		
Details	Attachment List		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Facility Application(s)	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Recommend Approval](#) [Return](#) [Deny](#) [Withdraw Packet](#)

Show Packet History

Budget Detail

In order to complete the Budget Detail section of the Application Packet, the institution will first need to complete the Budget (excel) workbook(s), found on our website under Forms > Current Fiscal Year > Budget. The institution will use the summary tab (titled “Budget”) to enter required information into the online budget detail section.

Below is a breakdown of which budget(s) should be completed for the various organizational structures:

Independent Centers

Budget for Independent Centers

Sponsoring Organization of Unaffiliated Centers (independently owned/managed)

Budget for Sponsoring Organization of Centers

Budget for Sponsored Centers (the center’s budget)

Sponsoring Organization of Affiliated Centers (owned/managed by the sponsor)

Budget for Sponsoring Organizations of Affiliated Centers

Sponsoring Organization of Day Care Homes

Budget for Sponsoring Organization of Day Care Homes

Sponsoring Organization of Unaffiliated Centers and Day Care Homes

Budget for Sponsoring Organizations of Centers

Budget for Sponsored Centers (the center’s budget)

Budget for Sponsoring Organizations of Day Care Homes

Sponsoring Organization of Affiliated Centers (owned/managed by the sponsor) AND Day Care Homes

Budget for Sponsoring Organizations of Centers

Budget for Sponsored Centers (the center’s budget)

Budget for Sponsoring Organizations of Day Care Homes

For assistance with completing the budget, refer to the workbook “Budget Instructions” tab for each Excel Workbook, and the online budget tutorials located on our website under Trainings.

Institution Checklist

Child and Adult Care Food Program **NCDHHS**

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned			
Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
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	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Facility Application(s)	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Recommend Approval](#) [Return](#) [Deny](#) [Withdraw Packet](#)

Show Packet History

Institution Checklist

Refer to the [Annual Application Update Guide](#), referenced in the beginning of this Application Manual. The Checklist, at a minimum, will require the following documents (follow the Application Update Guide):

- Attachment F – State Certifications
- Attachment I – FFATA Reporting including SAM Registration
- Media Release - Income Guidelines *may be required*
- Management Plan
- CACFP Fact Sheet
- Institution Training Certification
- Certification Regarding Other Publicly Funded Programs
- Annual Information Certification for Institutions

When reviewing the uploaded documents in the Checklist verify the following:

- It is the most recent version of the attachment – the date is listed on the footer of each attachment should reflect the current year
- All required sections are complete
- Where applicable, signed and dated by authorized individual (date should reflect current Update year)

Before you can recommend the Application Packet for approval, you must complete the following in the Checklist (see area outlined in red below):

1. Check the document on File w/NCDHHS
2. Change Pending approval to Approved

When reviewing checklist, budget, and attachments, all uploaded documents should be in the correct section, correctly labeled, and cleanly* and accurately completed. Documents should be legible and in correct format. Keep in mind photos may not meet these standards.

Required Forms/Documents to send to NCDHHS	Document Submitted to NCDHHS	Date Submitted to NCDHHS	Document on File w/NCDHHS	Status	Status Date	Last Updated By	
Attachment F - State Certifications		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Attachment I - FFATA Subawardee Reporting Form		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Management Plan		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Media Release		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
CACFP Fact Sheet		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Institution Training Certification		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Annual Information Certification for Institutions		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118
Certification Regarding Other Publicly Funded Programs		<input checked="" type="checkbox"/>	08/20/2019	<input type="checkbox"/>	Pending Approval	08/20/2019	crcdc1855118

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Attachment F - State Certifications		8/20/2019 11:11:27 AM
View Modify	Attachment I - FFATA Subawardee Reporting Form		8/20/2019 11:11:49 AM

Attachment F

(b) Verify the institution selected a box

(b)(4) Verify the institution name, signature of authorized agent, date, title, and printed name. Also verify there is a witness signature, printed name, title, and the date the witnessed signed is the same as the authorized agent.

Attachment F State Certifications: Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 147-33.95(g): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_147/GS_147-33.95.html

Certifications

(1) Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(2) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and

(b) [check one of the following boxes]

- Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
- The Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(3) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(4) The undersigned hereby certifies further that:

- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor's Name

Signature of Contractor's Authorized Agent

Date

Printed Name of Contractor's Authorized Agent

Title

Signature of Witness

Date

Printed Name of Witness

Title

Same date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

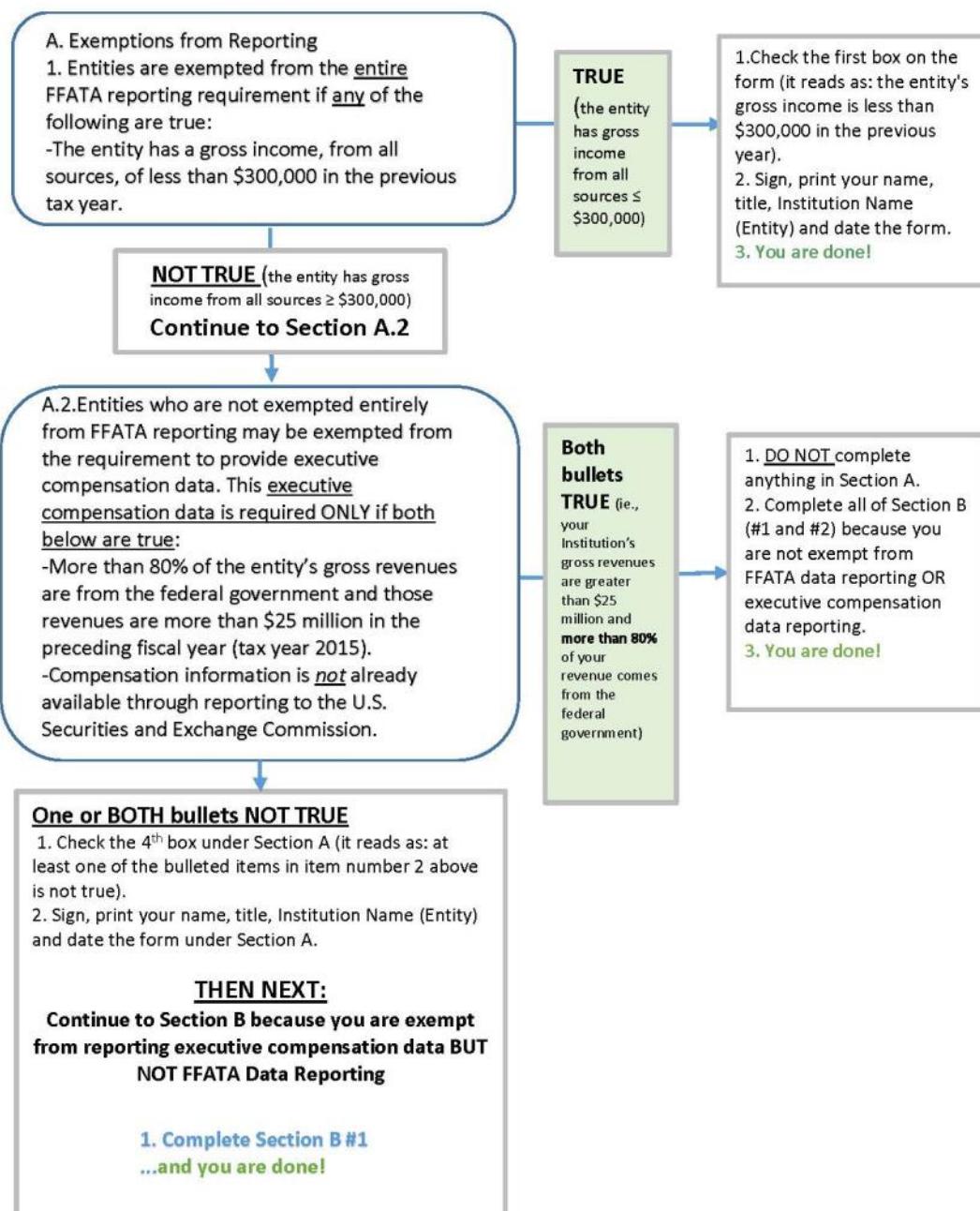
Attachment I

This flow chart will help you understand Attachment I which is shown on the next page.

Flowchart for Interpreting Attachment I: Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

Below you will find a flowchart to help your institution determine which sections of Attachment I should be completed. Attachment I is divided up in to two sections, Section A (Exemptions from Reporting) and Section B (Reporting). The flowchart references each.

FIRST, Read Section A #1 and the first bullet point under #1 below:



Attachment I

The Institution Name is exactly as it appears on the business legal documents.

SAM registration is an annual requirement.

Attachment I

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted entirely from FFATA reporting may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required ONLY if both** below are true:
 - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- as the entity's gross income is less than \$300,000 in the previous tax year.
 as the entity is an individual.
 as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's
Legal Name _____ Contract
Number _____

Active SAM registration record is attached
An active registration with SAM is required
(go to www.sam.gov for more info about SAM) Entity's DUNS Number Entity's Parent's DUNS Nbr
(if applicable)

Entity's Location

street address _____ street address _____
city/st/zip+4 _____ city/st/zip+4 _____
county _____ county _____

Primary Place of Performance for specified contract

Check here if the address is the same as Entity's Location

2. **Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):
- | Title | Name | Total Compensation |
|-------|-------|--------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

NOTE: while some institutions will not be required to complete section B1 due to exempt status determined in A1, ALL institutions receiving federal funds **must have an active SAM registration** on file and upload proof. Instructions for SAM registration are on the next page (p. 39)

SAM Registration Requirement

Annually, all institutions receiving federal funding are required to complete a SAM registration, and update the registration annually. Registration is free.

To search for an institution, complete the following steps:

1. Go to the SAM website at <https://www.sam.gov>
2. Click on *Search Records*



3. Scroll down the search page until you locate the Search box (pictured below)
4. You can now search for an institution using their name or DUNS number.

A screenshot of the 'Choose Quick Search or Advanced Search' page. It features two main sections: 'QUICK SEARCH:' and 'ADVANCED SEARCH:'. The 'QUICK SEARCH:' section contains fields for 'Enter your specific search term' (example: entity's name, etc.), 'DUNS Number Search' (Enter DUNS number ONLY), and 'CAGE Code Search' (Enter CAGE code ONLY). It also includes a 'SEARCH' button and a 'Need Help?' link. The 'ADVANCED SEARCH:' section contains three buttons: 'ADVANCED SEARCH - ENTITY', 'ADVANCED SEARCH - EXCLUSION', and 'DISASTER RESPONSE REGISTRY SEARCH'.

Media Release (Two Options)

Ensure the following is included on the Media release:

1. Agreement Number
2. Institution name as it appears on legal documents (not abbreviated)
3. At least 1 media outlet should be a T.V. station, radio or local newspaper
4. The date of each release must fall within the program year (October 1 – September 30)
5. If Option 1 is submitted, it should include the current Income Eligibility Guidelines as indicated below.

Note: *Institutions should not pay for a media release—only the submission to the media outlet is required.*

North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
CHILD AND ADULT CARE FOOD PROGRAM
MEDIA RELEASE

(Child Care Centers, Adult Day Care Centers, Sponsoring Organizations of Carriers, Outside School Hours Care Center)

AGREEMENT NUMBER: _____

The _____ announces

their participation in of the U.S. Department of Agriculture funded Child and Adult Care Food Program. Meals will be available at no separate charge to enrolled participants. The income guidelines for free and reduced price meals by family size are listed on the back of this sheet. Children who are TANF recipients or who are members of SNAP or FDPIR households or are Head Start participants, are automatically eligible to receive free meal benefits. Adult participants who are members of food stamp or FDPIR households or who are Medicaid participants are automatically eligible to receive free meal benefits.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, or age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.usda.gov/complaint_filing_cust.html) (AD-3027) found online at: http://www.usda.gov/complaint_filing_cust.html, and at any USDA office, write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9992. Submit your completed form or letter to USDA mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. This institution is an equal opportunity provider.

For Institution Use Only
Sent To: _____ Media Outlets _____ Date: _____

Option 1: Media Release **with** current Income Eligibility Guidelines (for Childcare Centers, Adult Day Care, SOs of Centers Outside School Hours Care Center)

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2019 to June 30, 2020

The Following Household Size and Income Standards Are Used to Determine Eligibility

HOUSEHOLD SIZE	YEARLY		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$16,237	\$23,107	\$1,354	\$1,926	\$677	\$963	\$625	\$889	\$313	\$445
2	\$21,983	\$31,284	\$1,832	\$2,607	\$916	\$1,304	\$846	\$1,204	\$423	\$602
3	\$27,729	\$39,461	\$2,311	\$3,289	\$1,156	\$1,645	\$1,067	\$1,518	\$534	\$759
4	\$33,475	\$47,638	\$2,790	\$3,970	\$1,395	\$1,985	\$1,288	\$1,833	\$644	\$917
5	\$39,221	\$55,815	\$3,269	\$4,652	\$1,635	\$2,326	\$1,509	\$2,147	\$755	\$1,074
6	\$44,967	\$63,992	\$3,748	\$5,333	\$1,874	\$2,667	\$1,730	\$2,462	\$865	\$1,231
7	\$50,713	\$72,169	\$4,227	\$6,015	\$2,114	\$3,008	\$1,951	\$2,776	\$976	\$1,388
8	\$56,459	\$80,346	\$4,705	\$6,696	\$2,353	\$3,348	\$2,172	\$3,091	\$1,086	\$1,546
For each additional family member added:	\$5,746	\$8,177	\$479	\$682	\$240	\$341	\$221	\$315	\$111	\$158

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

www.nutritionnc.com

Routing: Submit original to media outlet and upload copy with current income guidelines to NC CARES

NC DHHS CACFP - Media Release (619)

North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
CHILD AND ADULT CARE FOOD PROGRAM
MEDIA RELEASE

(Child Care Centers, Adult Day Care Centers, Sponsoring Organizations of Carriers, Outside School Hours Care Center)

AGREEMENT NUMBER: _____

The _____ announces

their participation in of the U.S. Department of Agriculture funded Child and Adult Care Food Program. Meals will be available at no separate charge to enrolled participants. The income guidelines for free and reduced price meals by family size are listed on the back of this sheet. Children who are TANF recipients or who are members of SNAP or FDPIR households or are Head Start participants, are automatically eligible to receive free meal benefits. Adult participants who are members of food stamp or FDPIR households or who are Medicaid participants are automatically eligible to receive free meal benefits.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, or age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.usda.gov/complaint_filing_cust.html) (AD-3027) found online at: http://www.usda.gov/complaint_filing_cust.html, and at any USDA office, write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9992. Submit your completed form or letter to USDA mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. This institution is an equal opportunity provider.

For Institution Use Only
Sent To: _____ Media Outlets _____ Date: _____

Routing: Submit original to media outlet and upload copy with current income guidelines to NC CARES

NC DHHS CACFP - Media Release (619)

Management Plan

Institutions must complete the appropriate Management Plan located on our website under Forms. The completed Management Plan should be uploaded under the Checklist.

Additional documents should be uploaded under the Attachment List:

- List of current/potential participant facilities and/or DCH that will be sponsored
- Org Chart
- Policies/Procedures

Cheat sheets for guidance on reviewing the required policies and checklists of the required policies for ICs and SOs are available with this manual—look on the Adobe Application Update Review page.



North Carolina Department of Health and Human Services
Division of Public Health, Women's & Children's Health Section
Nutrition Services Branch

Child and Adult Care Food Program Annual Management Plan for Independent Centers



Institution Name:			Agreement #:	
DBA Name:				
Physical Address				
Mailing Address				
Phone Number		Email address		

CACFP Organization Type: (Check all that apply)



North Carolina Department of Health and Human Services
Division of Public Health, Women's & Children's Health Section
Nutrition Services Branch

Child and Adult Care Food Program Annual Management Plan for Sponsoring Organizations



Institution Name:			Agreement #:	
DBA Name:				
Physical Address				
Mailing Address				
Phone Number		Email address		
CACFP Organization Type: (Check all that apply):				
<input type="checkbox"/>	State Government	<input type="checkbox"/>	Local Government	
<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	Private For-Profit	
<input type="checkbox"/>	Private Non-Profit	<input type="checkbox"/>		
Business Organization:				
<input type="checkbox"/>	Corporation	FEIN (##-#####)		
<input type="checkbox"/>	Limited Liability Corporation	DUNS #		
<input type="checkbox"/>	Sole Proprietorship	County		
<input type="checkbox"/>	Partnership	State (if other than NC)		
<input type="checkbox"/>	Other _____			
Upload all Required Policies & additional documents in the NC CARES Attachment List. Please label them correctly.				

CACFP Fact Sheet

Verify the Fact Sheet is complete with required information. Note: There is a separate Fact Sheet for Sponsoring Organizations and Independent Centers.



North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
Child and Adult Care Food Program
CACFP FACT SHEET FOR INDEPENDENT CENTERS

Institutions participating in CACFP must adhere to all program requirements outlined in the Program Agreement and this [Fact Sheet](#). The institution's Authorized Representative should read and sign.



North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
Child and Adult Care Food Program

CACFP FACT SHEET FOR SPONSORING ORGANIZATIONS



Sponsoring Organizations (SOs) participating in CACFP must adhere to all program requirements outlined in the Program Agreement and this [Fact Sheet](#). The institution's Authorized Representative should read all items before signing.

CACFP Agreement to Furnish Food Service

Catered Meals from Food Service Management Companies (FSMC) ONLY. Verify both parties have signed and dated the Agreement for Food Service. This is an agreement for the year, meaning the information listed in the chart should reflect a year. Schedule A on page 6 of the agreement should be consistent with the chart on page 1.

GROUP NUTRITION PROGRAM Child and Adult Care Food Program					
AGREEMENT FOR FOOD SERVICE					
Complete and submit original to the State agency, one copy to the Food Service Management Company (FSMC) and retain one copy for your files.					
Name of Food Service Management Company: _____	Mailing Address: _____				
Street Address: _____	City, State, Zip: _____				
Telephone Number: _____	Fax Number: _____				
Type of Food Service Management Company: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private					
In order to achieve the purpose of Section 17 of the National School Lunch Act, as amended, and the regulations of the Child and Adult Care Food Program ("CACFP"), the					
(Institution's or Facility's Name)					
(Institution's or Facility's Address) (hereinafter referred to as the "Institution of Facility") and the Food Service Management Company (hereinafter referred to as the "Food Service Management Company" or "FSMC"), whose name and address appears above, agree to comply with the terms of this Agreement and all applicable laws, regulations, and policies governing the Child and Adult Care Food Program (CACFP).					
I, THE FSMC AGREE:					
A. Unit Price Schedule The FSMC shall provide the following meals in the estimated quantities to be delivered at location(s) stated in Schedule A.					
Total Number of Operating Days	X	Units Needed Per Day	X	Unit Price (\$)	=
Breakfast	X		X		=
AM Snack	X		X		=
Lunch	X		X		=
PM Snack	X		X		=
Supper	X		X		=
UPM Snack	X		X		=

SIGNATURE WARRANTS			
Each individual signing below warrants that he or she is duly authorized to sign this Agreement and to bind the party for whom he or she signs to the terms and conditions of this Agreement.			
Signature of Authorized Institution or Facility Representative		Date	
Representative's Title			

The FSMC shall provide management supervision at time of delivery to maintain constant quality control inspections to check for portion size, appearance, and packaging in addition to the quality of products.

SCHEDULE A SITE(S) WHERE MEALS WILL BE PROVIDED				
#	NAME AND ADDRESS OF SITE(S)	TYPE OF MEAL	QUANTITY OF MEALS	DELIVERY TIME FOR EACH MEAL
1.				
2.				
3.				
4.				
5.				

FSMC Attachment A – General Terms and Conditions

Verify the correct Attachment A for FSMC has been uploaded. There is nothing to be signed on this document.

Attachment A GENERAL TERMS AND CONDITIONS Private - Food Service Management Company

Relationships of the Parties

Independent Contractor: The Food Service Management Company is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Food Service Management Company represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Institution or Facility.

The express intention of the Institution or facility and Food Service Management Company that any such person or entity, other than the Institution or facility or the Food Service Management Company, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Indemnity and Insurance

Indemnification: The Food Service Management Company agrees to indemnify and hold harmless the Institution or facility, the State of North Carolina, and any of its officers, agents, stockholders, or employees from any claims of

FSMC Attachment B – Federal Certifications

This document is 6 pages. Verify all pages are uploaded and complete. The FSMC is the contractor and the same person from the FSMC must sign Attachment B and the Agreement to Furnish Food Service.

Quotes or Bids

Refer to the Application Guide for details regarding procurement standards and verify all required documents have

CACFP Agreement to Furnish Food Service

Catered Meals from School Food Authority (SFA) ONLY. Verify both parties have signed and dated the Agreement for

North Carolina Department of Health and Human Services
Division of Public Health
Nutrition Services Branch
Special Nutrition Programs
Child and Adult Care Food Program

Agreement to Furnish Food Service (Public Schools Only)

Complete and submit original to the State Agency, one copy to the School Food Authority (SFA) and retain one copy for your files.

Name of School Food Authority: _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone Number: () Fax #: ()

In order to achieve the purpose of Section 17 of the National School Lunch Act, as amended, and the regulations governing the Child and Adult Care Food Program (CACFP), the

(Institution or Facility's Name) _____ Agreement #) _____

(Institution or Facility's Address)

(hereinafter referred to as the "Institution or Facility") and the School Food Authority (hereinafter referred to as the "SFA"), whose name and address appears above, agree to comply with the terms of this Agreement and all applicable federal and state laws, regulations, and policies governing the CACFP.

I. THE SFA AGREES:

A. Unit Price Schedule

The SFA shall provide the following meals in the estimated quantities to be delivered at location(s) stated on the attached Schedule A.

	Total Number of Operating Days	Units Needed Per Day	Unit Price		Total
Breakfast	x	x	=		
AM Snack	x	x	=		
Lunch	x	x	=		
PM Snack	x	x	=		
Supper	x	x	=		
LPM Snack	x	x	=		
Total					

Food Service

SIGNATURE WARRANTIES

Each individual signing below warrants that he or she is duly authorized to sign this Agreement and to bind the party for whom he or she signs to the terms and conditions of this Agreement.

Signature of Authorized Institution/Facility Representative

Title

Date

The undersigned represents the SFA and has the authority to contract for and on behalf of said SFA. The undersigned further represents that s/he has read, understands, and agrees to the terms of this Agreement.

Signature of School Food Authority Authorized Representative

Title

Date

SFA Attachment A – General Terms and Conditions

Verify the correct Attachment A for SFA has been uploaded.

Attachment A General Terms and Conditions Local Government- School Food Authority

Relationships of the Parties

Subcontracting: The School Food Authority shall not subcontract any of the work contemplated under this contract without prior written approval from the Institution. Any approved subcontract shall be subject to all conditions of this contract. The School Food Authority shall be responsible for the performance of all of its subcontractors.

agency; or have performed under such a contract within the past year; or anticipate bidding on such a contract in the future.

For additional information regarding the specific requirements and exemptions, vendors and School Food Authorities are encouraged to review Executive Order 24 and G.S. Sec. 133-32.

ATTACHMENT B FEDERAL CERTIFICATIONS- SCHOOL FOOD AUTHORITY

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;

SFA Attachment B – Federal Certifications

This document is 6 pages. Verify all pages are uploaded and com-

Quotes or Bids

No Quotes or Bids are required for SFAs.

*no

Application Notes for Institution

Child and Adult Care Food Program

NCDHHS

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet - Centers > Program Year: 2019 - 2020

**Application Packet
Sponsoring Organization of Affiliated Centers**

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
Details	Application Packet Notes		
View	Application Packet Notes for Institution		
Details	Attachment List		

Approved Pending Return for Correction Denied Withdrawn/ Closed Error Total Applications

Facility Application(s)	0	0	0	0	0	0	0
-------------------------	---	---	---	---	---	---	---

< Back Submit for Approval Recommend Approval Return Deny Withdraw Packet

Show Packet History

Application Packet Notes

This section is designed for your notes to the institution regarding the corrections or additions required for the application packet to be approved. Your notes should be specific, cover all corrections needed, and guide the institution on their next steps. Categorize the required corrections by the Application Packet sections.

To make a note to the institution, click on “Details” in the Application Packet, click on the box at the bottom of the screen “Create New Application Note”, this will take you to a screen with the Application Note box below. Enter a Subject such as “Corrections needed for Application Update” and enter your notes of what is required for their application to be corrected. Reread your note to make sure it makes sense and is clear of typos, then select the check box below the note box, “If checked, Note is visible to Institution”. If this box is not selected the institution will not see your note.

You may also want to refer the institution to relevant webinars that may help them to successfully re-submit their application.

Good customer service includes leaving your contact information for the institution.

Application Note	
Subject:	<input type="text"/>
Note:	<input type="text"/>
<input type="checkbox"/> If checked, Note is visible to Institution	

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Attachment List

Child and Adult Care Food Program

NCDHHS

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Program Year: 2019 - 2020

Applications > Application Packet - Centers >

Application Packet Sponsoring Organization of Affiliated Centers

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Original	Not Submitted
Details Admin	Board of Directors/Principals	Original	Pending
View Modify Admin	Institution Budget Detail	Original	Error
Details	Checklist (14)		
Details	Application Packet Notes		
View	Application Packet Notes for Institution		
Details	Attachment List		

Approved Pending Return for Correction Denied Withdrawn/Closed Error Total Applications

Facility Application(s)	0	0	0	0	0	0	0
-------------------------	---	---	---	---	---	---	---

< Back Submit for Approval Recommend Approval Return Deny Withdraw Packet

Show Packet History

The Attachment List in NC CARES is the area in which all required documents not listed in the Checklist should be uploaded. Be sure to upload with the correct document name. Mislabeled items will result in the return of the Application Update to the institution for corrections.

Policies and Procedures for Management Plan

All the Policies and Procedures marked as required in the Management Plan must be uploaded into the Attachment List as part of your institution's Application Packet.

- List of current and potential facilities and/or DCH that will be sponsored (Sponsoring Organizations ONLY)
- Org Chart
- Policies/Procedures
- Monitoring Plan (Sponsoring Organizations only)

Recommend for Approval

Before recommending the Application Packet for approval, you must certify that each section has been thoroughly reviewed and completed correctly. Each section must be certified as approved in the status column and indicated by a green check mark.

Action	Form Name	Latest Version	Status
View Modify Admin	Institution Application	Rev. 3	Pending Validation
Details Admin	Board of Directors/Principals	Rev. 2	Error
View Revise	✓ Institution Budget Detail	Rev. 1	Approved
Details	✓ Checklist (97)		

[**< Back**](#)

[**Submit for Approval**](#)

[**Recommend Approval**](#)

[**Return**](#)

[**Deny**](#)

[**Withdraw Packet**](#)

Returning an Application

When returning the Application Packet because the application is incomplete or needs corrections, make sure you have included clear feedback to the institution in the Notes section in NC CARES.

Federal Award Information

The U.S. Government requires that the State agency informs all institutions of our Catalog of Federal Domestic Assistance or DFA Title and Number and the Federal Awarding Agency.

- The CDFA Title is the Child and Adult Care Food Program
- The CDFA Number is 10.558
- AND the federal awarding agency is the U.S. Department of Agriculture or USDA, Food and Nutrition Service or FNS

USDA's Non-Discrimination Statement

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Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Fax: (202) 690-7442
Email: program.intake@usda.gov

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