



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section
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Beverly Eaves Purdue, Governor

Lanier M. Cansler, Secretary

July 31, 2009

TO: Independent Institutions Participating in the Child and Adult Care Food Program

FROM: Arnette Cowan, MS, RD, LDN
Supervisor, Special Nutrition Programs

**SUBJECT: FY 2009-2010 Application Update
Independent Centers**

The purpose of this memo is to provide guidance to Independent Institutions who seek to continue their participation in Fiscal Year 2009-2010. Participating Independent Institutions must update their application for Fiscal Year 2009-2010. The State Agency is asking these Independent Institutions to have their completed packet in no later than October 15, 2009. Please refer to the enclosed policy memos 09-08 and 09-09 for additional information concerning renewals, updates and reimbursement.

- **Agreement (CAC 2)** Participating Independent Institutions are not required to submit an agreement this year. The agreement that was signed in 2007-2008 expires on September 30, 2010. However, the following attachments must be submitted.
 - **Attachment A- General Terms and Conditions.** Each Institution must complete this attachment.
 - If your institution type is **Private** for-profit or non-profit, please submit Attachment A for Private Institutions.
 - If your institution is a **Unit of State or Federal Government**, please submit Attachment A for State Departments.
 - If your institution is a **Unit of Local Government (city or county)**, please submit Attachment A for Local Government.
 - **Attachment B- Certifications.** Each institution must submit a signed copy of the Attachment. Please be sure to complete page 2 of the certifications, including all addresses where business will be conducted. This attachment must be signed by the same representative who signed the agreement (page 6).
 - **Attachment C- Notice of Certain Reporting and Audit Requirements** –This Attachment must be completed and submitted by for-profit and non-profit institutions. Please include the month and year that your fiscal year begins and the month and year that your fiscal year ends. Institutions that are Units of Local, State or Federal Government do not have to submit Attachment C.
 - **Attachment D –No Overdue Tax Debts** – This Attachment must be completed and submitted by for-profit and non-profit corporations. Two authorizing officials must be named in the attachment and must sign the attachment. This attachment must be notarized. Institutions that are Units of Local, State or Federal Government do not have to submit Attachment D.
 - If you are not a corporation, please complete Attachment D for Individual Subgrantees. This form addresses No Overdue Tax and Conflict of Interest. This attachment must be notarized.



- **Attachment E- Conflict of Interest** – There are two forms required for the Conflict of Interest. Page one, Attachment E, must be notarized. The Institution representative signs the form when it is taken to the notary. The Institution must attach its Conflict of Interest Policy to Attachment E. Alternatively, the Institution may adopt the Conflict of Interest Policy included with Attachment E. All private for-profit and non-profit corporations must submit Attachment E and its accompanying Conflict of Interest Policy.
 - If you are not a corporation, you do not have to complete this form. However, you must submit Attachment D for Individual Subgrantees which addresses conflict of interest, as indicated above.
- **Advance Payment Request-** submit only if you are requesting an advance. Please note that advances will be recouped in full through claim deduction beginning with the month for which the advance is received. For example, if you were issued an advance in October, the advance will be recouped in full when you file your October claim for reimbursement.
- **Institution Application-** The state agency is now required to collect additional information on institution types. Therefore, please indicate if your institution is an educational institution by checking yes or no. Then indicate the type of organization (state government, local government, federal government, private for profit, private nonprofit faith based, private nonprofit secular, other). If you are submitting your Institution Application via NCCARES, you do not have to submit a hard copy of the form. Please review the information to ensure that it is current and correct.
- **Center Application-** If you enter the information via NC CARES, you do not have to submit a hard copy of the facility application. Please ensure that the information on NC CARES is current and correct.
- **License or Certification-** In lieu of submitting a license, please submit the enclosed licensing certification statement.
- **Management Plan** – Participating Independent Institutions are not required to submit a management plan this year. However, if information from 2007-2008 has changed, please log on to nutritionnc.com, print a management plan for Independent Institutions from the 2010 forms and submit with your packet. Please read each question carefully and ensure that all parts of the questions are answered.
- **Budget-** Participating Independent Institutions are not required to submit a budget this year. However, if information from 2007-2008 has changed, please log on to nutritionnc.com, print a budget for Independent Institutions from the 2010 forms and submit with your update packet.
- **Media Release-** The State Agency will issue a statewide media release if your application is **approved** on or before November 30. If your application is not approved on or before November 30, please submit the enclosed media release with your application packet.
- **Preaward compliance-**please complete all four question and submit with your packet. Please note that for question #1, you should specify the ethnicity and race in total numbers, instead of percentages.
- **CACFP Fact Sheet** – Please submit completed form.
- **Statement of Authority-** Please submit completed form.
- **Information on Owners and Principals-** Please submit completed form.
- **Certification of Single Exclusive CACFP Agreement** -Please submit completed form.
- **Truth of Applications and Names and Addresses-**Please submit completed form.
- **Food Service Management Contract (CAC 17, if applicable)** – Please include Attachment A-General Terms and Conditions and Attachment B – Certifications. Please be sure the Food Service Management Company completes page 2 of the certifications. This attachment must be signed by the same person who signs the CAC 17 agreement (page 6). If your contract is over \$100,000, the contract must go through the public bidding process. Please notify the state agency within 14 days of your bid opening.
- **School Food Authority (CAC 16, if applicable)** - Please include Attachment A-General Terms and Conditions and Attachment B – Certifications. Please be sure the School Food Authority completes page 2 of the certifications. This attachment must be signed by the same person who signs the CAC 16 agreement (page 6).
- **Procurement Policy** - Please review and keep this policy for your files.
- **Administrative Review (Appeal Policy)** – Please review and keep this policy for your files.



Special Note Concerning Reimbursement

Under 7 C.F.R. § 226.10, valid claims must be submitted no later than 60 days following the last day of the full month covered by the claim. Since “update” information is necessary to ensure the institution’s continued eligibility for the CACFP, the institution may not submit and the State Agency will not pay any new-fiscal-year claims until all “update” information is received and approved. It is therefore critical that institutions submit complete “update” information in a timely fashion to avoid a loss of reimbursement.

For example: Institution “ABC” has an existing agreement, but is still required to submit “update” information to remain eligible for reimbursement. ABC delays the submission of its “update” information until December 30th of the new fiscal year. Ultimately, ABC’s “update” materials are approved on January 15. Because January 15 is not within 60 days of October 31 (the last day of the month covered by the claim), ABC cannot claim reimbursement for the month of October.

Attached is a list of the agency staff to whom you should send your packet. Please send in the appropriate number of copies of each form by referring to the bottom of each form. The CACFP application must be legible in blue or black ink or typed. Do not use white out on any of the forms. If you make errors, line through and initial your changes. Make sure all forms are signed and dated by an authorized representative. Please be sure to maintain a copy of your application packet for your files. Additionally, please make sure the most recent version of all forms is used.

Thank you for your time and attention in completing your FY 2009-2010 update application and submitting it to your assigned regional consultant. Please contact the regional consultant assigned to review your application if you have questions.

cc: SNP staff
Mary Anne Burghardt
Anteasha Farrell



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

LOCATION: 5601 Six Forks Rd. • Raleigh, N.C. 27609-3811
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Independent Institutions

IF YOU ARE IN THIS COUNTY	SEND YOUR PACKET TO
Alexander, Alleghany, Ashe, Cabarrus, Caldwell, Catawba Davie, Forsyth, Guilford, Iredell, Rowan, Surry	Ta'Monica Wright, Child Nutrition Assistant 4265 Brownboro Road, Suite 115 Winston Salem, NC 27106-2241 336-896-7944 ext. 252 336-896-7684 FAX
Cherokee, Clay, Cleveland, Gaston Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Polk, Rutherford, Swain, Transylvania	Amy Evans, Child Nutrition Assistant 12910 Betsy's Gap Road Clyde, NC 28721 828-627-1238 (phone and FAX)
Durham, Harnett, Johnston, Orange, Wake	Cassandra Williams, Child Nutrition Assistant 1914 Mail Service Center Raleigh, NC 27699 919-707-5754 919-870-4819 FAX
Bladen, Brunswick, Columbus, Davidson, Hoke, New Hanover, Pender, Randolph, Robeson, Sampson, Scotland	Lorie Stephens, Child Nutrition Assistant P. O. Box 458 Tabor City, NC 28463 910-653-3380 910-653-4573 FAX
Anson, Cumberland, Lee, Montgomery, Moore, Richmond, Stanly, Union	Deidra Jackson, Child Nutrition Assistant PO Box 25008 Fayetteville, NC 28314 910-486-4064 910-868-7211 FAX
Beaufort, Bertie, Camden, Chatham, Chowan, Currituck, Dare, Edgecombe, Gates, Hertford, Hyde, Martin, Pasquotank, Perquimanns, Pitt, Stokes, Tyrell, Washington, Wilson	Melanie Crews, Child Nutrition Assistant #104,740 Greenville Blvd., Suite 400 Greenville, NC 27858 252-756-1037 252-756-0673 FAX
Carteret, Craven, Jones, Lenoir, Mecklenburg, Onslow, Pamlico	Janet Phelps, Child Nutrition Assistant PO Box 174 Hubert, NC 28539 910-326-2744 910-326-7402 FAX
Avery, Buncombe, Burke, Madison, McDowell, Mitchell, Watauga, Wilkes, Yadkin, Yancey	Denise Laursen, Child Nutrition Assistant PO Box 9788 Asheville, NC 28815-0788 828-296-1113 828-296-1367 FAX
Alamance, Caswell, Duplin, Franklin, Granville, Green, Halifax, Nash, Northampton, Person, Rockingham, Vance, Warren, Wayne	Elizabeth Julye, Child Nutrition Assistant PO Box 5 Castalia, NC 27816 252-459-7023 252-459-7035 FAX

Please be sure to maintain a completed copy of your application packet for your files.