



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section
1914 Mail Service Center, Raleigh, North Carolina 27699-1914
Tel 919-707-5800 Fax 919-870-4819

Beverly Eaves Purdue, Governor

Lanier M. Cansler, Secretary

July 31, 2009

TO: Large Sponsoring Organizations in the Child and Adult Care Food Program
FROM: Arnette Cowan, MS, RD, LDN
Supervisor, Special Nutrition Programs
SUBJECT: **FY 2009-2010 Application and Agreement Renewal
Large Sponsoring Organizations**

The purpose of this memo is to provide guidance in completing the application packet. Renewing Large Sponsoring Organizations are required to submit a complete application for Fiscal Year 2009-2010. Please refer to the enclosed policy memos 09-08 and 09-09 for additional information concerning renewals and reimbursement.

All Large Sponsoring Organizations

- **Agreement (CAC 2)** - Please be sure to submit all copies of the agreement. Do not tear apart. For renewing Large Sponsoring Organizations (sponsoring organizations with 100 or more facilities), the agreement expires on September 30, 2012.
 - **Attachment A- General Terms and Conditions.** Each Institution must complete this attachment.
 - If your institution type is **Private** (for profit or nonprofit), 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 along with the agreement. Please be sure to complete page 2, including all addresses where business will be conducted, of the certifications. If your sponsoring organization has more than 2 centers please attach additional sheets (Schedule A can be used for this purpose). This attachment must be signed by the same person who signs the agreement (page 6).
 - **Attachment C- Notice of Certain Reporting and Audit Requirements** –This Attachment must be completed and submitted by for-profit and nonprofit 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 – State Grant Certifications-No Overdue Tax Debts** – This Attachment must be completed and submitted by for-profit and nonprofit institutions. Two authorizing officials must be named in the attachment and must sign the attachment. 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.
 - **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 nonprofit) institutions 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 deductions 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 this form via NC CARES, you do not have to submit a hard copy of the form. Please review the information to ensure that it is current and correct.
- **Administrative Budget for Homes** –Please complete and submit, if applicable.
- **Administrative Budget for Centers**-Please complete and submit, if applicable.
- **Media Release for Sponsoring Organizations of Day Care Centers**- The State Agency will issue a statewide media release if the application is **approved** on or before November 30. If the application is not approved on or before November 30, please submit the enclosed media release with your application packet.
- **Media Release for Emergency Shelters, At-risk Afterschool Care Centers, and Sponsoring Organizations of Emergency Shelters, At-risk Afterschool Care Centers, and Day Care Homes** - The State Agency will issue a statewide media release if the application is approved on or before November 30. If the application is not approved on or before November 30, please submit the enclosed media release with your application packet.
- **Statement of Authority**- Please complete and submit.
- **Preaward Compliance**- Please complete all four questions and submit with your packet. Please note that for question #1, you should specify the ethnicity and race in total numbers of individuals, instead of a percentage.
- **CACFP Fact Sheet** – Please complete and submit.
- **Tax exempt letter** - Private non-profit institutions, please submit.
- **Management Plan**- Please complete the management plan. Please read each question carefully and ensure that all parts of the questions are answered.
- **Certification Regarding Other Publicly Funded Programs**- Please complete and submit.
- **Certification Regarding Criminal Convictions**- Please complete and submit.
- **Truth of Applications and Names and Addresses**- Please complete and submit.
- **Information on Owners and Principals**- Please complete and submit.
- **Certification of Single Exclusive CACFP Agreement**-- Please complete and submit.
- **License or Certification**- In lieu of submitting a license for each renewing facility, please sign and submit the enclosed certification statement. If the facility is new, please submit a copy of the license.
- **Facility Renewal Certification** - Please complete and submit.
- **Training Certification**-Please complete and submit.
- **Outside Employment Policy**-Please complete and submit.
- **Participant Information Form** – Please include new sponsored centers only.
- **Procurement Policy** - Please review and keep this policy for your files.
- **Administrative Review (Appeal Policy)** – Please review and keep this policy for your files.

Sponsoring Organizations of Centers (please submit these additional forms)

- **Agreement between Sponsoring Organization and Facility** (if applicable) We are now requiring agreements between the Sponsoring Organization and the facility on the same schedule that we are requiring agreements between the Sponsoring Organization and State Agency. Therefore, the agreement between the sponsoring organization and facility will expire on September 30, 2012.
- **Attachment A- General Terms and Conditions.** Each unaffiliated center must complete this attachment. If the center type is **private** (for profit or nonprofit), please submit Attachment A that states Private. If the center type is a **Unit of State or Federal Government**, please submit Attachment A for State Departments. If the center type is a **Unit of local government (city or county)**, please submit Attachment A for Local Government.

- **Attachment B- Certifications.** Each unaffiliated center must submit a signed copy of the Attachment with its agreement. Please be sure that page 2 of the certifications is completed. This attachment must be signed by the same person who signed the agreement.
- **Attachment C- Notice of Certain Reporting and Audit Requirements** -Attachment C must be completed and submitted by for profit and nonprofit unaffiliated centers. Please include the month that the center's fiscal year begins and the month that the center's fiscal year ends. Centers that are Units of Local, State or Federal Government do not have to submit Attachment C.
- **Attachment D – State Grant Certification -No Overdue Tax Debts** - Attachment D must be completed and submitted by for-profit and non-profit unaffiliated centers. Two authorizing officials must be named in the attachment and must sign the attachment. Centers that are Units of Local, State or Federal Government do not have to submit Attachment D.
 - If the center is not a corporation, please complete Attachment D for Individual Subgrantees. This form addresses No Overdue Tax and Conflict of Interest.
- **Attachment E- Conflict of Interest** – There are two forms required for the Conflict of Interest. Page one, Attachment E, must be notarized. The Center representative signs the form when it is taken to the notary. The Center must attach its Conflict of Interest Policy to Attachment E. Alternatively, the Center may adopt the Conflict of Interest Policy included with Attachment E. All private for-profit and non-profit centers must submit Attachment E and its accompanying Conflict of Interest Policy.
 - If the center is not a corporation, you do not have to complete this form. However, you must submit Attachment D for Individual Subgrantees, which also addresses conflict of interest, as indicated above.
- **Center Application** (CAC 7)-submit one for each facility. 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.
- **Tax exempt letter** (for non-profit centers) or **Articles of incorporation** (religious organizations only)
- **Budget for Sponsored Centers**, Complete and submit, if applicable
- **Certification of Eligibility for Title XIX/XX or Free or Reduced Price Meals (For Profit Centers)**
- **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 agreement (page 6).
- **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 agreement (page 6).

Sponsoring Organizations of Day Care Homes

- **Agreement between Sponsoring Organization and Day Care Home with Attachments A and B (new day care homes only)**
- **Day Care Home Provider Application-** if you submit this information via NCCARES, you do not have to submit a hard copy of the provider application.
- **Current Day Care Home License for each day care home-**in lieu of submitting a license for each renewing day care home, you may sign and submit the enclosed certification statement. If the day care home is new under your sponsorship, you must submit a copy of the actual license.

Special Note Concerning Reimbursement

The Child and Adult Care Food Program year begins on October 1 and ends on September 30. If an institution's agreement is not approved on or before November 30, a lapse in participation exists. (Submission of an application packet on or before November 30 does not constitute approval). The institution is then considered a new institution and therefore will be reimbursed beginning the day of approval by the state agency. For example, if an institution participated in fiscal year 2008-2009, and the renewal application packet is not approved until December 10, 2009, the first day the institution can begin claiming is December 10, 2009. The institution is not eligible to claim reimbursement for October, November, and December 1-9, 2009.

Likewise, if a renewing sponsoring organization is submitting applications for both new facilities and renewing facilities and the entire application is approved prior to November 30, 2009, the renewing sponsoring organization may be able to claim reimbursement for renewing facilities back to October 1, 2009. However, the new facilities will be reimbursed the day of approval and forward. For example, if a renewing sponsoring organization's packet is approved on November 13, 2009, the renewing sponsoring organization and renewing facilities may be reimbursed retroactive to October 1, 2009.

However, the new facilities will be reimbursed beginning November 13, 2009 and forward. Furthermore, if a renewing sponsoring organization's application packet is approved on October 13, 2009, the renewing sponsoring organization and renewing facilities may be reimbursed retroactive to October 1, 2009; however, the new facilities will be reimbursed beginning October 13, 2009 and forward. To avoid a lapse in participation and the loss of reimbursement, please submit your renewal application packets in a timely manner.

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 renewal 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 renewal 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

Sponsoring Organizations of Centers

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, Perquimans, 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 Juley, 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.

Sponsoring Organizations of Day Care Homes
(If you sponsor homes and centers, please follow this schedule)

Agreement Number and Sponsor Name	Send your packet to:
6933 - Burke Co. Child Care Connections 7107 – Nutrition Plus	Amy Evans, Child Nutrition Assistant 12910 Betsy’s Gap Road Clyde, NC 28721 828-627-1238 (phone and FAX)
7297 – Child Advocacy and Parenting Place Exchange Club Center, Inc.	Denise Laursen, Child Nutrition Assistant PO Box 9788 Asheville, NC 28815-0788 828-296-1113 828-296-1367 FAX
7166 – Child Care Connections 7343 – Ft. Bragg Child and Youth	Cassandra Williams, Child Nutrition Assistant 1914 Mail Service Center Raleigh, NC 27699 919-707-5754 919-870-4819 FAX
7422- Children and Youth	Janet Phelps, Child Nutrition Assistant PO Box 174 Hubert, NC 28539 910-326-2744 910-326-7402 FAX
6895 – Child Care Directions	Deidra Jackson, Child Nutrition Assistant PO Box 25008 Fayetteville, NC 28314 910-486-4064 910-868-7211 FAX
7196 – Wayne Action Group for Economic Solvency (WAGES) 7318 - Family Resources, Inc. 6782 – TKT Family Resources	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
7740 – Child Care Networks 7095 – Person County Partnership for Children	Melanie Crews, Child Nutrition Assistant #104,740 Greenville Blvd., Suite 400 Greenville, NC 27858 252-756-1037 252-756-0673 FAX
7272- Southwestern Child Development 7212 –Buncombe County Child Care Services	Elizabeth Julye, Child Nutrition Assistant PO Box 5 Castalia, NC 27816 252-459-7023 252-459-7035 FAX
7177 – MCAS Child Dev. Center 7391 – MCAS New River	Lorie Stephens, Child Nutrition Assistant P. O. Box 458 Tabor City, NC 28463 910-653-3380 910-653-4573 FAX
7506 – Cape Fear Tutoring 7167 – Capitol Nutrition, Inc. 7461 – Child Care Resources 7119 – Child Care Services Association 7484 – Child Nutrition Programs 7644 – Coastal Nutrition Services 7448 – T&T Tutoring 7044 – Guilford Child Development	Donna Beard, Child Nutrition Assistant 1914 Mail Service Center Raleigh, NC 27699 919-707-5773 919-870-4819 FAX

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