

Application & Management Plan

Application & Management Plan Changes

The first page of the Management Plan has added Free, Reduced, Paid information for Adult Centers to complete.



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Common Problems with Application and Management Plan

- Claiming labor in appropriate area - Administrative or Operational
- Labor must be reasonable
- Bank Statements - Must be able to see all activity in the account
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- Copies of checks
- Monitoring visits - Varied and unpredictable



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- Failure to include the DUNS number
- Failure to include and/or sign the checklist
- Failure to provide supporting documentation i.e. lease agreement (depreciation schedule, utilities invoices, phone or internet invoices)
- Principle individuals address (non business address) and birthdate



Did You Know?

The cost of attending Annual Training is an allowable administrative cost.

Don't forget to budget for it in your 2016 budget.



Item	Amount
Item 1	\$100.00
Item 2	\$200.00
Item 3	\$300.00



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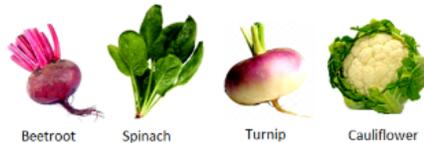


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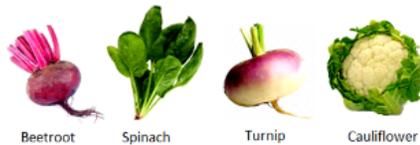
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V169 fx System Date:

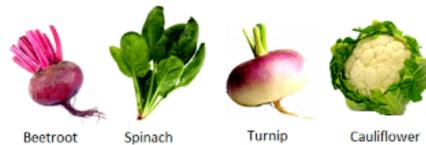
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
22	B. Enter the number of centers and enrollment count for each center under your administration that provides meal service:																				
24	Child Centers			Adult Centers			Emergency Shelters			At-Risk Centers			Head Start (or Outside School Hrs) Center								
26	Number of Nonprofit Tax-Exempt Centers:			Number of Nonprofit Tax-Exempt Centers:			Number of Nonprofit Tax-Exempt Centers:			Number of Nonprofit Tax-Exempt Centers:			Number of Nonprofit Tax-Exempt Centers:								
27																					
28																					
29	Number of For-Profit Centers:			Number of For-Profit Centers:			Number of For-Profit Centers:			Number of For-Profit Centers:			Number of For-Profit Centers:								
30																					
31																					
32	Number of child participants in each eligibility category:			Number participants that receive Title XIX and/or Title XX benefits:			Number of participants: (all in free category):			Number of participants: (all in free category):			Total number participating (all participants are in the free category):								
33																					
34				Title XIX and/or Title XX:																	
35																					
36	Free			Free			Free			Free			Free								
37	Reduced			Reduced						Attach F/R documentation to support site eligibility											
38	Paid			Paid																	
39																					
41	C. List each of your claimable meal times: Attach additional pages as needed. (format like 11:00 [insert a space] AM)																				
42	Meal Type:	Breakfast:	AM Snack:	Lunch:	PM Snack:	Supper:	Evening Snack:	At-risk Supper:	At-risk Snack:												
43	Begin Claim:																				

FY2016



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Required Topics		Proposed Date (must fall within correct fiscal year)		
Meal Pattern, Meal Count Procedures, Record Keeping, Claims Submission, Civil Rights, and Reimbursement System (if applicable)				
Other Topics (please list):				

6. **Program Requirement - Monitoring:** Organizations with multiples sites and persons that own multiple independent centers must use the **Monitor Evaluation Form** to monitor each site or independent center a minimum of three times per fiscal year with no more than six months between visits.

A. Complete the following chart to describe your monitoring plans (**attach additional pages as needed**):

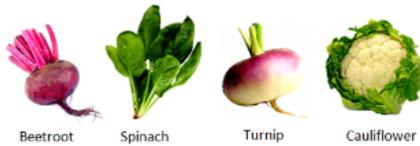
Single site – not applicable.

Name of Center	(F)	(R)	(P)	F/R Percent	Proposed Monitoring Dates (Month/Year)		
					Visit 1	Visit 2	Visit 3
				#DIV/0!			
				#DIV/0!			
				#DIV/0!			
				#DIV/0!			
				#DIV/0!			

----- (PAGE 4 of 12) BELOW -----

Section II. Management Plan (continued)

System Date: 6/10/2015

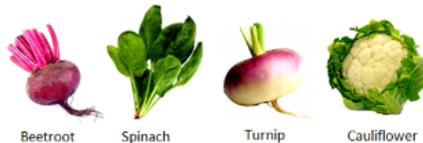


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Multiple site organizations must include the notification to their centers that unannounced reviews will be conducted.



V169

f_x

System Date:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
232		Chairman of the Board																				
233		Other (specify)																				

234

235 **11. Provide the following documents. Please indicate that you have attached the required information by checking**
 236 **each box below (as applicable):**

238 **REQUIRED TO BE PROVIDED WITH THIS APPLICATION:**

- 239 Organizational Chart (chain of command) is included with this application [required]
 240 Last three months of bank statements are included with this application [required]
 241 CACFP RENEWAL certificate is included with this application. If new, provide Business, Nutrition, and Computer certificates [required]
 242 Copy of outside employment policy (see draft attached to instructions) is included with this application [required]
 243 Copy of DHS or other current license for each center [required]
 244 Copy of training materials for current year. This includes; agendas, sign in sheet and presentation materials [required]
 245 Copy of written notification provided to centers indicating unannounced reviews will be conducted [sponsors of multiple sites only]

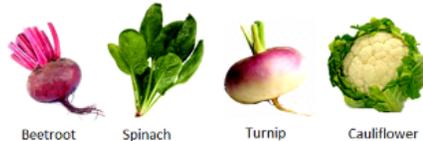
246 **NEXT 6 ITEMS MAY BE REQUIRED UNDER THE FOLLOWING CONDITIONS (indicate checkboxes if included with this application):**

- 247 IF your organization subcontracts with another business entity for any aspect of food service, provide a copy to ADE (see No. 9 above).
 248 IF your organization is a NON- PROFIT, PROVIDE proof of tax exemption for nonprofit organizations.
 249 IF your organization is a NON- PROFIT, list each member of the Board of Directors with address.
 250 IF you have an "At-Risk After School Snack/M meal Program", PROVIDE facility area eligibility/enrichment activities.
 251 IF you are a Sponsoring Organization with 25 or more facilities, SEND a copy of the policy addressing monitoring FTE's.
 252 IF you checked "Yes" to number 8 (above) , provide an explanation of any expenses that require disclosure.

253

254 ----- (PAGE 5 of 12) BELOW -----

255 **Section III. Budget**



Beetroot

Spinach

Turnip

Cauliflower

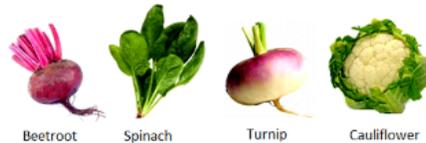
Common Problems with Application and Management Plan

Failure to include the DUNS number

Failure to include and/or sign the checklist

Failure to provide supporting documentation i.e. lease agreement/depreciation schedule, utilities invoices, phone or internet invoices

Principle individuals address (non business address) and birthdate



Common Problems with Application and Management Plan

Claiming labor in appropriate area – Administrative or Operational

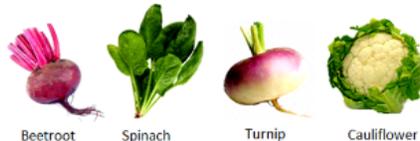
Labor must be reasonable

Bank Statements – Must be able to see all activity in the account

All accounts that money is moved in and out of are required

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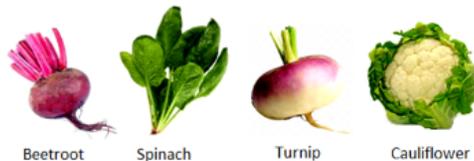
Monitoring visits - Varied and unpredictable



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1. Provide a copy of the DUNS number.
2. Provide a copy of the signed checklist.
3. Provide a copy of the lease agreement (depreciation schedule, utilities invoices, phone or internet invoices).
4. Provide a copy of the principal individuals address (non business address) and birthdate.
5. Provide a copy of the principal individuals address (non business address) and birthdate.
6. Provide a copy of the principal individuals address (non business address) and birthdate.
7. Provide a copy of the principal individuals address (non business address) and birthdate.
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