



State of Arizona  
Department of Education  
Office of Diane M. Douglas  
Superintendent of Public Instruction

## Child and Adult Care Food Program (CACFP)

### FINANCIAL ADMINISTRATIVE FORM FOR SPONSORING ORGANIZATIONS

The Arizona Department of Education requires all sponsoring organizations applying and/or re-applying for participation in the CACFP to complete and sign Financial Administrative Form (FAF-101) as part of the initial application and/or annual renewal process. Sponsoring organizations which participated in the Program the previous year and already submitted a FAF-101 form are required only to revise any information that has changed from the previous year and sign the certification page.

#### A. Contact Information:

<b>Organization Authorized Signer (First Name)</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Organization Name</b>			
<b>T/A or DBA Name</b>			
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Organization Telephone #</b>		<b>Fax #</b>	
<b>Federal ID Number</b>		<b>Email Address</b>	

***Please answer each of the following questions thoroughly and check the appropriate boxes.  
Attach additional pages when necessary.***

#### B. Organization Background and Eligibility:

CFR 226.2 defines an organization as:

- any public or private nonprofit institution or facility or for profit Child Care Center that is licensed or approved to provide nonresidential child care services to enrolled children
- any approved Federally Funded Head Start Program
- any public or private nonprofit At Risk Afterschool Care Center that is participating or is eligible to participate in the CACFP as an institution or sponsoring organization that provides non-

residential child care to children after school through an approved afterschool care program in an eligible area

- any public or private nonprofit Emergency Shelter that provides temporary shelter and food services to homeless children including RCCI that serves a distinct group of homeless children who are not enrolled in the RCCI's regular program
- any Adult Day Care Center which is licensed or approved by Federal, State or local authorities to provide nonresidential adult day care services to functionally impaired adults or persons 60 years of age or older

B1. Submit the organization's tax-exempt status letter (non-profits only).

If the organization is a church that has no tax exempt certificate, submit a copy of the group ruling (held by the central/parent organization) that includes the listing of churches showing the name of the church making the application to participate as a sponsor in the CACFP.

If the organization is a church without a tax exempt certificate and not included in a group ruling submit alternate documentation to support status.

B2. Has the organization's tax exempt status ever been revoked? (non-profits only)      Yes      No

If yes, what was the reason and when did this occur?

B3. Does the organization conduct business under any assumed names?       Yes       No

If yes, list all assumed names and submit certificate of assumed name(s):

B4. Submit the organization's Certificate of Incorporation.

B5. Does the organization operate, plan to operate or has this organization previously operated a Child Nutrition Program in another State?       Yes       No

If Yes, What State(s):

What feeding programs:

**C. Financial Viability:**

The legal name and FEIN number in which the organization is doing business with ADE for CACFP operations is required to incur the costs of the program. Please ensure that section A. has been completed accurately and update the legal name and FEIN number if the information has changed.

7 CFR 226.6 b(1)-(2) states that “no applicant sponsor shall be eligible to participate in the Program unless it demonstrates financial and administrative capability for Program operations and accepts final financial administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service

C1. Who reviews the organization’s financial statements and how often they are reviewed?

C2. How often are the organization’s financial statements compiled?

C3. Attach the organization’s most recent independent audit or audited financial statements performed by a CPA.

Organization has never had its financial statements audited.

Comments regarding most recent independent audit or audited financial statements performed by a CPA:

C4. If Organization has never had its financial statement audited please submit:

Business Tax Returns      or       990 for non-profit organization

C5. List current and projected revenue sources that will be devoted to administering the CACFP. Include projected CACFP funds.

Revenue Sources	Frequency (Weekly, Monthly)	Activities Supported by Revenue	Amount

C6. Answer the questions below to describe the organizations financial management system.

What is the current accounting method used?

What is the system used to track/manage financial-related information?

What position in the organization is responsible for developing and executing the organization’s operating budget?

What position in the organization is responsible for developing and executing the organization's administrative budget?

C7. Include procedure to sustain the CACFP in the event of a delay or interruption of Program funds.

C8. Describe the organization's plan for repayment of any outstanding debts resulting from Program reclaims or from costs exceeding CACFP claim reimbursement, should they occur. Include the source and amount of funding that would be available. Note: CACFP and other federal or State funds cannot be used for repayment purposes.

C9. Is the organization currently in bankruptcy?  Yes  No

If yes, please provide information regarding the bankruptcy and documentation of the status:

C10. Has this organization been in bankruptcy anytime in the past 10 years?  Yes  No

If yes, please provide information regarding the bankruptcy and documentation of the status:

C11. Has there ever been a lien or judgements against the organization?

Yes  No

If yes, please provide information regarding these liens/judgements and documentation of their status:

C12. Do any of the responsible individuals or responsible principals have any tax liens or judgements?

Yes  No

If yes, please provide information regarding these liens/judgements and documentation of their status:

**D. Internal Controls and Conflict of Interest:** 7 CFR 226.6 b(1)-(2) states that organizations must have internal controls in affect to ensure accountability. The organization is required to maintain written

standards of conduct (covering real or apparent) conflicts of interest and governing actions of its employees engaged in the selection, award, and administration of contracts.

D1. What internal controls does the organization have in place to prevent and detect improper financial activities and ensure the safeguarding of funds?

7 CFR 226.6 b(1)-(2) also requires that “non-federal entities must disclose in writing any potential conflict of interest” and disclose “in a timely manner” and in writing “all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award”.

D2. Identify any related party transactions, less than arm’s length transactions and other potential conflicts of interest.

## Child and Adult Care Food Program (CACFP)

### SPONSORING ORGANIZATION FINANCIAL ADMINISTRATIVE FORM

#### ANNUAL CERTIFICATION STATEMENT

On behalf of \_\_\_\_\_  
*Sponsoring Organization Name*

I \_\_\_\_\_ CERTIFY that the information provided on  
*Authorized Signer*

**the organizations Financial Administrative Form is true and correct and I am aware that any deliberate misrepresentation, filing false information or withholding of information may result in prosecution under applicable State and Federal criminal statutes.**

7CFR 226.6 b(1)-(2) recognizes that the State agency shall terminate a sponsor's participation in the Program by written notice whenever it is determined by the State agency that the sponsor failed to comply with the conditions of the program.

By checking this box I certify that the information provided on this newly completed or revised form is true and correct and **I am submitting pages 1-6 of the entire Financial Administrative Form FAF-101.**

**or:**

By checking this box I certify that I have reviewed all of the information previously submitted on the last signed Financial Administrative Form FAF-101 on file with ADE. Furthermore, **I am only submitting this certification page #6,** as revisions are not required at this time.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signer)