



**Arizona Department of Education**  
Health and Nutrition Services Division

## FY2021 FDCH Sponsor Renewal Application Checklist

This checklist has been designed to assist you in organizing only the **minimum** required information and documents needed for submission into the CNP Management Plan and Budget renewal systems. Other information or documents may be needed depending on changes in your program operation.

Some of the required uploads are ADE documents for you to complete and sign; these documents can be found on the ADE website and accessed by clicking on the links in this checklist. ADE recommends you complete and save any required documents to your computer and upload where applicable.

### CNP MANAGEMENT PLAN

<b>SPONSOR INFORMATION</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annually Required Training Certificates               <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Renewal Training</li> <li><input type="checkbox"/> <a href="#">Online Civil Rights</a></li> </ul> </li> <li><input type="checkbox"/> Media Release</li> <li><input type="checkbox"/> List of Active Providers</li> </ul>
<b>ADMINISTRATIVE CAPABILITY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Staff Training Agenda and Sign-In sheet</li> <li><input type="checkbox"/> Annual Provider Training Agenda and Sign-In Sheet</li> <li><input type="checkbox"/> Staff Civil Rights Training Agenda and Sign-In Sheet</li> <li><input type="checkbox"/> Provider Civil Rights Training Agenda and Sign-in Sheet</li> <li><input type="checkbox"/> Home Monitoring Form</li> <li><input type="checkbox"/> Child Enrollment Form (English and Spanish)</li> <li><input type="checkbox"/> Provider Application Form (English and Spanish)</li> <li><input type="checkbox"/> Electronic Meal Count Agreement between Sponsor and ADE</li> </ul> <p><b>The following should only be upload if they have been updated</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outreach and Recruitment Policy &amp; Procedure</li> <li><input type="checkbox"/> Job Descriptions and Qualifications for all CACFP Staff</li> <li><input type="checkbox"/> Recordkeeping Policy</li> <li><input type="checkbox"/> Working Hour Guidelines Policy &amp; Procedure</li> <li><input type="checkbox"/> Outside Employment Policy &amp; Procedure</li> <li><input type="checkbox"/> Non-traditional Hours Staffing Plan</li> <li><input type="checkbox"/> Compensation Policy &amp; Procedure</li> <li><input type="checkbox"/> Civil Rights Pre-Award Document</li> <li><input type="checkbox"/> Tiering determination Policy &amp; Procedure</li> <li><input type="checkbox"/> One FTE for every 50-150 homes Policy &amp; Procedure</li> <li><input type="checkbox"/> Announced, Unannounced and Follow-Up Visits Policy &amp; Procedure</li> <li><input type="checkbox"/> Provider Corrective Action Policy &amp; Procedure</li> </ul>

**Kathy Hoffman, Superintendent of Public Instruction**

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This institution is an equal opportunity provider.

### CNP MANAGEMENT PLAN

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy &amp; Procedure for Declaring Providers Seriously Deficient</li> <li><input type="checkbox"/> Policy &amp; Procedure for Provider Suspensions</li> <li><input type="checkbox"/> Policy &amp; Procedure for Provider Appeals</li> <li><input type="checkbox"/> Policy &amp; Procedure for Provider’s Non-compliance of Alternate Approval Requirements</li> <li><input type="checkbox"/> Building for the Future Poster</li> </ul>
<b>FINANCIAL VIABILITY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Governing Board Members List</li> <li><input type="checkbox"/> Minutes of last two Governing Board Meetings</li> <li><input type="checkbox"/> Authorized Principals Letters</li> <li><input type="checkbox"/> Supporting documentation for anticipated grants</li> <li><input type="checkbox"/> Supporting documentation for anticipated fundraising</li> <li><input type="checkbox"/> GAAP Compliant Statement of Financial Position. Statement of Activities, Statement of Cash Flows and Notes</li> <li><input type="checkbox"/> IRS 990 or 990EZ</li> <li><input type="checkbox"/> Physical Office Inventory</li> </ul> <p style="text-align: center;"><b>The following should only be upload if they have been updated</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> Certificate of Incorporation</li> <li><input type="checkbox"/> List of all Governing Board members</li> <li><input type="checkbox"/> Organization’s 501(C)(3) Tax Exempt Status Letter from IRS</li> <li><input type="checkbox"/> Financial Management Policy &amp; Procedures</li> <li><input type="checkbox"/> Inventory and Equipment Disposal Policy &amp; Procedures</li> <li><input type="checkbox"/> Physical Office Inventory</li> <li><input type="checkbox"/> Written Procedures for Processing Claims and Disbursing Payments</li> <li><input type="checkbox"/> Procurement Guidelines, Standards, and Procedures with Code of Conduct</li> </ul>

### CNP BUDGET

<b>BUDGET</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Specific Prior Written Approval             <ul style="list-style-type: none"> <li><input type="checkbox"/> Communications</li> <li><input type="checkbox"/> DCH Licensing</li> <li><input type="checkbox"/> Documentation of compensation to Members, Trustees, Directors, etc.</li> <li><input type="checkbox"/> Membership/Subscriptions</li> <li><input type="checkbox"/> Documentation of Other Purchased Services</li> <li><input type="checkbox"/> Facility Expenses</li> <li><input type="checkbox"/> Rental/Lease Contract or Depreciation Schedule</li> </ul> </li> <li><input type="checkbox"/> Training &amp; Conferences</li> <li><input type="checkbox"/> Administrative Expenses</li> </ul>
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### CNP MANAGEMENT PLAN

- Equipment Rent/Lease and Maintenance Agreements
- Indirect Cost Rate Letter from Cognizant Agency

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