



FDCH Renewal Application Chart

This chart outlines sections/documents that must be updated annually on the FDCH Management Plan & Budget application.

	Management Plan		Budget
Sponsor Information	<p><u>County Civil Rights Data</u> Enter current information for each county serviced by sponsoring organization</p>	General Information	<p><u>Reimbursement Rate for Travel Mileage</u></p> <p><u>Projected Homes</u></p> <p><u>Projected FDC Home Administrative Reimbursement</u></p>
Document Uploads	<p>Annual Training Certificates</p> <p>FY22 Media Release</p> <p>List of Active Providers</p>	Document Uploads	ADE Additional Document Request- If applicable
Administrative Capability	<p><u>Staffing</u> Will you provide performance related increases? Explanation of how staffing needs will be met during fiscal year if number of providers change. Are monitors available?</p> <p><u>Staff Training</u> Annual CACFP and Civil Rights training date(s) Annual CACFP and Civil Rights training topics</p> <p><u>Description of Need/Recruitment</u> Description of recruitment goals Were last year's goals met?</p> <p><u>Provider Training</u> Topics for the Annual CACFP and Civil Rights trainings for providers</p>	Specific Prior Written Approval	<p>NOTHING ROLLS OVER</p> <p>Mark items pertaining to your organization and add information where prompted</p>

	<p align="center"><u>Record Retention</u> You will need to check the</p> <p align="center">box indicating you have read and understand the CACFP record retention requirements</p>		
<p align="center">Document Uploads</p>	<p align="center">Training Agendas and Sign-in Sheets</p> <ul style="list-style-type: none"> • Annual Staff CACFP trainings • Civil Rights trainings <p align="center">Home Monitoring Forms</p> <p align="center">Child Enrollment Form with Parent/Guardian Letter (English & Spanish)</p> <p align="center">Provider Application Form (English & Spanish)</p>	<p align="center">Document Uploads</p>	<p align="center">Specific to your Sponsoring Organization</p>
<p align="center">Financial Viability</p>	<p align="center"><u>Organization</u> Tax- Exempt Status</p> <p align="center"><u>Responsible Principals & Board</u></p> <p align="center"><u>Fiscal Resources & Financial History</u> All information, except the 1st question, requires re-entry. **Exception**- Yes answers and explanations to the bankruptcy or liens questions will rollover</p> <p align="center"><u>Reimbursement & Advances</u> Requesting Advances? How would you operate if advances were eliminated?</p> <p align="center"><u>Equipment & Durable Supplies</u></p>	<p align="center">Employee Information</p>	<p align="center">All employees will rollover Name, position, Title & Salaried (Y/N)</p> <p align="center">Hourly Rates Job Functions Benefits Travel- All will need to be re-entered</p>
<p align="center">Document Uploads</p>	<p align="center">Governing Board Member List</p> <p align="center">Last two Governing Board Meeting Minutes</p>		

	<p>Authorized Principals Letters</p> <p>GAAP Compliant Statement of Financial Position, Statement of Activities, Statement of Cash Flows and Notes</p> <p>IRS 990 or 990EZ</p> <p>Physical Office Inventory</p>	Document Uploads	X
Certification Statement	Must re-certify each year	Training Conferences	<p>If part of your normal program operation each year, enter, even if your plans may change</p> <p>Staff & Provider Training **Required** Enter any projected associated costs</p>
		Document Uploads	The system will prompt you to upload backup documentation if you answer yes
Document Uploads	X	Administrative Expenses	<p>Answer Yes or No to each Expense topic</p> <p>Enter details for each topic for which you answered Yes</p>
		Document Uploads	<p>Equipment Rent/Lease and Maintenance Agreements</p> <p>Approved indirect cost rate from Cognizant Agency</p>
		Facility Expenses	<p>For each of the Facilities you list: Answer “less-than-arms-length relationship” question</p> <p>Rent/Depreciation Table</p>

			Remainder of areas on page- Enter if applicable
		Document Uploads	Submit Rental/Lease contract or Depreciation Schedule
		Postage, Printing, & Supplies Office Equipment	All items on these sections require you to re-enter all applicable information
		Summary	Review all tables in this section for accuracy Final Summary Enter Unrestricted Funding received by the organization Certifications Read Certification Statement and check box Identity sources of non-CACFP income