



# FDCH Renewal Application Chart

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

| Management Plan           |  |
|---------------------------|--|
| Section                   | Fields to be updated annually  |
| Sponsor Information       | County Civil Rights Data - Enter current information for each county serviced by sponsoring organization   |
| Document Uploads          | <ul style="list-style-type: none"><li>• Annual Training Certificates</li><li>• FY-XX Media Release</li><li>• List of Active Providers</li></ul>  |
| Administrative Capability | <ul style="list-style-type: none"><li>• Staffing - 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?</li><li>• Staff Training - Annual CACFP and Civil Rights training date(s) Annual CACFP and Civil Rights training topics</li><li>• Description of Need/Recruitment - Description of recruitment goals Were last year's goals met?</li><li>• Provider Training - Topics for the Annual CACFP and Civil Rights trainings for providers</li><li>• Record Retention - You will need to check the box indicating you have read and understand the CACFP record retention requirements</li></ul> |
| Document Uploads          | <ul style="list-style-type: none"><li>• Training Agendas and Sign-in Sheets<ul style="list-style-type: none"><li>◦ Annual Staff CACFP trainings</li><li>◦ Civil Rights trainings</li></ul></li><li>• Home Monitoring Forms</li><li>• Child Enrollment Form with Parent/Guardian Letter (English &amp; Spanish)</li><li>• Provider Application Form (English &amp; Spanish)</li></ul>   |



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| Financial Viability     | <ul style="list-style-type: none"><li>• Organization - Tax-Exempt Status</li><li>• Responsible Principals &amp; Board</li><li>• Fiscal Resources &amp; Financial History - All information, except the first question, requires reentry. **Exception**: Yes answers and explanations to the bankruptcy or liens questions will rollover</li><li>• Reimbursement &amp; Advances - Requesting Advances? How would you operate if advances were eliminated</li><li>• Equipment &amp; Durable Supplies</li></ul> |
| Document Uploads        | <ul style="list-style-type: none"><li>• Governing Board Member List</li><li>• Last two Governing Board Meeting Minutes</li><li>• Authorized Principals Letters GAAP Compliant Statement of Financial Position, Statement of Activities, Statement of Cash Flows and Notes</li><li>• IRS 990 or 990EZ</li><li>• Physical Office Inventory</li></ul>   |
| Certification Statement | Must re-certify each year  |



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## Budget

| Section                         | Fields to be updated annually  |
|---------------------------------|--|
| General Information             | <ul style="list-style-type: none"><li>• Reimbursement Rate for Travel Mileage</li><li>• Projected Homes</li><li>• Projected FDC Home Administrative Reimbursement</li></ul>  |
| Document Uploads                | ADE Additional Document Request - if applicable  |
| Specific Prior Written Approval | NOTHING ROLLS OVER - Mark items pertaining to your organization and add information where prompted   |
| Document Uploads                | Specific to your Sponsoring Organization   |
| Employee Information            | <ul style="list-style-type: none"><li>• All employees will rollover - Name, position, Title &amp; Salaried (Y/N)</li><li>• Hourly Rates, Job Functions, Benefits, Travel - All will need to be re-entered</li></ul>                    |
| Training Conferences            | <ul style="list-style-type: none"><li>• If part of your normal program operation each year, enter, even if your plans may change</li><li>• Staff &amp; Provider Training **Required** - Enter any projected associated costs</li></ul> |
| Document Uploads                | The system will prompt you to upload backup documentation if you answer yes  |



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| Section  | Fields to be updated annually   |
| Administrative Expenses                          | <ul style="list-style-type: none"><li>• Answer Yes or No to each Expense topic</li><li>• Enter details for each topic for which you answered Yes</li></ul>  |
| Document Uploads                                 | <ul style="list-style-type: none"><li>• Equipment Rent/Lease and Maintenance</li><li>• Agreements Approved indirect cost rate from Cognizant Agency</li></ul>   |
| Facility Expenses                                | <ul style="list-style-type: none"><li>• For each of the Facilities you list: Answer “less-than-arms-length relationship” question</li><li>• Rent/Depreciation Table</li><li>• Remainder of areas on page - Enter if applicable</li></ul>  |
| Document Uploads                                 | Submit Rental/Lease contract or Depreciation Schedule   |
| Postage, Printing, Office Equipment and Supplies | All items on these sections require you to re-enter all applicable information  |
| Summary  | <ul style="list-style-type: none"><li>• Review all tables in this section for accuracy</li><li>• Final Summary - Enter Unrestricted Funding received by the organization</li><li>• Certifications - Read Certification Statement and check box Identity sources of non-CACFP income</li></ul> |



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| Postage, Printing, Office Equipment & Supplies | All items on these sections require you to re-enter all applicable information  |
| Summary  | <ul style="list-style-type: none"><li>• Review all tables in this section for accuracy</li><li>• Final Summary Enter Unrestricted Funding received by the organization</li><li>• Certifications Read Certification Statement and check box Identity sources of non-CACFP income</li></ul> |