



Child and Adult Care Food Program (CACFP) 101

Administrative Responsibilities



Nevada
Department
of Agriculture

Administrative Responsibilities

MBIEs, OMAR &
Claiming Roster

Meal Counts

Monthly Expense
Reporting

Recordkeeping &
Training

Sponsor requirements to complete Meal Benefit Income Eligibility, One Month Attendance Report (OMAR) and Claiming Roster

- For-profit Child Care and Adult Day Care Centers need to provide:
- 1-month MBIE applications or Title XIX/Title XX Rosters for each client/student
- All For-Profit Centers that participate in CACFP must be meet 25% Free/Reduced eligibility or greater
- 1-month Enrollment Roster
- 1-month Sign in/Out Daily Attendance Sheets
- One Month Attendance Report (OMAR)



Administrative Responsibilities

MBIEs, OMAR &
Claiming Roster

Meal Counts

Monthly Expense
Reporting

Recordkeeping &
Training

Sponsor requirements to complete Meal Benefit Income Eligibility and One Month Attendance Report (OMAR) continued:

- Non-profit Child Care and Adult Day Care Centers need to provide all in the first slide except for OMAR.
- At Risk Afterschool Programs and Emergency Shelters provide Sign in/Out Daily Attendance Sheets.
- Head Start Programs need to provide:
- Sign in/Out Daily Attendance Sheets
- Enrollment Roster

Located in the Nutrition Programs System (NPS), Applications-Download Forms: MBIE Applications & Instructions, Parent letter, Enrollment Roster, Income Guidelines and OMAR

Administrative Responsibilities

MBIEs, OMAR & Claiming Roster

Meal Counts

Monthly Expense Reporting

Recordkeeping & Training

[illegible]

Income Guidelines

Effective July 1, 2020 – June 30, 2021

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2020 – June 30, 2021
For Determining Official Use Only

Family Size*	How often income was received:											
	Weekly		Bi-Weekly		2x Month		Monthly		Annually		Other	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$319	\$454	\$638	\$908	\$982	\$984	\$1,363	\$1,668	\$16,568	\$23,040		
2	\$431	\$614	\$862	\$1,227	\$1,312	\$1,312	\$1,840	\$2,224	\$22,224	\$30,720		
3	\$543	\$773	\$1,109	\$1,568	\$1,677	\$1,677	\$2,328	\$2,836	\$28,336	\$39,360		
4	\$656	\$933	\$1,371	\$1,885	\$2,000	\$2,000	\$2,839	\$3,404	\$34,044	\$47,040		
5	\$767	\$1,092	\$1,534	\$2,183	\$1,682	\$1,682	\$3,244	\$3,924	\$39,244	\$53,280		
6	\$879	\$1,211	\$1,758	\$2,502	\$1,905	\$1,905	\$3,609	\$4,421	\$44,708	\$59,568		
7	\$991	\$1,341	\$1,982	\$2,821	\$2,148	\$2,148	\$4,066	\$4,926	\$49,226	\$65,232		
8	\$1,103	\$1,475	\$2,206	\$3,140	\$2,390	\$2,390	\$4,611	\$5,622	\$56,222	\$74,160		
9	\$1,215	\$1,600	\$2,430	\$3,461	\$2,643	\$2,643	\$5,066	\$6,192	\$61,922	\$82,080		

* Additional members add \$100 per person per month.

[illegible]

Common MBIE Application Questions

What if there is a household with foster children and non-foster children?

- The foster children would be placed on the Free roster. For the rest of the enrolled participants, you will need to determine eligibility by household income. When determining how many people are in the home you will include the foster children.

What if I have Head Start children in my center?

- Head Start participants have already been deemed Free by Head Start standards. These children do not need to have a Confidential Income Form. However, for each Head Start participant that is enrolled in your center, you must either have a copy of their Head Start application or a statement from the Head Start agency stating that the child is enrolled in their program.

What if the adults in the home have two different types of income frequency?

- If the adults in the home have two different types of income frequencies, you must convert them to annual and add them together. For example, if Jane has a weekly income of \$200 and John has a monthly income of \$1,000 what would their total income be? You would take Jane's \$200 and multiply it by 52=\$10,400 and then you would take John's \$1,000 and multiply it by 12=\$12,000. $\$10,400 + \$12,000 = \$22,400$. \$22,400 is their total household income.

Are all household children considered Free if one family member receives benefits?

- Yes, all children can be approved for Free meals through the definition of Extended Categorical Eligibility.



Administrative Responsibilities

MBIEs, OMAR & Claiming Roster

Meal Counts

Monthly Expense Reporting

Recordkeeping & Training

[illegible]

MEAL COUNT SUMMARY									
Name of Center					Month/Year				
Number of Meals Served by Approved Vendors					Number of Meals Consumed by Adult Staff				
Date	Breakfast	Lunch	Dinner	Supper	Date	Breakfast	Lunch	Dinner	Supper
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total for Month					Total for Month				
Approved Vendor: _____ Signature: _____ Title: _____					Approved Vendor: _____ Signature: _____ Title: _____				

Child Care Center	
Attendance Reporting	
	<u>Quantity</u>
C1. Total Days of Operation:	12
C2. Total Attendance:	199
C3. Average Daily Attendance:	17
C4. Number of Shifts:	1
Number of enrolled participants in each reimbursement category	
	<u>Quantity</u>
C5. Free Category:	7
C6. Reduced Category:	9
C7. Paid Category:	6
C8. Total Enrolled:	22
Child Meals / Snacks Served	
	<u>Total</u>
C9. Breakfast:	105
C10. AM Snack:	0
C11. Lunch:	120
C12. PM Snack:	79
C13. Supper:	0
C14. Evening Snack:	0

Point of Service Instructions

[illegible]

- Point of service must be taken as a complete meal is received or before the participant leaves the table.
- A director or administrator should conduct an edit check to indicate which meals should be claimed for reimbursement.
- It is best practice to transfer daily counts at least weekly to the monthly Meal Count Summary Sheet.
- You cannot claim or be reimbursed for program adult meals, USDA these meals must be recorded per 7 CFR 226.7(m)(2).



Transferring POS to the Meal Count Summary

Completed Point of Service

POINT OF SERVICE MEAL COUNT SHEET Week of Aug 6-10 2018 Classroom Name Butterflies

1. Check off all meals served on a participant's (P) 2. A participant may be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. 3. Indicate by use of a color or a line mark a specific meal or snack that will not be claimed for reimbursement (N).

NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY		
	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch	Breakfast	AM Snack	Lunch
Jake Sparrow																					
Benito Rodriguez																					
Yanira Davis																					
Yasmine Ramirez																					
Diana Lee																					
TOTALS	3	3	2	2	1	3	3	2	2	1	2	2	3	1	2	3	2	1			

YOU MAY RECORD STATISTICS HERE AND TRANSFER TO MEAL COUNT SUMMARY SHEET. DO NOT CLAIM MEALS CONSUMED BY STAFF

NAME	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack
Esmeralda Garcia							
Bonnie Lynn							
TOTALS	1	1	1	1	1	1	1

Completed Meal Count Summary

MEAL COUNT SUMMARY Name of Center: Diane's Busy Bees Month/Year: 08/2018

Date	Number of Meals Claimed for Enrolled Children							Number of Meals Consumed by Adult Staff						
	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack
1														
2														
3														
4														
5														
6	3	3	3	2		2	1							
7	2	2	2	2		2	1							
8	2	2	2	1		2								
9	2	2	2	2		1	1							
10	2	2	2	2										
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Subtotal	12	13	12	8	0	7	3							
Infant Totals														
Total # Meals To Claim	12	13	12	8	0	7	3							

DO NOT CLAIM MEALS CONSUMED BY STAFF

If any daily adult meal totals above exceed the 5 to 1 student/teacher ratio, report the dollar value of the exceeded meals onto your CNP Sponsor Claim.



Transferring POS to the Meal Count Summary

Completed Point of Service

POINT OF SERVICE MEAL COUNT SHEET Week of Aug 6-10 2018 Classroom Name Butterflies

1. Check off all meals served on a participant's (P) 2. A participant may be disqual for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. 3. Indicate by use of a color or a mark a specific meal or snack that will not be allowed for reimbursement (N).

NAME	MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				SUNDAY			
	Breakfast	AM Snack	Lunch	PM Snack	Breakfast	AM Snack	Lunch	PM Snack	Breakfast	AM Snack	Lunch	PM Snack	Breakfast	AM Snack	Lunch	PM Snack	Breakfast	AM Snack	Lunch	PM Snack	Breakfast	AM Snack	Lunch	PM Snack				
Jake Sparrow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
Emily Rodriguez	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
Emily Davis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
Emily Ramirez	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
Diana Lee	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
TOTALS	5	3	3	2	5	3	3	2	5	3	3	2	5	3	3	2												

YOU MAY RECORD STAFF MEALS HERE AND TRANSFER TO MEAL COUNT SUMMARY SHEET. DO NOT CLAIM MEALS CONSUMED BY STAFF

NAME	Breakfast	AM Snack	Lunch	PM Snack	At-Risk	Supper	Night Snack
Emerald Garcia	✓	✓	✓	✓	✓	✓	✓
Bernice Kim	✓	✓	✓	✓	✓	✓	✓
TOTALS	1	1	1	1	1	1	1

Completed Meal Count Summary

MEAL COUNT SUMMARY Name of Center: Diane's Busy Bees Month/Year: 08/2018

Date	Number of Meals Claimed for Enrolled Children							Number of Meals Consumed by Adult Staff						
	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack
1														
2														
3														
4														
5														
6	3	3	3	2		2	1							
7	2	2	2	2		2	1							
8	2	2	2	1		2								
9	2	2	2	1		2								
10	2	2	2	2		1	1							
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Subtotal	12	13	12	8	0	7	3							
Infant Totals														
Total # Meals To Claim	12	13	12	8	0	7	3							

DO NOT CLAIM MEALS CONSUMED BY STAFF

If any daily adult meal totals above exceed the 5 to 1 student/teacher ratio, report the dollar value of the exceeded meals onto your CNP Sponsor Claim.

These numbers then go into NPS web.



Administrative Responsibilities

MBIEs, OMAR & Claiming Roster

Meal Counts

Monthly Expense Reporting

Recordkeeping & Training


FOOD SERVICE COST REPORT

Domestic Costs	Operational Direct Mutual Service
Food Supplies and Equipment	Preparation and service of meals to participants, fuel, food cost (kitchen), linens, paper plates, cooking pans, etc.

Month: _____ Year: _____

Date	Supplier	Purchase Type (retail, small, target)	Total Invoice	Food/Milk	CACFP Operational Supplies	Non-CACFP Supplies	# of Milk Units
			\$	\$	\$	\$	

3/3/11

News: Child and Adult Care Food Program

Time Diets Business Report Log

Month: Year _____

Employee Name _____

Spencer Site Name _____

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form is used in documenting a successful food service operation.

Date	Hours Worked on CACFP			Non-CACFP Hours Worked			Hours Worked on CACFP			Non-CACFP Hours Worked			Total Hours Worked		
	Date	Admin.	Oper.	Date	Admin.	Oper.	Date	Admin.	Oper.	Date	Admin.	Oper.	Date	Admin.	Oper.
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
													TOTAL	0	0

Total: \$ _____ \$ _____ \$ _____

I certify that this is an accurate record of the number of hours worked on the CACFP.

Signature _____ Date _____

Employee's Signature _____

TO BE COMPLETED BY CENTER DEAUTHORIZED/REGULATED REPRESENTATIVE

A (BENEFIT PAID STAFF)

Total administrative hours worked on CACFP _____ \$ _____ (benefit wage) = \$ _____ (Total admin. CACFP salary)

Total operational hours worked on CACFP _____ \$ _____ (benefit wage) = \$ _____ (Total oper. CACFP salary)

B (SALARY STAFF)

Total administrative hours worked on CACFP _____ Total hours worked = _____

Total salary for month _____ \$ _____ (Total admin. CACFP salary)

I certify that payroll records are on file that justify the total wages as listed above.

Signature of Center Director/Authorized Representative _____ Date _____

CACFP MONTHLY EXPENSE WORKSHEET

Month/Year _____

Increased Costs	Administrative Costs - Operating/Contracting (planning, organizing and managing CACFP)	Operational Costs - Direct/Staff Services (preparation and service of meals to participants)
Utilities	Contracted Services	Food costs
Supplies	Contracted Services	Supplies (other)

ADMINISTRATIVE SALARY/BENEFITS

ADMINISTRATIVE LABOR EXPENSES

	A	B	C	D	E	F
		Total Administrative Hours per month	Salary per hour	Gross Pay (B x C)	Percent of Time Spent on CACFP Tasks	CACFP Portion of Budget
Personnel, Employee, Hour						

CACFP MONTHLY EXPENSE WORKSHEET

Month/Year _____

OPERATIONAL SALARY

OPERATIONAL LABOR EXPENSES

	A	B	C
		Total Operational Hours per month	Salary per hour
Personnel, Employee, hour			

Increased Costs	Administrative - Operating/Contracting (planning, organizing and managing CACFP)	Operational - Direct/Staff Services (preparation and service of meals to participants)
Utilities	Contracted Services	Food costs
Contracted Services	Contracted Services	Supplies (other)
Supplies	Contracted Services	Supplies (other)
Other Costs	Contracted Services	Supplies (other)

ADMINISTRATIVE FACILITY EXPENSES

Square Footage of CACFP Food Service Area = Total Square Footage of Facility + Percent Attributed to CACFP

(OFFICE SPACE) = (ENTIRE FACILITY) = (COLUMN C)

* Areas Used Distribution Figures = Benefits include: Post-Trauma, Village, Lark
Page 1 of 2

OPERATIONAL FACILITY EXPENSES

Square Footage of CACFP Food Service Area = Total Square Footage of Facility + Percent Attributed to CACFP

(KITCHEN, FOOD STORAGE, EATING AREA) = (ENTIRE FACILITY) = (COLUMN C)

	A	B	C	D
	Service	Billed Amount*	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage				
Contracted Services				
Utilities				
Other Costs				

WATERS = *ELECTRICITY \$ = *GAS \$ = TOTAL UTILITIES \$

* Actual Original Invoice or Supporting Documentation

Page 3 of 3



Administrative Responsibilities

MBIEs, OMAR &
Claiming Roster

Meal Counts

Monthly Expense
Reporting

Recordkeeping &
Training

Food/Non-Food Cost

Keep all original receipts/invoices and make a copy or scan electronically for your monthly files as originals can fade.

For each receipt mark each item according to the following key:
N/A – not allowable food cost
FC – food cost
SC – Supply cost

Track your inventory and practice first in, first out. Please refer to NDA's Monthly Financial Status Report excel document.

Follow proper procurement guidelines.

All claimed food costs must reconcile with the coinciding menu.

Salaries

Salaries for Operational and Administrative labor must be approved by NDA in NPS budget prior to claiming.

Time Sheets must be maintained for all employees and Time Distribution logs reporting all hours worked must be signed by the employee and supervisor.

If your organization spends 100% of your reimbursement on food, you do not need to provide the time distribution form.

Facility Expenses

All expenses must be approved within your budget prior to claiming.

Keep all original bills and make a copy for your monthly files as originals can fade.

If you have a contracted service, a contract must be submitted to NDA.

If your organization spends 100% of your reimbursement on food, you do not need to provide this back up documentation during a review.



Test your Knowledge: Food Costs

Are these costs allowable?



Are these costs allowable?



La Bonita Supermarket #6
6000 WEST CHEYENNE
Las Vegas, NV 89108
(702) 843-0960

07/14/2018 11:15:30
US DEBIT Entry Method: Chip
CARD #: XXXXXXXXXX2793
PURCHASE - APPROVED
AUTH CODE: 437598

Mode: Issuer-PIN Verified
AID: A0000000042203
TVR: 8000048000
IAD: 0114A00001220000000000000000000000

ODOFF
TSI: 6800 ARC: 00
MID: 347571 TID: 001 RRN: 058850
Purchase: \$15.47
Cashback: \$40.00

Total: USD\$ 55.47

CUSTOMER COPY

MANGO CHICO /SZ 12-1 W			
4 # 4 FOR	\$1.00		F
JICAMA /JICAMA W			
1.64 lb @ \$0.59/ lb	\$0.97		F
ROCKSTAR 16Z RECOVER			
AdGrpProc300-2			
1 # 2 FOR	\$3.00		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z RECOVER			
AdGrpProc300-2			
3 # 2 FOR	\$4.50		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z TROP PN			
AdGrpProc300-2			
7 # 2 FOR	\$10.50		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z PROMO	-\$0.61		F
ROCKSTAR 16Z E/D KIL			
AdGrpProc300-2			
1 # 2 FOR	\$3.00		F
ROCKSTAR 16Z ORANGE			
AdGrpProc300-2			
1 # 2 FOR	\$3.00		F
ROCKSTAR 16Z PROMO	-\$0.61		F
LYCHEE FRUIT /FRUTA W			
0.44 lb @ \$2.99/ lb	\$1.32		F
BALANCE DUE	\$15.47		



Store 3016 Dir John Mens
Main:(702) 838-4322 Rx:(702) 838-7548
10250 W Charleston Blvd
Las Vegas NV 89135

GROCERY

ZATARAINS CILANTRO 1.99 S

REFRIG/FROZEN

SOUR CREAM 0.99 S
Regular Price 1.29
Sale Savings 0.30-

PRODUCE

2 QTY
HASS AVOCADOS 2.50 S
Regular Price 3.00
Sale Savings 0.50-
2 QTY GREEN BELL 1.98 S
0.72 lb @ \$0.99 /lb
WT ONIONS WHITE JUMBO 0.71 S

DELI

FLOUR TORTILLA 3.99 S
ROJOS HOMESTYLE 3.99 S

TAX 0.00
**** BALANCE 16.15



Store 3016 Dir John Mens
Main:(702) 838-4322 Rx:(702) 838-7548
10250 W Charleston Blvd
Las Vegas NV 89135

GROCERY

BROWN SUGAR 3.49 S
CRANAMERICA TM 2.00 S
Regular Price 2.99
Sale Savings 0.99-
O/S LT CRANBERRY 2.00 S
Regular Price 2.99
Sale Savings 0.99-
NABISCO COOKIES 4.99 S

REFRIG/FROZEN

LUCERNE AA LG EGGS 1.89 S
6 QTY CREAM CHEE 10.00 S
Regular Price 11.94
Sale Savings 1.94-
SARGENTO SLICED 3.99 S
Regular Price 4.99
Sale Savings 1.00-
YOPLAIT LITE 0.69 S
YOPLAIT ORIG GIRL 0.69 S

BAKED GOODS

NAT OWN WHAT HONEY 1.99 S
Regular Price 3.99
Sale Savings 2.00-

PRODUCE

0.56 lb @ \$1.69 /lb 0.95 S
WT NAVEL ORANGES
Regular Price 1.11
Sale Savings 0.16-
LARGE LEMONS 0.89 S

DELI

SC FRESH ROASTED 7.95 S
PT APPLEWOOD HAM 4.03 S

TAX 0.00
**** BALANCE 45.55



Are these costs allowable?

La Bonita Supermarket #6
5000 WEST CHEYENNE
Las Vegas, NV 89108
(702) 843-0960

07/14/2018

11:15:30

US DEBIT

Entry Method: Chip

CARD #:

XXXXXXXXXXXX2793

PURCHASE

- APPROVED

AUTH CODE: 437598

Mode:

Issuer-PIN Verified

AID:

A0000000042203

TVR:

8000048000

IAD:

0114A0000122000000000000000000

000FF

TSI: 6800

ARC: 00

MID: 347571

TID: 001

RIN: 058850

Purchase:

\$15.47

Cashback:

\$40.00

Total:

USD\$ 55.47

CUSTOMER COPY

MANGO CHICO /SZ 12-1 W			
4 @ 4 FOR \$1.00	\$1.00	F	
JICAMA /JICAMA W			
1.64 lb @ \$0.59/ lb	\$0.97	F	
ROCKSTAR 16Z RECOVER			
AdGrpPr300-2			
1 @ 2 FOR \$3.00	\$1.50	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z RECOVER			
AdGrpPr300-2			
3 @ 2 FOR \$3.00	\$4.50	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z TROP PN	-\$0.61	F	
AdGrpPr300-2			
7 @ 2 FOR \$3.00	\$10.50	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
ROCKSTAR 16Z E/D KIL	-\$0.61	F	
AdGrpPr300-2			
1 @ 2 FOR \$3.00	\$1.50	F	
ROCKSTAR 16Z ORANGE			
AdGrpPr300-2			
1 @ 2 FOR \$3.00	\$1.50	F	
ROCKSTAR 16Z PROMO	-\$0.61	F	
LYCHEE FRUIT /FRUIT W			
0.44 lb @ \$2.99/ lb	\$1.32	F	
BALANCE DUE	\$15.47		

Rockstar is not a creditable food therefore it is not an allowable cost.

	
Store 3016 Dir John Mens Main:(702) 838-4322 Rx:(702) 838-7548 10250 W Charleston Blvd Las Vegas NV 89135	
GROCERY	
ZATARAINS CILANTRO	1.99 S
REFRIG/FROZEN	
SOUR CREAM	0.99 S
Regular Price	1.29
Sale Savings	0.30-
PRODUCE	
2 QTY HASS AVOCADOS	2.50 S
Regular Price	3.00
Sale Savings	0.50-
2 QTY GREEN BELL	1.98 S
0.72 lb @ \$0.99 /lb	
WT ONIONS WHITE JUMBO	0.71 S
DELI	
FLOUR TORTILLA	3.99 S
ROJOS HOMESTYLE	3.99 S
TAX	0.00
**** BALANCE	16.15

Cookies are a grain-based dessert and are not an allowable cost.

	
Store 3016 Dir John Mens Main:(702) 838-4322 Rx:(702) 838-7548 10250 W Charleston Blvd Las Vegas NV 89135	
GROCERY	
BROWN SUGAR	3.49 S
CRANAMERICA TM	2.00 S
Regular Price	2.99
Sale Savings	0.99-
O/S LT CRANBERRY	2.00 S
Regular Price	2.99
Sale Savings	0.99-
NABISCO COOKIES	4.99 S
REFRIG/FROZEN	
LUCERNE AA LG EGGS	1.89 S
6 QTY CREAM CHEE	10.00 S
Regular Price	11.94
Sale Savings	1.94-
SARGENTO SLICED	3.99 S
Regular Price	4.99
Sale Savings	1.00-
YOPLAIT LITE	0.69 S
YOPLAIT ORIG GIRL	0.69 S
BAKED GOODS	
NAT OWN WHAT HONEY	1.99 S
Regular Price	3.99
Sale Savings	2.00-
PRODUCE	
0.56 lb @ \$1.69 /lb	
WT NAVEL ORANGES	0.95 S
Regular Price	1.11
Sale Savings	0.16-
LARGE LEMONS	0.89 S
DELI	
SC FRESH ROASTED	7.95 S
PT APPLEWOOD HAM	4.03 S
TAX	0.00
**** BALANCE	45.55



Food Service Cost Report

[illegible]

- Compile all invoices and receipts onto the monthly Food Service Cost Report. Use word document or Monthly Financial Status Report excel document tab to track costs.
 - It is *very* important to keep track of the amount of milk that is purchased. If NDA cannot verify that enough milk was purchased on a review the whole month of meals, that required milk, will be disallowed.
 - Most of your reimbursement *should* be allocated to food to provide a healthy variety to the children enrolled in your program.
- 
- The logo for the National Dairy Association (NDA) is located in the bottom right corner. It features a stylized illustration of a mountain range with a sun rising over it, all enclosed within a rectangular border. Below the illustration, the letters "NDA" are printed in a bold, sans-serif font.



Monthly Expense Worksheet: How to Complete Administrative and Operational Salaries

3/31/11 Nevada Child and Adult Care Food Program Time Distribution Report Log Month/Year 08/18

Employee Name: KESSIE JOHNSON
Sponsor/Site Name: DIANE'S BAKERY

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Admin.	Oper.				Admin.	Oper.		
1		7		7	17				0
2		6		6	18				7
3		6		6	19	1	6		7
4				0	20				0
5				0	21				0
6				0	22				0
7		6		6	23	1	6		7
8				0	24				0
9				0	25				0
10				0	26	1	6		7
11		6		6	27				0
12		6		6	28				0
13				0	29	1	6		7
14				0	30				0
15				0	31				0
16				0	TOTAL	11	66		77

I certify that this is an accurate record of the number of hours worked on the CACFP.
Employee's Signature: KESSIE JOHNSON Date: 08/13/18

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)
Total administrative hours worked on CACFP 11 x \$ 10 (hourly wage) = \$ 110 (Total admin. CACFP salary)
Total operational hours worked on CACFP 66 x \$ 10 (hourly wage) = \$ 660 (Total oper. CACFP salary)

B. (SALARIED STAFF)
Total administrative hours worked on CACFP 11 - Total hours worked 77 = 14.3%
Total salary for month \$ 110 x 14.3% = \$ 15.73 (Total admin. CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.
Signature of Center Director/Authorized Representative: DIANE EDWARDS Date: 08/13/18

3/31/11 Nevada Child and Adult Care Food Program Time Distribution Report Log Month/Year 08/18

Employee Name: BRITTANY RIVER
Sponsor/Site Name: DIANE'S BAKERY

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Admin.	Oper.				Admin.	Oper.		
1	3	0		3	17				0
2	3	0		3	18				0
3	3	0		3	19				0
4				0	20	3	0		3
5				0	21	3	0		3
6	3	0		3	22	3	0		3
7	3	0		3	23	3	0		3
8	3	0		3	24	3	0		3
9	3	0		3	25				0
10	3	0		3	26				0
11				0	27	3	0		3
12				0	28	3	0		3
13	3	0		3	29	3	0		3
14	3	0		3	30	3	0		3
15	3	0		3	31	3	0		3
16	3	0		3	TOTAL	18	0		18

I certify that this is an accurate record of the number of hours worked on the CACFP.
Employee's Signature: BRITTANY RIVER Date: 08/13/18

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)
Total administrative hours worked on CACFP 18 x \$ 5 (hourly wage) = \$ 90 (Total admin. CACFP salary)
Total operational hours worked on CACFP 0 x \$ 5 (hourly wage) = \$ 0 (Total oper. CACFP salary)

B. (SALARIED STAFF)
Total administrative hours worked on CACFP 18 - Total hours worked 18 = 100%
Total salary for month \$ 90 x 100% = \$ 90 (Total admin. CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.
Signature of Center Director/Authorized Representative: DIANE EDWARDS Date: 08/13/18

3/31/11 Nevada Child and Adult Care Food Program Time Distribution Report Log Month/Year 08/18

Employee Name: DIANE EDWARDS
Sponsor/Site Name: DIANE'S BAKERY

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Admin.	Oper.				Admin.	Oper.		
1				0	17	3			3
2				0	18	3			3
3	3			3	19				0
4				0	20				0
5				0	21				0
6				0	22				0
7				0	23				0
8				0	24	3			3
9				0	25				0
10	3			3	26				0
11				0	27				0
12				0	28				0
13				0	29				0
14				0	30				0
15				0	31	3			3
16				0	TOTAL	15	0		15

I certify that this is an accurate record of the number of hours worked on the CACFP.
Employee's Signature: DIANE EDWARDS Date: 08/13/18

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)
Total administrative hours worked on CACFP 15 x \$ 5 (hourly wage) = \$ 75 (Total admin. CACFP salary)
Total operational hours worked on CACFP 0 x \$ 5 (hourly wage) = \$ 0 (Total oper. CACFP salary)

B. (SALARIED STAFF)
Total administrative hours worked on CACFP 15 - Total hours worked 15 = 100%
Total salary for month \$ 75 x 100% = \$ 75 (Total admin. CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.
Signature of Center Director/Authorized Representative: DIANE EDWARDS Date: 08/13/18



Monthly Expense Worksheet: How to Complete Administrative and Operational Salaries

3/31/11 Nevada Child and Adult Care Food Program Month/Year: 03/11

Employee Name: DIANE EDWARDS

Supervisor Name: DIANE EDWARDS

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a successful food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Total Hours Worked
	Admin	Oper				
1					1	
2					2	
3					3	
4					4	
5					5	
6					6	
7					7	
8					8	
9					9	
10					10	
11					11	
12					12	
13					13	
14					14	
15					15	
16					16	
17					17	
18					18	
19					19	
20					20	
21					21	
22					22	
23					23	
24					24	
25					25	
26					26	
27					27	
28					28	
29					29	
30					30	
31					31	
32					32	
33					33	
34					34	
35					35	
36					36	
37					37	
38					38	
39					39	
40					40	
41					41	
42					42	
43					43	
44					44	
45					45	
46					46	
47					47	
48					48	
49					49	
50					50	
51					51	
52					52	

I certify that this is an accurate record of the number of hours worked on the CACFP.

Employee Signature: DIANE EDWARDS

Supervisor Signature: DIANE EDWARDS

WE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (MONTHLY PAID STATE) Total administrative hours worked on CACFP: 11 (Total admin. CACFP salary)

B. (MONTHLY PAID STATE) Total operational hours worked on CACFP: 11 (Total oper. CACFP salary)

C. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

D. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

E. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

F. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

G. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

H. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

I. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

J. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

K. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

L. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

M. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

N. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

O. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

P. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

Q. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

R. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

S. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

T. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

U. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

V. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

W. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

X. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)

Y. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total admin. CACFP salary)

Z. (MONTHLY PAID STATE) Total hours worked on CACFP: 22 (Total oper. CACFP salary)



NDA Nevada Department of Agriculture

CACFP MONTHLY EXPENSE WORKSHEET

Month/Year: 03/11

Itemized Costs	Administrative Costs - Overseeing Compliance (planning, organizing and managing CACFP)	Operational Costs - Direct Meal Service (preparation and service of meals to participants)
Salaries	Owner, Director, Monitor	Teachers, Cook
Benefits	Owner, Director, Monitor	Teachers, Cook

ADMINISTRATIVE LABOR EXPENSES

A	B	C	D	E	F
POSITION, EMPLOYEE NAME	TOTAL ADMINISTRATIVE HOURS PER MONTH (FROM TIME DISTRIBUTION REPORT)	SALARY PER HOUR	GROSS PAY (B X C)	PERCENT OF TIME SPENT ON CACFP TASKS THIS MONTH (B / TOTAL MONTHLY HOURS)	CACFP PORTION OF BENEFITS (F X E)
Diane Edwards	15	\$25	\$380		
TOTAL			\$380		
			SALARIES		
			BENEFITS		

OPERATIONAL LABOR EXPENSES

A	B	C	D	E	F
POSITION, EMPLOYEE NAME	TOTAL OPERATIONAL HOURS PER MONTH (FROM TIME DISTRIBUTION REPORT)	SALARY PER HOUR	GROSS PAY (B X C)	PERCENT OF TIME SPENT ON CACFP TASKS THIS MONTH (B / TOTAL MONTHLY HOURS)	CACFP PORTION OF BENEFITS (F X E)
Tessie Johnson	11	\$10	\$110		
Brittany Klien	184	\$8	\$1472		
TOTAL			\$1582		
			SALARIES		
			BENEFITS		

* Attach Time Distribution Reports † Benefits include: Paid Vacation, Military Leave, Sick Leave, Health & Retirement Benefits, Disability, and Life Insurance

Page 1 of 2

Total Administrative Salaries are reported monthly in Staff Labor under Administrative Expenses on NPS claim.

Total Operational Salaries are reported monthly in Staff Labor under Operating Expenses on NPS claim.



Facility Expenses

PO BOX 1034 (MAY 15)
CIVIL 1250
FAX 1-10322
CIVIL FAX 10324
B40-0000 NO IN PA 28 171322 6 HANNOVER ST
BUSINESS ACCOUNT, LLC
123 E MAIN ST
ANYTOWN, GA 30341-1234

PPL Electric Utilities

Pay/Manage your account online at
pplenergyservice.com

④ Questions? Please contact us by May 12.
1-800-204-4951
E-Mail: Bm to Ryan

Page 1 of 4

Page 2

Bill Acct. No.	Due Date	Amount Due
0000-0000	May 12, 2015	\$108.62

Your Electric Usage Profile

Service to:
CUSTOMER
123 MAIN ST
ANYTOWN, PA 18002

Meter: D000-0000
Your next meter reading is on or about May 1

This section helps you understand your year-end electric usage by month. Meter readings are as otherwise noted.

Month	2014 Avg. kWh	2015 Avg. kWh
J	28	28
F	25	25
M	22	22
A	20	20
S	35	35

ACCOUNT SUMMARY

Previous Balance

Payment Received - Oct 12

Remaining Previous Balance

New Charges for Sep 10, 2

Internet

Telephone

One Time Charges and Taxes, Fees and Surcharge

Total New Charges

Total Due By Nov 2, 2016

Identity Comparison	Days Billed	kWh	Average kwh/Dat
Apr 2015	30	698	23
Apr 2014	30	734	24

Billing Period	Type	Rate
Apr 17	Actual	15
Mar 18	Actual	18
30 Days	kWh billed	60
Yearly Comparison	Total Use	Aug
May 2014 - Apr 2015	10398	
May 2013 - Apr 2014	11208	

Billing Summary

(Billing details back)

Balance as of Apr 23, 2015 \$0.00

Charges:

0000 252-2011

0123456789-1

02/26/2018

03/23/2018

04/20/2018

④ Please pay total due date to avoid a 4% late charge. Failure to pay the due date specified may result in an assessment or an increase of security deposit.

(702) 870-4194

hwed.com

Page 1 of 2

Assigned watering groups are shown next to EACH service. See page 2 for assigned watering days.

Account Summary

Previous Balance	0.00
Payments Received	0.00
Current Charges	60.27
Bt Corrections and Adjustments	0.00
Late Charge	0.00
Amount Due on 03/23/2018	60.27

Service Address: 123 SAMPLE STREET

This service is In Watering Group E

Meter #	Size	Current Reading	Current Read Date	Previous Reading	Previous Read Date	Usage in 1000 Gallons
04062-R	3/4"	872	02/26/18	856	01/13/18	14

Billing Period: 02/01/18 - 02/26/18	Total # of Days: 20
Meter #: 04612R	Billed Amount: 14
Service Charge \$0.4008 x 30 days	12.00
Tier 1 @ 1.6 x \$1.23	7.98
Tier 2 @ 2.6 x \$2.20	11.00
Tier 3 @ 3.3 x \$3.28	6.72
SRWA Commodity Charge 14 x \$0.48	6.72
SRWA Infrastructure Charge 14 x \$0.4309	12.02
SRWA Reliability Surcharge x 0.25%	0.12
Subtotal	\$60.27

Make Time Life easier and SO CALMER
With Easy Pay, you can receive bills up to 90 days before they're due.
You'll get more time to plan your budget and pay what you want.
www.cox.com/easypay

PPL Electric Utilities

Return this bill to:

Sign up on the box:

☐ Check box for address change.
Print in reverse side.

Please attach card to perforation and return with payment.

000007

CUSTOMER
123 MAIN ST
ANYTOWN, PA 18002

Pay by Phone or Internet:
(800) 252-2011

(702) 870-4194

hwed.com

Bill Date: 02/26/2018

Account Number: 0123456789-1

Your payment is due 03/23/2018.

CACFP MONTHLY EXPENSE WORKSHEET		
Month/Year <u>08/18</u>		
Itemized Costs	Administrative – Overseeing Compliance (planning, organizing and managing CACFP)	Operational – Direct Meal Service (preparation and service of meals to participants)
Rent/Mortgage	Office area	Kitchen, service areas
Contracted Services	Storage facility, computer maintenance	Pest control, refrigerator repair
Communications and Utilities	Phone, internet	Electricity, water
Other Costs	Computer, copy machines, CACFP office supplies (paper, pens, printer ink, etc.)	Shovel, refrigerator, grocery shopping (supported by mealbox reporting)

ADMINISTRATIVE FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP OFFICE SPACE ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PERCENT ATTRIBUTED

$$\frac{125}{(\text{OFFICE SPACE})} \div \frac{2500}{(\text{ENTIRE FACILITY})} = \frac{5\%}{(\text{COLUMN C})}$$

A	B	C	D
SERVICE	BILLED AMOUNT*	PERCENT ATTRIBUTED TO CACFP	TOTAL (B x C)
RENT OR MORTGAGE	\$1,800	5%	\$90
CONTRACTED SERVICES			
COMMUNICATIONS	\$810.56	5%	\$41.00
OTHER COSTS			

PHONE \$ 360.00 + INTERNET \$ 340.00 = TOTAL COMMUNICATIONS \$ 820.56

* Attach Original Invoices or Supporting Documentation

OPERATIONAL FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP FOOD SERVICE AREA ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PERCENT ATTRIBUTED

$$\frac{300}{(\text{KITCHEN, FOOD STORAGE, EATING AREA})} \div \frac{2500}{(\text{ENTIRE FACILITY})} = \frac{12\%}{(\text{COLUMN C})}$$

A	B	C	D
SERVICE	BILLED AMOUNT*	PERCENT ATTRIBUTED TO CACFP	TOTAL (B x C)
RENT OR MORTGAGE	\$1,800	12%	\$216
CONTRACTED SERVICES			
UTILITIES	\$166.89	12%	\$20
OTHER COSTS			

WATER \$ 60.27 + ELECTRICITY \$ 106.62 + GAS \$ _____ = TOTAL UTILITIES \$ 166.89

* Attach Original Invoices or Supporting Documentation



Monthly Expense Worksheet: How to Complete Facility Expenses

CACFP MONTHLY EXPENSE WORKSHEET
Month/Year 08/18

Itemized Costs	Administrative - Overseeing Compliance (planning, organizing and managing CACFP)	Operational - Direct Meal Service (preparation and service of meals to participants)
Rent/Mortgage	Office area	Kitchen, service areas
Contracted Services	Storage facility, computer maintenance	Pest control, refrigerator repair
Communications and Utilities	Phone, Internet	Electricity, water
Other Costs	Computer, copy machine, CACFP office supplies (paper, pens, printer ink, etc...)	Stove, refrigerator, grocery shopping (supported by mileage reports)

ADMINISTRATIVE FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP OFFICE SPACE ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PERCENT ATTRIBUTED
125 ÷ 2500 = 5%
 (OFFICE SPACE) (ENTIRE FACILITY) (COLUMN C)

A	B	C	D
SERVICE	BILLED AMOUNT*	PERCENT ATTRIBUTED TO CACFP	TOTAL (B x C)
RENT OR MORTGAGE	\$1,800	5%	\$90
CONTRACTED SERVICES			
COMMUNICATIONS	\$820.56	5%	\$41.00
OTHER COSTS			

PHONE \$ 360.00 + INTERNET \$ 30.00 = TOTAL COMMUNICATIONS \$ 820.56

* Attach Original Invoices or Supporting Documentation

OPERATIONAL FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP FOOD SERVICE AREA ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PERCENT ATTRIBUTED
300 ÷ 2500 = 12%
 (KITCHEN, FOOD STORAGE, EATING AREA) (ENTIRE FACILITY) (COLUMN C)

A	B	C	D
SERVICE	BILLED AMOUNT*	PERCENT ATTRIBUTED TO CACFP	TOTAL (B x C)
RENT OR MORTGAGE	\$4,800	12%	\$216
CONTRACTED SERVICES			
UTILITIES	\$166.89	12%	\$20
OTHER COSTS			

WATER \$ 60.27 + ELECTRICITY \$ 106.62 + GAS \$ _____ = TOTAL UTILITIES \$ 166.89

* Attach Original Invoices or Supporting Documentation

Page 2 of 2

Total Communications are recorded monthly under Administrative Expenses in NPS claim.

Total Utilities are recorded monthly in other under Operating or Administrative Expenses in NPS claim.



Administrative Responsibilities

MBIEs, OMAR &
Claiming Roster

Meal Counts

Monthly Expense
Reporting

Recordkeeping &
Training



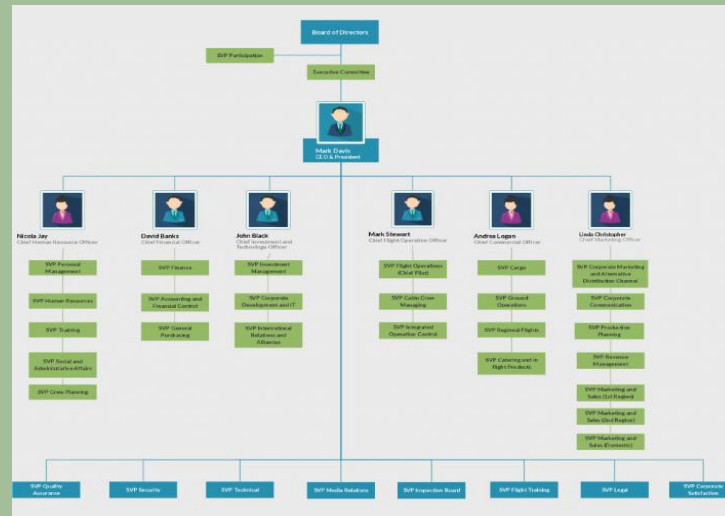
Recordkeeping

Organizational
Chart

Outside
Employment
Policy

Job Descriptions

Organizational charts are to include individual positions with names, functions for all current employees and board members (if applicable.)



Recordkeeping

Organizational
Chart

Outside
Employment
Policy

Job Descriptions

This policy must restrict other employment by employees that interferes with an employee's performance of Program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.



Recordkeeping

Organizational
Chart

Outside
Employment
Policy

Job Descriptions

Job descriptions must include CACFP responsibilities.

Major Activities of Monitoring Consultants:

Training and Technical Assistance

Duties:

- Provides on-site initial training
 - CACFP policies and procedures
 - Nutritional requirements
- Ongoing evaluation of provider training needs
- Implements training and documents the training as necessary
- Ongoing technical assistance
- Adapts training to individual needs of providers
 - based on education levels and learning styles
- Ensures providers have knowledge of program requirements in order to be successful
- Documentation of all training and technical assistance in CACFP file/MM

Necessary skills and knowledge:

- Knowledge of program requirements
 - Federal Regulations
 - State Agency Policy
 - CNP Inc. Policy and Procedures
- Knowledge of basic nutrition for children and meal patterns
- Ability to analyze and determine necessary corrective action if needed
- Ability to communicate verbally and in writing, individually and in group settings
- Ability to track training needs and outcomes of training



Additional Recordkeeping for Multiple Site Organizations

Notification of
Unannounced
Reviews

Monitor Review
Schedule

Sponsor and
Unaffiliated
Center Agreement

5 Day
Reconciliation

Sponsoring organizations of centers must provide each center with written notification of the right of the sponsoring organization, the State Agency, the Department, and other State and Federal officials to make announced or unannounced reviews of its operations during the center's normal hours of operation.



Additional Recordkeeping for Multiple Site Organizations

Notification of
Unannounced
Reviews

Monitor Review
Schedule

Sponsor and
Unaffiliated
Center Agreement

5 Day
Reconciliation

The sponsoring organization is required to review each of its facilities 3 times a year. At least 2 must be unannounced, 1 to include a meal observation. At least one review must be made during each new facility's first four weeks of program operation. Monitoring visits may not exceed six months. 7 CFR 226.16(d)(4)(iii). At the completion of the review, the sponsoring organization must provide its facilities with a copy of the review form or review report.

If findings occur upon review, it is the sponsoring organizations responsibility to assign corrective action and follow up with the facility to ensure that all findings have been permanently corrected. Corrective action should be submitted to the sponsoring organization within 2 weeks after it has been assigned.

*Independent Centers are not required to complete a self monitoring review

*Use NDA's self-monitoring template



Additional Recordkeeping for Multiple Site Organizations

Notification of
Unannounced
Reviews

Monitor Review
Schedule

Sponsor and
Unaffiliated
Center Agreement

5 Day
Reconciliation

NDA requires a Sponsoring Organization to enter into a written permanent agreement for the administration of CACFP with their unaffiliated facilities. The agreement shall be maintained by both the Sponsoring Organization and the facility for the entire time the facility operates in CACFP under the Sponsoring organization and for three years thereafter. The agreement shall specify the rights and responsibilities of both parties. Nothing in the preceding sentence shall be construed to limit the ability of the Sponsoring Organization to suspend or terminate the permanent agreement in accordance with 7 CFR 226.16(I).



Additional Recordkeeping for Multiple Site Organizations

Notification of
Unannounced
Reviews

Monitor Review
Schedule

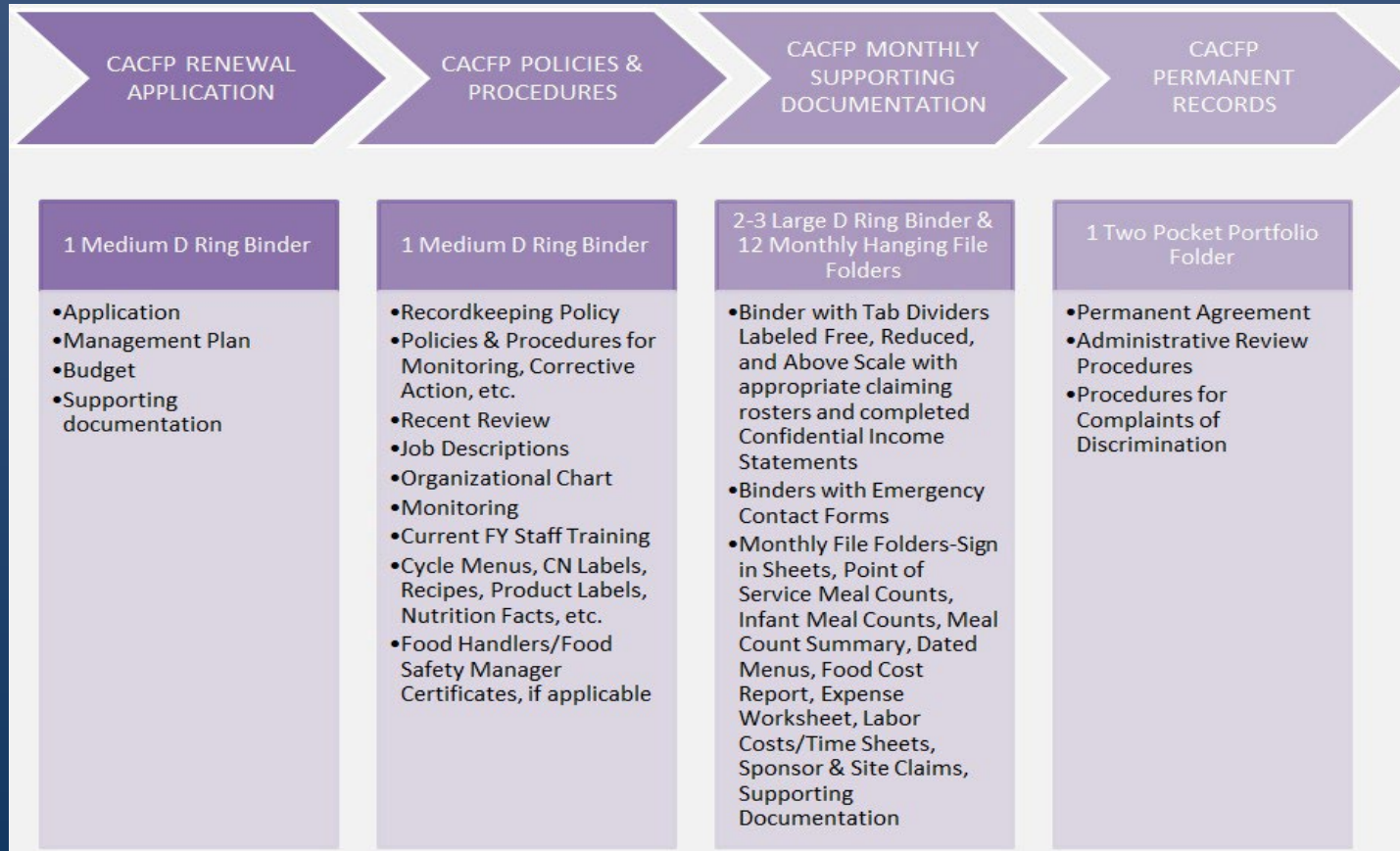
Sponsor and
Unaffiliated
Center Agreement

5 Day
Reconciliation

Five-day reconciliation is a simple way for Sponsoring Organizations monitors to look for consistency and determine that meal counts and claims are reasonable per 7 CFR 16(d)(4). If the data shows unusual patterns, the monitor must try to determine the reasons for the discrepancies and take additional steps to decide corrective action and whether any meals should be disallowed or an over claim should be established.



Organizing your CACFP Records



All records must be kept electronically.

Civil Rights Requirements

All staff is required to have civil rights training annually.

Prior to this training, you submitted a waiver stating that you viewed our Civil Rights Training.

The following Civil Rights topics are required: Public Notification System, Outreach and Education, Data Collection, Reasonable Accommodations, Language Assistance, Civil Rights Complaint Procedures, Technical Assistance and Training, Customer Service, and Conflict Resolution.



Additional Required Training Topics

Training Topics	Who Should Attend
Purpose of CACFP	Designated Official, Monitor, Site Staff
Nutrition (Encouraged)	Designated Official and all CACFP Staff
Meal Pattern Requirements	Designated Official, Site Staff, Cooks, Monitors
Food Safety and Sanitation	Designated Official, Cooks, Site Staff
Meal Service and Approved Mealtimes	Designated Official, Cooks, Site Staff, Monitors
Meal Count	Designated Official, Site Staff, Cooks, Monitors, Claim Consolidators
Infant Feeding and Records	Designated Official, Site Staff, Cooks, Monitors
CACFP Expenses/Budget	Designated Official, Accountant, Claim Processor
Procurement	Designated Official, Accountant
Claim Submission	Designated Official, Claim Preparer, Claim Submitter
Reimbursement System	Designated Official, Accountant
Monitoring (Sponsors with <1 site)	Designated Official, Monitors
Record Keeping	Designated Official, All CACFP Staff
Civil Rights	Designated Official, All CACFP Staff

Financial Viability

- Financial Viability Training
 - Online training course: <https://core-cacfponline.com/>
 - enrollment key is CORE
- CORE Microlearning Mobile App
 - Search to download for free: USDA CORE
- Sponsoring organizations must comply with the performance standards.
- Annually sponsors must submit sufficient information to document that:
 1. It is financially viable
 2. It is administratively capable
 3. It has internal controls in effect to ensure accountability
- Shown by providing most current yearly Balance Sheet (B/S) and Profit & Loss Statement (P&L) and a Cash Flow Statement.
 - 7 CFR 226.6 (b) (vii)

Sponsors exempt from this are governmental agencies.



Administrative Sponsor Reviews

Review Cycle	Corrective Action	Serious Deficiency	Suspension/ Termination	National Disqualified List
All Sponsors will be reviewed, at minimum, every three years. The review will include a meal observation. NDA may come unannounced.	If there are findings as the result of the review the institution will be required to complete a Corrective Action Plan for each finding. All corrective action <u>must</u> be permanently corrected, if not your organization may be deemed Seriously Deficient.	An institution may be declared seriously deficient for any of the reasons listed in 7 CFR 226.6(c)(3)(ii)(A) – (U) and the State agency will exercise judgement to differentiate between occasional or minor errors and major or systemic errors.	Failure to fully and permanently correct the serious deficiency(ies) within the allotted period of time will result in the termination of the institution's agreement and placement of the institution and designated official(s) on the National disqualified list. The State agency may suspend an institution for such issues as health and safety or fraudulent activity.	If an institution is terminated the institution and designated official(s) will be placed on the National Disqualified List (NDL) for at least three years. During this time the institution and responsible person(s) may not participate in <u>any</u> federal programs. All corrective/fiscal action must be completed before removal from the NDL. It is the Sponsor's responsibility to check the NDL to ensure that they do not hire those on the list.

Administrative Sponsor Reviews

An Administrative Review is available in response to certain action taken by the State Agency.

May be sought in response to:

- Application denial
- Purposed suspension or termination
- Fiscal action

May not be sought in response to:

- Determination of Serious Deficiency
- Placement on the NDL
- Corrective Action

CACFP Budget

- A budget is a “living” document
 - Intended for planning
 - If modified send to NDA for Approval
- CACFP Budget is not intended to be your entire organizations budget
- Aligns with program performance standards and management plan



Budgets

#1 Necessary

#2 Reasonable

#3 Authorized

#4 Limitations

#5 Current

#6 Multiple Awards

#7 Consistent Treatment

#8 Net of Credits

#9 Allocable

#10 Documented



Budgets

#1 Necessary

The cost must be essential to fulfill regulatory requirements for proper and efficient administration of the program.

Example: Food, Operational Labor



Budgets

#2 Reasonable

The type and amount of cost must not exceed what a prudent person would pay under the same circumstances.



Budgets

#3 Authorized

- Expressed as an allowable cost
- Not expressly prohibited

#4 Limitations

- Must conform to limitations expressed by Federal/State law

#5 Current

- Cannot be assigned to a prior or future period
- Must be approved prior to purchase



Budgets

#6 Multiple Awards

- No Double Dipping!
- Cost cannot be charged to another award

#7 Consistent Treatment

- Treatment of the cost must be the same for all activities

#8 Net of Credits

- After credit is applied to costs



Budgets

#9 Allocable

- The CACFP is only charged its fair share

#10 Documented

- Documentation to support the cost that was incurred, is a Program cost and complies with Federal and State laws



Budget Question Examples

1. Your sponsoring organization purchased office supplies. The cost was approved in the budget. The total of the supplies was \$350. However, you received a \$150 instant rebate. How much can you charge to the CACFP?

2. A Director wanted to attend a nutrition conference that has a CACFP component. Is this allowable?

3. It is October, the start of a new federal fiscal year. In July you needed to purchase a new refrigerator for one of your affiliated centers. Can you include this cost in your current year's budget since you forgot to include it in last year's budget?



Budget Question Answers

1. You can charge \$200 to CACFP. The original cost minus the instant rebate.

2. Yes, with prior written approval for travel and registration. Only the portion of the conference can be paid by CACFP funds.

3. No, you cannot include the cost in your current budget because it was for a prior period.



Procurement

- ✓ Obtain goods and services efficiently and economically
- ✓ Comply with Federal, State, and local regulations
- ✓ Prevent fraud, waste, and abuse
- ✓ Maximize free and open competition



Procurement Methods

Micro-Purchase	Small/Informal Purchase	Formal Purchase
• \$10,000 or less • Awarded without soliciting competitive quotes • Sponsor must make purchases from all qualified sources equally	• \$250,000 or less (simplified acquisition threshold (SAT)) • Food only contract does not exceed \$250,000 • Non-food goods and services does not exceed \$50,000 • Informal price or rate quotations for securing products and services (adequate #, usually 3) • Free and open competition • Document date, vendors and quotes	• Over \$250,000 for food and \$50,000 for non-food goods and services • Sponsor must conduct a cost or price analysis • Formal Competitive Sealed Bids, competitive proposal or Request for Proposal • Refer to the NV Invitation for Bid and Contract Template • Any total for Food Service Management Contract, not including meal vendors • Discuss Noncompetitive Contract • circumstances with NDA.

* No specific threshold for a meal agreement with a SFA unless the SFA has a contract with a Food Service Management Company.

Procurement Plan

- All sponsors must have a procurement policy/plan in place
- Procurement Plan Prototype available on NPS, must be completed and on file with NDA



Claim Submission Deadline Chart

Claim Submission Deadline Chart/CACFP and SFSP Food and Nutrition Division



Claim Submission Deadlines		
Claim Month	• 60 day	• 80 day
January	✓ April 1	✓ April 21
February	April 29	May 19
March	May 30	June 19
April	June 29	July 19
May	July 30	August 19
June	August 29	September 18
July	September 29	October 19
August	October 30	November 19
September	November 29	December 19
October	December 30	January 19
November	January 29	February 18
December	✓ March 1	✓ March 21

- Original Claim and revision that increase the number of meals must be placed online by this date.
- ✓ Leap Year Only – claims are due one day EARLIER.



Claim Submission Deadline Chart – FNS Regulations

§226.10 Program payment procedures

(e) Unless otherwise approved by FNS, the Claim for Reimbursement for any month shall cover only Program operations for that month except if the first or last month of Program operations in any fiscal year contains 10 operating days or less, such month may be added to the Claim for Reimbursement for the appropriate adjacent month; however, Claims for Reimbursement may not combine operations occurring in two fiscal years. A final Claim for Reimbursement shall be postmarked and/or submitted to the State agency not later than 60 days following the last day of the full month covered by the claim. State agencies may establish shorter deadlines at their discretion. Claims not postmarked and/or submitted within 60 days shall not be paid with Program funds unless FNS determines that an exception should be granted. The State agency shall promptly take corrective action with respect to any Claim for Reimbursement as determined necessary through its claim review process or otherwise. In taking such corrective action, State agencies may make upward adjustments in Program funds claimed on claims filed within the 60 day deadline if such adjustments are completed within 90 days of the last day of the claim month and are reflected in the final Report of the Child and Adult Care Food Programs (FNS-44) for the claim month which is required under 226.7(d). Upward adjustments in Program funds claimed which are not reflected in the final FNS-44 for the claim month shall not be made unless authorized by FNS. Downward adjustments in Program funds claimed shall always be made without FNS authorization regardless of when it is determined that such adjustments are necessary.



Resources

Nutrition Programs System (NPS):

<https://nda.cnpus.com/prod>

- Under Applications - Download Forms
 - Find Resources and Documents on CACFP
- USDA Website:
<https://www.fns.usda.gov/cacfp/cacfp-handbooks>

If you have any additional questions, please contact our office at 775-353-3601 or 702-668-4590.



Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

