



ROCKY MOUNT
CITY MANAGER'S OFFICE
THE CENTER OF IT ALL

City Council Agenda

Date: 09/12/2019

To: The Honorable Mayor and City Council

Subject: 2019-20 Cape Fear Tutoring, INC Annual Renewal Contract

Summary of Requested Action:

To request approval for the Mayor and City Clerk to execute the 2019-20 Cape Fear Tutoring Annual Renewal contract for Child and Adult Care Food Program (CACFP). Contract would provide reimbursement to the City of Rocky Mount for healthy snacks provided during the After School care programs.

Department Requesting Action: Parks and Recreation

Budgetary Impact:

The FY20 budget includes funds for the planning, organizing, development and implementation of the After School program. The 2019-20 Cape Fear Tutoring Renewal Contract would reimburse the City of Rocky Mount approximately \$6,100.00 for funds spent on healthy snacks for the After School program based on projected attendance.

City Manager's Recommendation: *Recommend Approval. A. J. Jany 9/17/19*

MEMORANDUM



ROCKY MOUNT
PARKS AND RECREATION
THE CENTER OF IT ALL

To: Rochelle Small-Toney, City Manager
From: Elton Daniels, Director of Parks and Recreation
Date: September 12, 2019
Re: 2019-20 Cape Fear Tutoring, INC Annual Renewal Contract

The purpose of this memo is to recommend that the City Council consider approving the Mayor and City Clerk to execute documents required in connection with the 2019-20 Cape Fear Tutoring Annual Contract for Child and Adult Care Food Program (CACFP). The contract would provide reimbursement to the City of Rocky Mount for healthy snacks provided during the After School program.

Background

Cape Fear is a federally funded nutrition program that provides partial reimbursement for healthy snacks and meals served to children and adults receiving day care. It plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Children 12 and younger are eligible to participate in the program.

Based on projected attendance numbers for the After School program, estimated reimbursement for the City of Rocky Mount would be \$6,100.00.

Recommendation

Authorize the Mayor and City Clerk to execute documents required in connection with 2019-20 Cape Fear Tutoring Annual Contract for Child and Adult Care Food Program (CACFP).

Respectfully Submitted,

Elton Daniels

Director | Parks and Recreation



**Child and Adult Care Food Program
Agreement Between Sponsoring Organization and Unaffiliated Center**

INSTRUCTIONS: This agreement must be signed by the Unaffiliated Center (Facility) Board Chairperson or Owner and the Sponsoring Organization's Representative. The completed and signed original Agreement should be retained by the Sponsoring Organization. A copy of the completed, signed Agreement shall be sent to the N.C. Department of Health and Human Services (hereinafter referred to as the "State agency") and the sponsored facility. This Agreement is hereby entered into by and between:

Legal Name of Facility: City of Rocky Mount- Parks and Recreation Federal ID #: 56-6001323

Business Name of Facility if different from Legal Name: City of Rocky Mount- Parks & Rec ARAS

Street Address: 727 PENNSYLVANIA AVENUE County: Nash

City, Zip: ROCKY MOUNT, 278010000 Telephone Number: (252) 467-4902

Mailing Address: P.O. BOX 1180 Fax #: _____

City, Zip: ROCKY MOUNT, 278021180 Email: joel.dunn@rockymountnc.gov

Type of Facility: State Government Local Government Federal Government Private For-Profit Private Nonprofit

Business Organization Sole proprietorship Corporation Limited Liability Company Partnership
 Other (please describe) local government

Entire Agreement

This Agreement and any documents incorporated specifically by reference, including Attachments A and B, represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

To achieve the purpose of Section 17 of the Richard B. Russell National School Lunch Act, as amended, and the regulations governing the Child and Adult Care Food Program (hereinafter referred to as the "CACFP"), the Sponsoring Organization and the Facility, whose name and address appear above, agree to comply with the terms of this Agreement and all applicable federal and state laws, regulations, and policies governing the CACFP. Funding for the CACFP is allocated through the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), CFDA #10.558.

Cape Fear Tutoring, Inc. 7506
Sponsoring Organization's Name Sponsoring Organization's Agreement #

P.O. Box 3128, Wilmington, NC 28406
Sponsoring Organization's Address

Rights and Responsibilities of Sponsoring Organization, State Agency, United States Department of Agriculture, and other State and Federal Officials

1. The Sponsoring Organization, State agency, United States Department of Agriculture, and other state and federal officials have the right to make announced or unannounced reviews of the facility's operations and to have access to its meal service and records during normal hours of child care operations. Anyone making such reviews must show photo identification that demonstrates that they are employees of one of these entities.

Rights and Responsibilities of the Sponsoring Organization

1. Train Facility personnel before they begin participating in the Child and Adult Care Food Program;
2. Provide adequate supervisory and operational personnel for managing and monitoring the program;
3. Monitor the Facility to review its meal service and the required records during normal hours of child care operation.
4. The sponsoring organization must review each day care home at least three times each year.
 - At least two of the three reviews must be unannounced.
 - At least one review must be made during the facility's first four weeks of program operation.
 - Not more than six months may elapse between reviews.
5. Respond to the Facility's request for technical assistance;
6. Provide adequate Child and Adult Care Food Program recordkeeping forms to the Facility as requested or needed;
7. Make payments of program funds to the Facility within five (5) working days of receipt of reimbursement from the State agency;
8. Ensure that all meals claimed for reimbursement are served to enrolled children without regard to race, color, national origin, sex, disability, or age and that all meals claimed meet the meal pattern requirements of the CACFP;
9. Notify the State agency of any change in the Facility's status;
10. Accept final administrative and financial responsibility for program operations at the Facility under its jurisdiction; and
11. Retain no more than 15% of reimbursement, or the amount approved by the State agency, earned by the Facility as an administrative fee.

Rights and Responsibilities of the Facility

The facility agrees:

1. The Facility, by participation in the CACFP, accepts the responsibility for providing program benefits to eligible participants at the Facility listed above;
2. This Facility has been approved by the Sponsoring Organization to serve the following meals:
 Breakfast AM Snack Lunch PM Snack Supper Late PM Snack At Risk – ASCS
3. Claim reimbursement only for the type(s) of meals approved in this Agreement;
4. Supply meals without charge to all enrolled participants at the Facility approved in this Agreement;
5. Notify the Sponsoring Organization, without delay, if there are any changes in the Facility's license or approval status;
6. Provide point of service meal count records, attendance records, menu records, and operating cost records to the Sponsoring Organization by the 2nd day of each month. Failure to do so may result in loss of payment for that month;
7. Serve meals which meet the CACFP meal pattern requirements as set forth in 7 CFR §226.20 for the ages of participants being served;
8. Comply with the terms of this Agreement and all applicable federal and state laws, regulations and policies governing the CACFP, including, but not limited to, 42 USC §1766, 2 CFR Part 200, 7 CFR Part 226 and 10A NCAC 43J, with all subsequent amendments and editions;
9. Take corrective action on matters of noncompliance with CACFP laws, regulations and policies within the time frame(s) specified by the Sponsoring Organization. It is further understood and agreed that failure to take corrective action on matters of noncompliance within the time frame(s) specified by the Sponsoring Organization may constitute grounds for termination from participation in the CACFP;
10. Upon request, make all accounts and records pertaining to the program available to the Sponsoring Organization, state, federal, or other authorized officials for audit or administrative review, examinations, excerpts and transcripts at a reasonable time and place. Failure to make records available may constitute grounds for termination;
11. Provide access to the Facility's personnel for the purpose of interviews and discussion related to program records, reports and other documents pertaining to the CACFP at the Institution and participating Facility;
12. Maintain the following records:
 - A copy of CACFP Agreement between Sponsoring Organization and Facility (CACFP 8C) and all applicable attachments;
 - A valid day care license as issued by the proper licensing entity;
 - Documentation of attendance at two training sessions annually (including date(s), location(s), and topics);
At a minimum:

- i. Programmatic Training
- ii. Civil Rights Training
- Daily records listing the number of enrolled participants in attendance and the number of meals served by type to enrolled participants;
- Budget (CAC-9 for sponsored centers);
- Itemized receipts and canceled checks which support costs paid with CACFP funds;
- Certification of Eligibility For-Profit Centers, as applicable;
- Payment invoices from the appropriate entity(ies) documenting Title XIX and XX beneficiaries;
- Monthly attendance records of all enrolled participants each month meals are claimed;
- Documentation that demonstrates all federal CACFP reimbursement received has been used solely for the operation of the CACFP to improve the quality of food served to enrolled participants;
- Infant Feeding Consent form;
- Daily dated menus for all meals served which meet the USDA meal pattern(s), follow all USDA meal pattern guidelines and related policy memos, and the NC CACFP Facts Sheet;
- Income eligibility applications, as applicable;
- 501(c)(3) documentation, as applicable;
- Documentation of enrollment for each participant as required by 7 CFR §226;
- Daily records of point of service meal counts by type (breakfast, lunch, supper, and snacks) served to enrolled children and to adults performing labor necessary to the food service;
- Catered meal documentation (delivery slips), as applicable; and
- Any other records required by the Sponsoring Organization or State agency.

Failure to provide these records, or missing, inadequate, incomplete, or inaccurate records, or discrepancies between records, shall be grounds for the disallowance of meals or recoupment of reimbursement or both.

13. Maintain all program records, reports, and other documents pertaining to the CACFP at the Facility;
14. If the Facility is a For-Profit Facility, ensure that the Facility does not claim reimbursement in any month unless 25% of the enrolled participants or licensed capacity, whichever is less, are Title XIX or XX beneficiaries or at least 25% of the children served by the Facility are eligible for free or reduced-priced meals.
15. Serve meals at meal service times as approved by the Sponsoring Organization on the Facility Application;
16. Comply with all requirements of Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Department's regulations concerning nondiscrimination (Part 15, 15a and 15b of this title), including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy to the end that no person may on the grounds of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, the Program.
17. Facility shall file with the Division a copy of the Facility's policy addressing conflicts of interest that may arise involving the Facility's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the Facility's employees or members of its board or other governing body, from the Facility's disbursing of State funds and shall include actions to be taken by the Facility or the individual, or both to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the Division may disburse the grant funds. Refer to Attachment E. (N.C.G.S. 143C-6-23(b)).
18. Statement of No Overdue Tax Debts: Contractor's sworn written statement pursuant to N.C.G.S. 143C-6-23(c), stating that the Contractor does not have any overdue tax debts, as defined by G.S. 105-243.1, at the, state, or local level, is attached as Attachment D. Contractor acknowledges that the written statement must be filed before Division may disburse the grant funds.

The Sponsoring Organization and Unaffiliated Facility Mutually Agree:

Termination or Modification of Agreement

This Agreement may be terminated by mutual agreement of the parties at any time. The Facility or Sponsoring Organization may terminate this Agreement for convenience upon thirty (30) days' written notice. The Facility shall notify the Sponsoring Organization when ownership changes or the Facility ceases operation.

This Agreement may be modified upon thirty (30) days' written notice in order to comply with any new legislation, regulations and policies governing the CACFP.

Effective Period

After the Agreement is signed by the Facility and the Sponsoring Organization, it shall be effective upon State agency approval. The Agreement shall expire September 30, 2022; provided, however, this Agreement is binding on the Facility as long as it receives assistance or retains possession of any funds from the USDA and the State agency.

Incorporation by Reference

The entire contents of the Facility's program application are incorporated herein by reference.

Fraud Penalty

Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance, whether received directly or indirectly from USDA, or whoever receives, conceals, or retains such funds, assets, or property to personal use or gain, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

Civil Rights Assurance

The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the USDA (7 CFR Part 15), U.S. DOJ (28) CFR Parts 42 and 50) FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age or disability, be excluded from participation in, be denied benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this Agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all federal financial assistance, grants, and loans of federal funds, reimbursable expenditures, grant, or donation of federal property and interest in property, the detail of federal personnel, the sale and lease of, and the permission to use federal property or interest in such property or the furnishings of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishings of services to the recipient, or any improvements made with federal financial assistance extended to the Program applicant by USDA. This includes any federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws, and permit authorized USDA personnel during hours of program operations to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signature appear below are authorized to sign this assurance on the behalf of the Program applicant.

Nondiscrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

- 1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- 2) Fax: (202) 690-7442; or
- 3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

We certify that this information is true and correct to the best of our knowledge, and that we will comply with the terms, conditions, and responsibilities outlined in this Agreement. We also certify that the Facility is not participating in the CACFP under any other Sponsoring Organization. We further certify that neither this Facility nor any of the responsible principals are on the National Disqualified List. We understand that this information is being given in order to qualify for the receipt of federal funds that state and federal agency officials may verify this information, and that deliberate misrepresentation may subject us to prosecution under applicable state and federal criminal statutes.

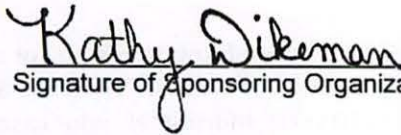
SIGNATURE WARRANTIES

Each individual signing below warrants that he or she is duly authorized to sign this agreement and to bind the party for whom he or she signs to the terms and conditions of this Agreement.

Signature of Facility's Authorized Representative

Date

Typed or Printed Name



Signature of Sponsoring Organization's Authorized Representative

Date

Kathy Dikeman

Typed or Printed Name

Attachment F

State Certifications: Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 147-33.95(g): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_147/GS_147-33.95.html

Certifications

- (1) Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (2) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
 - (b) [check one of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
 - The Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (3) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (4) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

City of Rocky Mount- Parks & Rec ARAS

Contractor's Name

Signature of Contractor's Authorized Agent

Date

Printed Name of Contractor's Authorized Agent

Title

Signature of Witness

Date

Monitor

Printed Name of Witness

Title

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

Sponsor Name: Cape Fear Tutoring, Inc. Agreement Number: 7506

**North Carolina Department of Health And Human Services
Women's and Children's Health
Child and Adult Care Food Program (CACFP)
ANNUAL INFORMATION CERTIFICATION FOR FACILITIES**

This is to certify that City of Rocky Mount- Parks & Rec ARAS meets all of the requirements for
(Name of Facility/Provider)

participating in the Child and Adult Care Food Program and certifies that:

- The facility, principal(s) or any individual of a sponsored facility is not currently on the CACFP National Disqualified List;
- The Information on Owners and Principals is current;
- The Certification of Single Exclusive CACFP Agreement is current;
- The facility has a current license to operate a day care facility/home;
- Any information that has changed since the initial application has already been submitted to the Sponsoring Organization or is being submitted with the 2018-2019 application update.

I certify that the above information is true and correct.

Signature

Date

Title (Board Chair, Executive Director, Provider or Individual with comparable title)

Instructions for Completing CACFP Renewal Documents

- ▶ Please complete the attached renewal documents as outlined below, and **return them to our office by Tuesday, August 27,2019.**
- ▶ Documents **MUST** be signed by the center Owner or Board Chairman.
- ▶ Email completed documents to renew@capefeartutoring.com or FAX to 910-395-5155.
- ▶ If you have any questions, please contact our office at 910-395-6132 or 800-395-6761.

Page 1: Annual Information Certification

1. Signature
2. Date
3. Title of signer (Owner or Board Chairman)

Page 2: Property Management Standards

1. Date
2. Date (same date as #1 and #5)
3. Signature
4. Title of signer (Owner or Board Chairman)
5. Date (same date as #1 and #2)

Page 3: Property Disposition Standards

1. Date
2. Date (same date as #1 and #5)
3. Signature
4. Title of signer (Owner or Board Chairman)
5. Date (same date as #1 and #2)

Page 4: Sponsored Center's Budget Profile

1. Signature
2. Date
3. Title of signer (Owner or Board Chairman)

CAPE FEAR TUTORING, INC. _____

Facility Name: CITY OF ROCKY MT PARKS & RECREATION

Agreement #: 7506

cid#: 2355

Property Management Standards

Purpose

The management of equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place.

Policy

The Facility will use the equipment for the authorized purposes of the project until funding for the project ceases, or until the property is no longer needed for the purposes of the project.

The Facility will ensure that the encumbering of the property will not be purchased without approval of the Federal awarding agency or pass-through entity.

The Facility will ensure that the use and dispose of the property is in accordance with paragraphs (b), (c) and (e) of section 200.313.

Procedures

The Director/Assistant Director will maintain property records that will include but not limited to:

- a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN),
- Have written in the file who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired
- The file will also have written the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

The Director once the property is obtained must take a physical inventory of the property and the results reconciled with the property records at least once every two years

The Director will have in place adequate safeguard to prevent loss, damage, or theft of the property. Any loss, damage, or theft will be investigated.

The Director will also have available for review adequate maintenance procedures that ensure the property is kept in good conditions.

Adopted on: **1.** _____
(Date)

Implemented on: **2.** _____
(Date)

Signature: **3.** _____
(Authorized Facility Representative)

Title: **4.** _____

Date: **5.** _____

CAPE FEAR TUTORING, INC. _____

Facility Name: CITY OF ROCKY MT PARKS & RECREATION

Agreement #: 7506

cid#: 2355

Property Disposition Standards

Purpose

In the event the Facility is authorized or required to sell the property the facility must have in place proper sales directions established to ensure the highest possible return.

Policy

The Facility will request disposition instructions from the Federal awarding agency if required by the terms and conditions of the Federal award. Disposition of the equipment will be made in accordance with Federal awarding agency disposition instructions.

Procedures

The director will determine, based on property records, if the equipment has a current per unit fair market value of \$5,000 or less, if it does the Facility will retain, sale or otherwise disposed of the property with no further obligation to the Federal awarding agency.

Once the director notifies the Federal awarding agency of disposition. The Facility must wait 120 days for instruction of how to dispose of the equipment, if the State fails to send instruction within the 120 days and the property is valued more than \$5,000 dollars, the Facility can retain the equipment or have it sold. When sold the Federal awarding agency is entitled to an amount calculated by multiplying the current market value or proceeds from sale by the Federal awarding agency's percentage of participation in the cost of the original purchase. If the equipment is sold, the Federal awarding agency may permit the non-Federal entity to deduct and retain from the Federal share \$500 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.

The Facility may also transfer the title to the property to the Federal Government or to an eligible third party provided that, in such cases, the non-Federal entity must be entitled to compensation for its attributable percentage of the current fair market value of the property.

The State Agency in cases where a Facility fails to take appropriate disposition actions, the State Agency may direct the Facility to take disposition actions.

Adopted on: **1.** _____
(Date)

Implemented on: **2.** _____
(Date)

Signature: **3.** _____
(Authorized Facility Representative)

Title: **4.** _____

Date: **5.** _____

CITY OF ROCKY MT PARKS & RECREATION

2355

North Carolina Department of Health and Human Services

ORIGINAL

Division of Public Health

Women's & Children's Health Section

Nutrition Services Branch

Special Nutrition Programs

Child and Adult Care Food Program

Annual Application: Budget for Unaffiliated Sponsored Centers

Program Year: October 1, 2019 - September 30, 2020

SPONSORED CENTER'S PROFILE

1. Sponsor Name:

2. Facility Name:

3. Agreement Number:

CAPE FEAR TUTORING, INC.

CITY OF ROCKY MT PARKS & RECREATION

7506

INCOME

Income Source	Projected Annual Amount
4. a. Worksheet A: Projected Reimbursement Based on IEA's & Meals	\$ 8,468
b. Projected Cash In Lieu Based on IEA's & Meals	\$ 0
5. a. Worksheet C: Excess Balance of CACFP Funds	\$ 0
b. Other Income Available for CACFP Operations	\$ 10,000
6. Total Projected Annual Income:	\$ 18,468

EXPENDITURES

Administrative Expenditures	Total Annual Food Service Expense	Annual Applied CACFP Funded	Other Funding
7. Worksheet D: Sponsor Fees	\$ 931	\$ 931	\$ 0
8. Total Administrative Expenditures (Line 7)	\$ 931	\$ 931	\$ 0
Operating Expenditures	Total Annual Food Service Expense	Annual Applied CACFP Funded	Other Funding
9. Worksheet E: Food and Food Service Management (FSM)	\$ 6,100	\$ 6,030	\$ 70
10. Worksheet F: Non-Food Supplies (Food Service)	\$ 390	\$ 380	\$ 10
11. Worksheet G: Operating Labor	\$ 1,874	\$ 1,127	\$ 747
13. Total Operating Expenditures (Lines 9 - 12)	\$ 8,364	\$ 7,537	\$ 827
14. Total Admin. and Operating Expenditures (Lines 8 + 13)	\$ 9,295	\$ 8,468	\$ 827

CERTIFICATION AND SIGNATURE (PAPER SUBMISSION ONLY)

The representations made herein on behalf of the facility are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

1. Signature of Owner or Board Chairman	2. Date
3. Printed Name	STATE APPROVAL

Budget for Unaffiliated Sponsored Centers
Unaffiliated Sponsored Centers Budget

(7/19)

Facility Name: CITY OF ROCKY MT PARKS & RECREATION

Agreement #: 7506

Worksheet A: Projected Reimbursement Based on Approximated IEA's and Meals

NOTE: Worksheet A is Required. You must use this sheet to calculate your Projected Reimbursement.

1	2	3	4
Month / Year:	A	B	C
5/1/19	Free	Reduced	Paid/Denied
Enter Number of Enrolled Participants	100	0	0
Percentage	100.0000 %	0.0000 %	0.0000 %

% = A/D % = B/D % = C/D
 Carry percentages out four decimal places (e.g., 12.4321%).

BREAKFAST

5 - Enter Total Breakfasts Served:		0	2019-2020	
Category	Percentage	No. By Category	x Rate =	Reimbursement
A - Free	100.0000 %	0.0000	\$1.8400	0.00
B - Reduced	0.0000 %	0.0000	\$1.5400	0.00
C - Paid	0.0000 %	0.0000	\$0.3100	0.00
Total:				0.00

LUNCH/SUPPER

6 - Enter Total Lunches/Suppers Served:		0	2019-2020	
Category	Percentage	No. By Category	x Rate =	Reimbursement
A - Free	100.0000 %	0.0000	\$3.4100	0.00
B - Reduced	0.0000 %	0.0000	\$3.0100	0.00
C - Paid	0.0000 %	0.0000	\$0.3200	0.00
Total:				0.00

SNACKS / SUPPLEMENTS

7 - Enter Total Snacks/Supplements Served:		819	2019-2020	
Category	Percentage	No. By Category	x Rate =	Reimbursement
A - Free	100.0000 %	819.0000	\$0.9400	769.86
B - Reduced	0.0000 %	0.0000	\$0.4700	0.00
C - Paid	0.0000 %	0.0000	\$0.0800	0.00
Total:				769.86

Total Monthly Reimbursement: 769.86

8 - Enter Number of Months Expected to be Participating: 11

Total Annual Reimbursement 8,468

CASH-IN-LIEU	No. of Meals	x Rate =	Reimbursement
Total Lunches/Suppers	0	\$0.2375	0

Worksheet A: Projected Reimbursement Based on Approximated IEA's and Meals

Unaffiliated Sponsored Centers Budget

(7/19)

Worksheet C: Other Income Available for CACFP Operations & EXCESS CACFP BALANCE

Other Income includes other funds that will be available to supplement the CACFP. Refer to Food and Nutrition Service (FNS) Instruction 796-2 Revision 4, IX D 6 for examples of "other income". List the income source and the amount expected to be received.

Federal Income Sources								Total Income Available for use in CACFP
#	Federal Agency	CFDA No.*	Program Title	Federal Award ID	Pass-through	Award Year	Amount Received	
1.								
2.								
Total Federal Income Sources:								\$0.00

Other Income Sources								Total Income Available for use in CACFP
1.	Tuition available for food service expenses as needed							10,000
2.								
Total Other Income Sources:								10,000

Carry Over from Other Nutrition Programs (NON-CACFP FUNDS ONLY)								Total Income Available for use in CACFP
1.								
2.								
Total Carry Over:								\$0.00

Total Federal and Other Income Sources: \$0.00

Excess Balance of CACFP Reimbursement Funds from the Prior Year								Total Income Available for use in CACFP
1.								
Total Carry Over:								\$0.00

*CFDA number means the number assigned to a Federal program in the CFDA.

WORKSHEET D: SPONSOR FEE CALCULATION

Program Year: October 1, 2019-September 30, 2020
 Institution: CAPE FEAR TUTORING, INC.
 Facility: CITY OF ROCKY MT PARKS & RECREATION
 Agreement Number: 7506

Amount of Projected CACFP Meal Reimbursement*	x	Sponsor Fee or Cost %	=	Maximum Amount of Sponsor Fee's (1 x 2)
8,468	x	0.11	=	931

* The Projected CACFP Reimbursement is based on the meal (food) reimbursement and does not include any cash in lieu funds. This amount pulls from Worksheet A.

Facility Name: CITY OF ROCKY MT PARKS & RECREATION			Agreement #: 7506	
WORKSHEET E: FOOD AND FOOD SERVICE MANAGEMENT (FSM)				
Food	Total Annual Cost	% Allocated to CACFP	Total Annual Food Service Expense	Annual Applied CACFP Funded
FOOD	6,100	100%	6,100	6,030
Total			\$ 6,100	\$ 6,030
Food Service Management Contracts	Total Annual Cost	% Allocated to CACFP	Total Annual Food Service Expense	Annual Applied CACFP Funded
NA		100%		
Total			\$	\$
Documentation:			GRAND TOTAL	\$ 6,030
<input type="checkbox"/> Include all Food Service Management Contracts with Attachments.				
Worksheet Requires Approval in the Budget.				
Worksheet E: FOOD and FOOD SERVICE MANAGEMENT (FSM)				(7/19)
Unaffiliated Sponsored Centers Budget				

Facility Name: CITY OF ROCKY MT PARKS & RECREATION			Agreement #: 7506	
WORKSHEET F: NON-FOOD SUPPLIES				
Items	Total Annual Cost	% Allocated to CACFP	Total Annual Food Service Expense	Annual Applied CACFP Funded
FOOD SERVICE SUPPLIES	390	100%	390	380
Total			\$ 390	\$ 380
Worksheet Requires Prior Approval in the Budget				
Worksheet F: NON-FOOD SUPPLIES				(7/19)
Unaffiliated Sponsored Centers Budget				

Facility Name: CITY OF ROCKY MT PARKS & RECREATION			Agreement #: 7506							
WORKSHEET G: OPERATING LABOR										
Operating Labor and Taxes										
Specific Prior Written Approval Obtained to work MORE THAN 173.33 hours per month for CACFP?				1						
If "Yes", Approved Number of Hours is? If "No", LEAVE BLANK. If "yes", include documentation in application				No						
Will the facility be using CACFP funds to reimburse mandatory Employer Taxes?				2						
				No						
Employees					Totals		Funding			
3	4	5	6	7			8			
Employee Name/Position	HOURLY Wage Rate	Total Hours Worked per WEEK	Gross Monthly Wages	Total Hours Spent on CACFP Duties per MONTH	% of Time on CACFP	Gross CACFP Monthly Wages	Total Monthly CACFP Employer Taxes	Total Monthly CACFP Expense	Total Annual CAFP Expense	Annual Applied CACFP Funded
H. WHITE/SUPERVISOR	8.50	40.00	1,473	20.00	11.56%	170	-	170	1,874	1,127
Grand Totals									1,874	1,127
*173.33 hours = full-time per month										
Worksheet G: OPERATING LABOR				(7/19)						
Unaffiliated Sponsored Centers Budget										