



CHILD AND ADULT CARE FOOD PROGRAM (CACFP) RENEWAL APPLICATION

2011

CHECK LIST FOR CENTER/SPONSOR AGENCY NEEDED INFORMATION

Organization Name: Gadsden Independent School District Agreement Number: 302

1. **Amendments to Last year's Application:** (please check one)
 - I have reviewed last year's 2010 approved application, along with permanent documents and have found no change(s) that need to be submitted, *i.e. site application form, changes in center operation of times, meals claimed, certificate of authority, civil rights, etc.*
 - After reviewing last year's 2010 approved application and permanent documents, I have found some change(s) which require submission for a change of status. I have enclosing a written request and necessary documents needed for approval.
2. Attached are copy(s) of the food service **ED permit** and **Inspection report**
3. **Food Service Contracts:**
Are there any food service agreements or contracts for the CACFP (*e.g. with a school, a management company, a grocery store, or restaurant*)?
 - No Yes – list the organization(s) below and attach a copy of each executed CACFP vendor contract.

<i>Food Service Company(Vendor) name and address</i>	<i>Effective Date</i>	<i>Ending Date</i>

**Use additional pages if needed*

4. The complete **Management Plan** is enclosed with this application renewal
5. A copy of the "**Certificate of Training**" received for the designated representative attending annual training is enclosed

Notice: *Due to the Income Eligibility Guidelines being delayed from USDA the following guidance is being directed for the following:*

Public Release Statement - please be aware that your publication to the media will be delayed this year until the new income eligibility guideline are received and distributed.

Letter to Household - sponsor and/or center participants must continue to utilize the previous year's form with the posted income eligibility guidelines, which were effective from July 1, 2009 to June 30, 2010 until further notice.

Once all (7) items necessary for renewing are completed ensure that documents are submitted (*mailed*) to the State Office address listed:

**Family Nutrition Bureau
P O Drawer 5160
Santa Fe, New Mexico 87502**

RENEWAL

**Application and Management Plan
for Institutions and Sponsors of day care centers**

(Please Print or Type)

1. **LEGAL NAME OF ORGANIZATION:** Gadsden Independent School District
 Mailing Address: PO Drawer 70 Zip: 88021
 City: Anthony State: New Mexico County: Dona Anna
 Location: 4950 McNutt Sunland Park NM 88063
 (Use only if mailing address does not describe. Physical location)

2. **Number of center(s) under administration:** 14

3. **OFFICIAL INFORMATION:** (Owner, Chairman of the Board/President, Dean, Tribal governor, Pastor, etc.)

Salutation: Mrs. Name: Cynthia Nava Title: Superintendent
 E-Mail Address: cnava@gisd.k12.nm.us **D.O.B** 06/23/1952
 Address: PO Drawer 70 Phone Number: 575-882-6200
Anthony NM 88021 Fax Number: 575-882-6779
 (Note: Name of the sponsor official must be identical to the Certificate of Authority)

4. a). **PRINCIPAL ADMINISTRATOR OVERSEEING THE OPERATION OF THE CACFP:**
 (This person must have attend one of the annual training sessions provided by the State Agency, and will be the one to receive all correspondence pertaining to the day to day operations of the program)

Salutation: Mr. Name: Demetrious Giovas Phone Number: 575-882-6771
 Address: PO Drawer 70 Anthony NM 88021 Fax Number: 575-882-6779
 E-Mail Address: dgiovas@gisd.k12.nm.us **D.O.B** 01/24/1944
 Has any duties assigned to this person change from initial application: No if yes, explain

b). **NAME OF REPRESENTATIVE (S) AUTHORIZED TO SUBMIT CLAIMS**

Full Name: Demetrious Giovas Full Name: _____
 Full Name: Aida Salcedo Full Name: _____

(Note: Name of representatives must be same as on Certificate of Authority)

5. **The organization wants to receive advance payment if funds are available?** Yes No

(Note: Advances are approved beginning October with application submitted and approved timely.)

6. **Is this organization considered faith-based?** Yes No

(Note: as of October 1, 2007 all participants, will be receiving cash-in-lieu of commodities)

7. **Organization Approval Type:** For - Profit (please ensure a copy of the certification of proprietary is on file)
 Non - Profit (if non-profit, answer question 8(a) below*)

8. a) Non-Profit, Subtype*: Tribal – Attach copy of tribal letter School Authority (Public, Private)
 Government Entity Private- Non Profit (Please complete 8(b,c,d) Next Page)

b) LIST THE BOARD OF DIRECTORS (Only complete if you checked Private Non-Profit on 8 (a) on Page 1 of 7)

i. (President)

Name: Jennifer Viramontes

Address: PO Drawer 70

D.O.B _____

Anthony NM 88021

Day time phone # 575-589-1556

ii. (Vice- President)

Name: Craig Ford

Address: PO Drawer 70

Day time phone # 575-824-4928

Anthony NM 88021

iii. (Treasurer)

Name: _____

Address: _____

Day time phone # _____

iv. (Secretary)

Name: Maria Saenz

Address: PO Drawer 70

Day time phone # 575-233-2559

Anthony NM 88021

v. (Other Member)

Name: Manuela Huerta

Address: PO Drawer 70

Day time phone # 915-491-5347 Cell

Anthony NM 88021

vi. (Other Member)

Name: Daniel Castillo

Address: PO Drawer 70

Day time phone # 575-882-2463

Anthony NM 88021

c) Do any of these members receive any compensation or payment of any kind from the organization?

Yes No

If "yes" (Explain):

Per diem for Board Meetings

d) Do any of these board members have any relationship to any other board members and/or sponsoring organization personnel?

Yes No

If "yes" (Explain):

9. a) Outline of your **Schedule for training all CACFP staff**, administrative and food service personnel listed on (15a). Training must consist of civil rights and CACFP requirements. *[Specify] at least one training date and topics that will be covered* Staff training must be done prior to beginning program operations, and at least annually. *(This does not include CACFP training provided to the sponsor by the State Agency).*

July 29, 2010 2:30-3:30 pm Pre K Staff @ GAC (Pre K centers, Day Care Centers)

August 2, 2010 8:00-9:00 am Chaparral Schools and 10:30-11:30 am North Schools (Vado, Mesquite, North Valley, Riverside.

August 9, 2010 8:00-9:00 am South and Central Schools (Anthony Elem, La Union, Santa Teresa Elementary, Sunland Park)

- b) Who will conduct the training session(s)? *(Person must have attended State Training)*

Demetrious Giovas and Aida Salcedo

10. a) Outline your **Plan for providing the monthly Nutrition Education** required for children in your Center. *Use additional sheets if necessary.*

- b) Who will conduct the Nutrition Education?

Classroom Teachers

Month:	Activity:	Date:	Nutrition Learning Objective:
Example-	Prepare (2) two different recipes using pumpkin as an ingredient	12	Children will be able to pour and mix ingredients, knead dough and be able to understand the preparation process
October-	Color me Healthy		Children will be introduced to all fruits and vegetables served in cafeteria.
November-	Thanksgiving Celebration		Children will participate in a discussion of the different foods served at thanksgiving and the importance of building good relationships with your family.
December-	Holiday Fun Recipes		Children will prepare a fun holiday recipe with creditable foods
January-	My Pyramid		Children will prepare activities from all food groups to include physical activities
February-	Love Yourself More		Setting Goals to better food choices.
March-	St. Patrick Fun Recipes and Activites		Children will prepare St. Pat recipes with green fruits and vegetables
April-	National Turn off TV week		Children will be encouraged to turn off the television for one whole week and engage in fun physical and creative activities.
May-	Taste Of summer Foods		Children will create a beautiful fruit desert with watermelons, cantaloupe, honeydew and strawberries.
June-	Summer Food Programs		Training
July-	Summer Food Program		Training
August-	Student Nutrition Program Meal Service Discussion		Students will be provided with information as to foods served in the cafeteria and any new changes.
September-	Milk and Whole Fruit Juice		Children will be provided with different choices of drinks that should be consuming instead of soda.

11. **Organization structure of the administration for CACFP**
 (List ONLY the organizations personnel who will be administering the Child & Adult Care Food Program, Attach additional sheets if necessary.) **Submit a copy of any structure charts available.**

11(A)

CACFP Duties/Responsibilities	Name of person(s) assigned to perform these duties.	Is this person being claimed for labor cost from CACFP funds?	Number of hours per day spent on CACFP	Hourly Wages	Number of Days per Week	Number of Weeks in Operation	TOTAL SALARY FOR PROGRAM YEAR
<i>(EXAMPLE):</i>	<i>John Doe</i>	<i>Yes</i>	<i>5</i>	<i>\$5.51</i>	<i>5</i>	<i>52</i>	<i>\$7,163.00</i>
Overseeing CACFP, Contact for State Agency.	Demetrious Giovas and Aida Salcedo	no		\$			\$ 0.00
Conducts Monitoring of Facilities	Demetrious Giovas and Aida Salcedo	no		\$			\$ 0.00
Conducts Training of staff	Demetrious Giovas and Aida Salcedo	no		\$			\$ 0.00
Menu Planning	Demetrious Giovas	no		\$			\$ 0.00
Prepares Food for the Center	Cafeteria Manager and Cafeteria Cooks	no		\$			\$ 0.00
Completes the Menu Record Book	Cafeteria Manager	no		\$			\$ 0.00
Ordering and/or Purchasing of Groceries. If applicable, (oversee vended meals Contract).	Non Applicable	no		\$			\$ 0.00
Approves and Keeps Track of the IEA's	Non applicable	no		\$			\$ 0.00
Prepares Claims for reimbursements	Aida Salcedo	no		\$			\$ 0.00
Deposits Checks, Tracks Receipts, Accounting Activities	Cafeteria Manager, AdminAsst, Finance Dep	no		\$			\$ 0.00
Does Monthly Nutrition Education Activity	Teachers and Staff	no		\$			\$ 0.00
Takes Meal Counts/Attendance	Teachers and Staff	no		\$			\$ 0.00
Other Duties- Specify		no		\$			\$ 0.00
Other Duties- Specify		no		\$			\$ 0.00
Other Duties- Specify		no		\$			\$ 0.00
Other Duties- Specify		no		\$			\$ 0.00
YEARLY CONVERSION: (Hr per Day) x (Hrly Wage) x (# of Day per we) x (# of wks in Operation)=							

11(B) **TOTAL COST FOR SALARIES** [Sum] total salary for program year.....

\$ 0.00

Note: The primary purpose of the CACFP is to provide reimbursement for food expenses, but a portion of your annual budget may be Applied towards non-food related program expenses. (For example, cook's salaries, paper supplies, cleaning supplies, etc.)

12. a) Did the institution/organization receive & expended over \$500,000.00 in Federal, State or Local government program funds and require an audit? Yes-Give date of last Audit: 06/30/2009

No-If "Not" (please complete below)

list ALL funding sources received (federal, state and local) during the last complete fiscal year for the institution/ organization. Also list the funding year and corresponding amounts of funding received and expended. The following information is necessary as part of a federal requirement in OMB Circular A-133 Sub-part B - Audits Section. Use additional sheets if necessary.

<i>Name of Source/ Agency/ Program/ or Grant</i>	<i>Funding Year</i>	<i>Funding Received</i>	<i>Total Yearly Expenditures</i>
<u>Child and Adult Food Care Program</u>	<u>2009-2010</u>	<u>\$242,222.86</u>	<u>\$242,222.86</u>
<u>USDA Commodities Entitlements</u>	<u></u>	<u>\$410,823.73</u>	<u>\$410,823.73</u>
<u>National Brk/Lunch/Snack/SSP</u>	<u></u>	<u>\$8,193,587.00</u>	<u>\$7,037,126.73</u>
<u>Fruits and Vegetables</u>	<u></u>	<u>\$32,850.00</u>	<u>\$32,850.00</u>
Total:		\$8,879,483.59	\$7,723,023.32

Use additional sheets if necessary

b) Give a start date 07 / 01 / 09 and ending date 06 / 30 / 10 of the fiscal year which your organization operates

13. Will the sponsor keep original copies of receipts, invoices and time sheets on site in order for reviewers to validate CACFP expenses? Yes No

If Not (Explain, how reviewers will be able to examine your accounting documents to verify and determine allowable costs).

14. List all sources of income available and actual expenses for previous year. NOTE: This is Applicable to ALL institutions.

<i>Income:</i>	<i>Total Income:</i>	<i>Expenses:</i>	<i>Total Expenditure:</i>
<u>CACFP</u>	<u>\$ 242,222.86</u>	<u>Salaries</u>	<u>\$ 0.00</u>
<u>CYFD Child Care</u>	<u>\$</u>	<u>Utilities</u>	<u>\$ 0.00</u>
<u>Tuition</u>	<u>\$</u>	<u>Supplies/Materials</u>	<u>\$ 0.00</u>
<u>Grant- Specify</u>	<u>\$</u>	<u>Rent/Mortgage</u>	<u>\$ 0.00</u>
<u>Grant- Specify</u>	<u>\$</u>	<u>Insurance</u>	<u>\$ 0.00</u>
<u>Grant- Specify</u>	<u>\$</u>	<u>Loans</u>	<u>\$ 0.00</u>
<u>Other- Specify</u>	<u>\$</u>	<u>Food/Non-Food</u>	<u>\$ 242,222.86</u>
<u>Other- Specify</u>	<u>\$</u>	<u>Transportation</u>	<u>\$ 0.00</u>
<u>Other- Specify</u>	<u>\$</u>	<u>Equipment/Furniture</u>	<u>\$ 0.00</u>
<u>Other- Specify</u>	<u>\$</u>	<u>Taxes</u>	<u>\$ 0.00</u>
		<u>Other- Specify</u>	<u>\$ 0.00</u>
		<u>Other- Specify</u>	<u>\$ 0.00</u>
Total Funds:	\$ 242,222.86	Total Expense:	\$ 242,222.86

Use additional sheets if necessary.

15. A) Provide a **Schedule for Monitoring food service operations** at each facility under your administration. (Each center site must be reviewed at least three times each year, including one review during the first six weeks of CACFP operations. These reviews cannot be more than six months apart give specific dates when monitoring is anticipated to take place at your center(s) and any additional monitoring efforts with dates.

Anticipated date for your 1st monitoring visit - Oct / 15 / 2010
 Anticipated date for your 2nd monitoring visit - Jan / 15 / 2011
 Anticipated date for your 3rd monitoring visit - Mar / 15 / 2011

B) Who will conduct the Monitoring visits? Aida Salcedo, Compliance Coordinator

16. **MULTI-STATE OPERATIONS** – must complete question below.

Does the organization operate in more than one state? Yes No

If “**yes**” List other state(s) _____ and complete the following **Parent organization Information**. If, different than question (1.) on page 1 of 7

Organizations Name: _____ Phone number: _____
 Address: _____ Fax number: _____
 Contact person at parent organization: _____
 E-mail for Contact person: _____

Complete only, if Sponsoring Organization with Multi-Centers
(Independent centers must make all records readily available on site)

Have procedures for collecting CACFP records changed? No if yes, explain

Has the office location where these records are kept changed? No if yes, explain

Has the frequency for collecting these records changed? No if yes, explain

***** (Please certify and sign below) *****

I CERTIFY THAT the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals served to enrolled participants and; that the CACFP will be available to all eligible participants regardless of race, color, national origin, sex, age, and handicap, and I further certify that the organization has not been terminated from any publicly funded program for failure to comply with program requirements with in the past 7 (seven) years.

I UNDERSTAND THAT this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and federal criminal statutes.

I CERTIFY THAT no board members or principals of the organization have been convicted of a crime which would indicate a lack of business integrity at any time during the past 7 (seven) years.

Cynthia Nava, Superintendent

Name and Title of Authorized Sponsoring Organization Representative (print or type)

Signature of Authorized Organization Representative

Date

2011 Proposed Annual Budget (Complete the following plan for reimbursement and expenses involved in the operation of the CACFP.)

		Proposed Budget by Line Item	Total Expense	(For State Use) Only	
I. TOTAL PROJECTED REIMBURSEMENT- Estimate an average monthly CACFP reimbursement for a month and multiplying by 12.			\$ 250,000.00	100%	\$
II. OPERATING EXPENSE- Cost directly associated with the food cost, non food, meal preparation, clean-up of the food service operation and for vended meal purchases					
a. Food cost for the CACFP- Determine the monthly foods cost and multiply that by 12. If the cost of food equals or exceeds projected reimbursement, STOP ; the budget is complete.			\$250,000.00	%	\$
b. Non-Food cost for the CACFP- Complete only if food costs does not equal or exceed projected reimbursement. Enter the total of (b.1 - b.6), if food plus non-food costs equal or exceeds projected reimbursement STOP ; the budget is complete.			\$0.00	%	\$
b.1) Disposable plastics/paper products		\$0.00			
b.2) Cleaning supplies		\$0.00			
b.3) Kitchen wares		\$0.00			
b.4) Recordkeeping supplies		\$0.00			
b.6) Other- Specify		\$0.00			
c. Salaries Cost for CACFP- (see page 3 of 6) - only if total reimbursement has not been allocated above. STOP when all projected reimbursement has been allocated					
d. Equipment for Food Service- (Items with a value of \$500 or greater) Specific prior written approval required Enter the total of (d.1- d.2)			\$0.00	%	\$
d.1 Specify Item:		\$0.00			
d.2 Specify Item:		\$0.00			
III. ADMINISTRATIVE EXPENSE- Costs are associated with planning, organizing, and managing the food service operation and normally used only by sponsors of multiple centers receiving over \$100,000 per year. Administrative expenses are limited to the lesser of 15% total reimbursement payments received or net allowable costs					
a. Services associated with CACFP- Note:(Institutions may not contract out for the management of the CACFP)			\$0.00	%	\$
b. Other- Attach additional sheets if necessary Enter the total of (b.1 - b.3), include any total amount from additional sheets			\$0.00	%	\$
b.1 Specify-		\$0.00			
b.2 Specify-		\$0.00			
b.3 Specify-		\$0.00			
c. Administrative Cost for CACFP- (see page 3 of 7)			\$0.00	%	\$
d. Audit Fees			\$0.00	%	\$