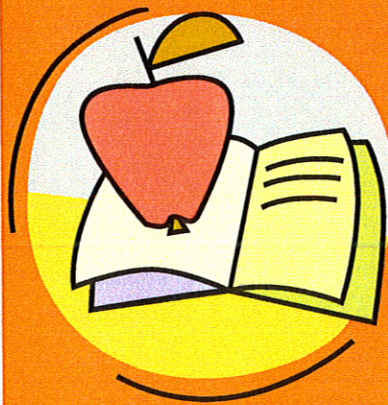


NEW MEXICO

*Department of Children Youth and Families
Family Nutrition Bureau
1920 Fifth Street
Santa Fe, New Mexico 87502*

Child and Adult Care Food Program

Center Renewal Application **Check List & Management Plan**





CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CENTER RENEWAL APPLICATION

FAMILY NUTRITION BUREAU

Reset Form

CHECK LIST FOR CENTER/SPONSOR AGENCY NEEDED INFORMATION

Organization Name: Gadsden Independent School District Agreement Number: 302

1. I have enclosed a **Centers Site Information Form** for each center facility this organization has been approved to operate and administer in CACFP.
2. If applicable, attached are copy(s) of all **ED kitchen permits** and **Inspection reports** from the Environment Department.
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 **Public Release Statement** has been submitted to the media and a copy is enclosed.
5. Program information will be distributed and a complete copy of the **Letter to parents** is enclosed
6. The complete **Management Plan** for this renewal period Oct 2011 through Sept 2012. Sponsors with more than one Center the **Multiple-Site Addendum Form** is enclosed.
7. A copy of the “**Certificate of Training**” received at center training by the Administrator overseeing the CACFP is enclosed
8. The completed **Civil Rights Questionnaire** is enclosed

Once all (8) items necessary for renewing are completed, please submit documents to the State Office at the address listed:

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

Child and Adult Care Food
Application and Management Plan
for Institutions and Sponsors of day care centers

RENEWAL

(Please Print or Type)

1. LEGAL NAME OF ORGANIZATION: Gadsden Independent School District
Mailing Address: PO Drawer 70 Zip: 880021
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 centers under administration: 16

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

Salutation: DR. Name: Cynthia Nava Title: Superintendent
E-Mail Address: cnavagisd.k12.nm.us **D.O.B** 6/23/52
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) **Must a include copy of training certificate**

Salutation: Ms. Name: Aida Salcedo Phone Number: 575-882-6772
Address: PO Drawer 70 Anthony NM 88021 Fax Number: 575-882-6779
E-Mail Address: asalcedo@gisd.k12.nm.us **D.O.B** 04/11/60
Describe all duties assigned to this person: Training, Compliance, Claims, Monitoring

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

Full Name: Aida Salcedo Full Name: Maritza Gonzalez
Full Name: _____ Full Name: _____

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

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*)

a) Non-Profit, Subtype*:
 Tribal – Attach copy of tribal letter School Authority (Public, Private)
 Government Entity Private- Non Profit, 501-C-3 exemption

8. a) Give a start date 07 / 01 / 11 and ending date 06 / 30 / 12 of your organization's fiscal year
- b) 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: November 2010
 No-If "Not" (please complete below)

Does Not apply was intentionally left blank

- c) What was the CACFP reimbursement and expense for your last fiscal year? **please attach a CACFP income & expense tracking report for ALL months covered by your Fiscal Year**, could include income as Total Projected Reimbursement on the Budget Page 6 of 6).
9. Provide the Dun & Bradstreet, Data Universal Numbering System (DUNS) Number 0 8 7 6 6 7 2 6 7
10. List ALL publicly funded programs that the organization has participated in durin the past seven (7) years.
CACFP, USDA Commodoties, National School Lunch Program, Fresh Fruit and Vegetable
11. 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).
12. List all sources of income available for the organization and all expenses for the previous year. **NOTE: This is Applicable to ALL institutions. (For the following organizations provide information only about the child care center - Municipalities, Military Base, Colleges etc.)**

<i>Income:</i>	<i>Total Income:</i>	<i>Expenses:</i>	<i>Total Expenditure:</i>
<u>CACFP</u>	<u>\$ 200,395.22</u>	<u>Salaries</u>	<u>\$ 2,232,609.79</u>
<u>CYFD Child Care</u>	<u>\$ 0.00</u>	<u>Utilities</u>	<u>\$ 235,833.44</u>
<u>Tuition</u>	<u>\$ 0.00</u>	<u>Supplies/Materials</u>	<u>\$ 60,617.60</u>
<u>List grant/other income</u>	<u>\$ 3,024.91</u>	<u>Rent/Mortgage</u>	<u>\$ 71,163.72</u>
<u>USDA Commodities</u>	<u>\$ 527,247.47</u>	<u>Insurance</u>	<u>\$ 756,442.86</u>
<u>National School Lunch</u>	<u>\$ 7,386,308.00</u>	<u>Loans</u>	<u>\$ 0.00</u>
<u>Fruits and Vegetables</u>	<u>\$ 34,300.00</u>	<u>Food/Non-Food</u>	<u>\$ 4,118,607.02</u>
<u>Catering Sales</u>	<u>\$ 130,138.17</u>	<u>Transportation</u>	<u>\$ 18,837.50</u>
<u>Adult Food Sales</u>	<u>\$ 110,007.20</u>	<u>Equipment/Furniture</u>	<u>\$ 0.00</u>
		<u>Taxes</u>	<u>\$ 0.00</u>
		<u>Other-</u>	<u>\$ 0.00</u>
Total Funds:	<u>\$ 8,391,420.97</u>	Total Expense:	<u>\$ 7,494,111.93</u>

Use additional sheets if necessary.

13. a) Outline your **Plan for providing the monthly Nutrition Education** required for participants in your Center(s).
(Use additional sheets if necessary)
- b) Does this organization have more than one center facility; will this plan be used for all sponsored sites? Yes No
 If "No" *(please complete a plan for each center facility or explain below how requirement will be met at each site)*
No, Teachers through freedom of instruction are required to preform nutrition education to students and submit monthly to Student Nutrition Central Administration
- c) Who will conduct the Nutrition Education, please explain?
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-	Teachers are provided with Freedom of Instruction throughout the year.		Objectives are to provide nutrition instruction in several areas that include introduction of foods, making good food choices, and the importance of staying healthy by combining eating right and physical activity.
November-			
December-			
January-			
February-			
March-			
April-			
May-			
June-	Summer Break		Training
July-	Summer Break		Training
August-			
September			

14. **Organization structure for the administration of the CACFP**

(List ONLY the personnel who will be administering the Child & Adult Care Food Program, Attach additional sheets if necessary.) Also Submit a copy of any organizational structure charts available.

14(a) **Yearly conversion for total salary: (Hr per Day) x (Hrly Wage) x (# of Day per week) x (# of wks in Operation)**

CACFP Duties/Responsibilities Type below: 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 Labor Cost for Program Year	Total Labor Cost Supported by CACFP	Total Cost Funded by Other Source
Overseeing CACFP, Contact for State Agency Aida Salcedo	No					0.00		0.00
Conducts Monitoring of Facilities Aida Salcedo	No					0.00		0.00
Conducts Training of staff Aida Salcedo	No					0.00		0.00
Prepares Claims for reimbursements AidaSalcedo, MartizaGonzalez	No					0.00		0.00
Deposits, Tracks Receipts, Accounting Activities Jackie Aguilar	No					0.00		0.00
Other Duties- specify Record Keeping AidaSalcedo, MaritzaGonzalez	No					0.00		0.00
Other Duties- specify	-					0.00		0.00
Total Labor Cost sub-total salaries for program year.....						0.00		0.00

CACFP ADMIN LABOR COST request for program year **0.00**
(Must include this amount on Proposed Budget Line Item III. a)

Note: The primary purpose of the CACFP is to provide reimbursement for food expenses, but a portion of your annual budget may be applied toward related program expenses (For example, administrative salaries, office supplies, training materials, etc.).

15. a) Outline of **Training Plan for all CACFP staff**, administrative and food service personnel listed on (CACFP Site Info page 2 of 2 and question 14a above). Training must consist of civil rights and CACFP requirements. **[Specify training date(s) and check all topics being covered]** this does not include CACFP training provided to the sponsor by the State Agency.

b) Planned training Date(s): July 29, 2011 and August 5, 2011

c) Who will conduct the training session(s)? (Person(s) must have attended State Training)
Aida Salcedo, Compliance Coordinator

d) Topics being covered (please check all that applies):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Menu Record Book- food production | <input checked="" type="checkbox"/> Monitoring Center Facilities |
| <input checked="" type="checkbox"/> Meal Counts & Attendance | <input checked="" type="checkbox"/> Family Style Dining |
| <input type="checkbox"/> Income Eligibility Applications | <input checked="" type="checkbox"/> Financial – Claim for reimbursement |
| <input checked="" type="checkbox"/> Nutrition Education | <input checked="" type="checkbox"/> Civil rights |
| <input type="checkbox"/> Income & Expense Tracking – Receipts, Invoices | |
| <input checked="" type="checkbox"/> Menu planning, Meal Pattern & Creditable foods | |

e) Any other topics or plans (please specify):

Note: Unmarked topics will not be covered: Provisions 2 School District, Bookkeepers attended state training, which prepared them with regulations in record keeping.

***** (Please certify form by signing 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.

Dr. Cynthia Nava, Superintendent

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

Signature of Authorized Organization Representative

Date