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# **KN-CLAIM**

**K**ansas  
**N**utrition -  
**C**laims  
**A**nd  
**I**nformation  
**M**anagement

## **CACFP Certification Guide for Home Sponsors**

**Sponsor Application, Budget and Management Plan**

Child Nutrition & Wellness Kansas State  
Department of Education  
July 2023

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**(2) fax:**

(833) 256-1665 or (202) 690-7442; or

**(3) email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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Your comments and suggestions are always welcome. If you have questions, please call 785- 296-2276 or contact your area consultant.

## What is KN-CLAIM?

KN-CLAIM is the Child Nutrition & Wellness web-based computer system. The acronym stands for **K**ansas **N**utrition – **CL**aims **A**nd **I**nformation **M**anagement. KN-CLAIM is used to collect sponsor and site information and to pay CACFP reimbursement claims.

## Important Dates

- **August 31, 2023**– Certification Deadline. Sponsor certification should be in pending approval.
- **October 31, 2023** – Program Certification must be approved in KN-CLAIM. If not, sponsors may lose October reimbursement and be dropped from CACFP.

## Help is Available!

KSDE has done our best to assure that KN-CLAIM works correctly and is easy to use. However, there is always room for improvement. Please let us know if you encounter any problems or need assistance with using the system.

*Do you need help using KN-CLAIM or have a system problem to report?  
Call 785-296-2276 and ask for KN-CLAIM support.*

## This Quick Reference Covers How To:

- A. Access KN-CLAIM and Log-in.
- B. Navigate to the Sponsor's Application Data.
- C. Update and Save the Sponsor Application.
- D. Complete the Homes Sponsor Budget.
- E. Complete the Management Plan – Homes Sponsor.
- F. Upload Required Forms
- G. Submit the Sponsor Application, Budget, Management Plan and Forms to KSDE for approval in KN-CLAIM.

## Guidance for the following:

- Sponsor Application
- CACFP Administrative Budget Guidance for Homes
- Management Plan – Sponsor of Homes

## Important

- ◆ **The Sponsor Application and Site Application(s), Budget and Management Plan must be in “Approved” status in order for reimbursement claims to be entered for the 2023 program year.**
- ◆ **The Authorized Representative is responsible for assuring that the sponsor’s information in KN-CLAIM is current and correct. The information may be updated at any time throughout the year by following the steps outlined in this document. If you need the assistance of others in your organization to maintain information on KN-CLAIM, consider the “Designated User” option. This allows others to assist using their own log-in and password while ensuring the confidentiality and integrity of the sponsor’s information. To use the Designated User option, go to <https://cnw.ksde.org>, KN-CLAIM, How to Access KN-CLAIM.**
- ◆ **The Program Agreement and Provider Agreements continue effective from the date signed. Maintain the Agreement in a permanent file or pull forward to the current program year file.**
- ◆ **Sponsors with center(s) will also complete renewal for the center side of the organization. See the “CACFP Certification Guide For Centers” on the website: <https://cnw.ksde.org>, CACFP, Program Certification/Initiation.**
- ◆ **Provider Application(s) - ***DO NOT UPDATE PROVIDER APPLICATIONS AT THIS TIME.*****

### A. Access KN-CLAIM and Log-in

- 1 - Go to <https://cnw.ksde.org>. This screen is the home page of the Child Nutrition & Wellness website. It is your gateway to KN-CLAIM and to a great deal of valuable information about Child Nutrition Programs.
- 2 - Select “KN-CLAIM” from the top menu.
- 3 - Log-in using your user-id and password.  
If this is the first time logging into KSDE Web Applications Common Authentication, users will need to Register and create a new login and password while requesting access to KN-CLAIM. Specific instructions can be found at <https://cnw.ksde.org>, KN-CLAIM, How to Access KN-CLAIM.

### B. Navigate to Sponsor’s Application Data

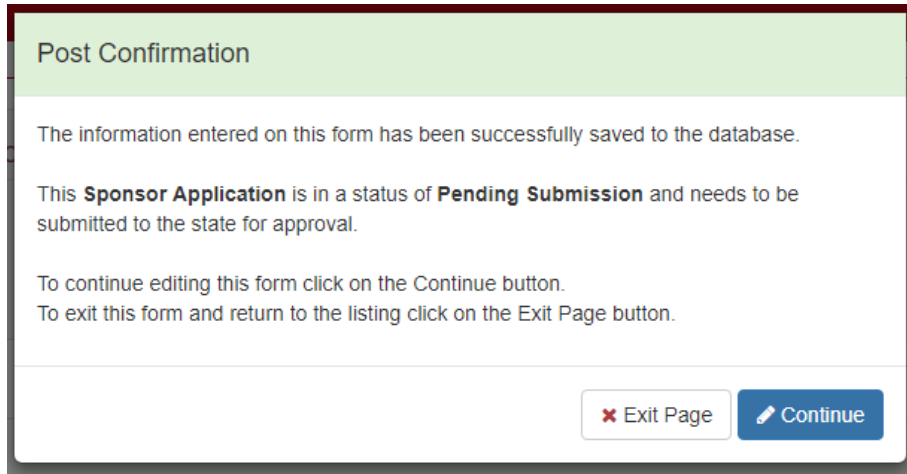
- 1 - Program Selection Menu – Click <CACFP>.
- 2 - Program Year Selection – Click <2024>.
- 3 - Click the tab labeled <Applications>.

### C. Update and Save the Sponsor Application

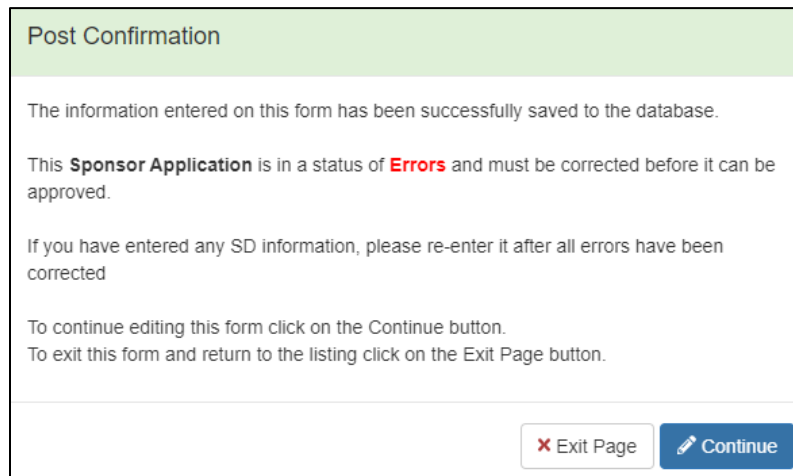
- 1 - Sponsor Application – Click <+>.
- 2 - Carefully review all data on the Sponsor Application and update as needed. Specific guidance on the information in the Sponsor Application is at the end of this guide.

When all information has been reviewed and updated, click <Save>. The save button can be found on the menu bar on the left hand side of the screen or at the bottom of the sponsor application. Either option will perform the save function.

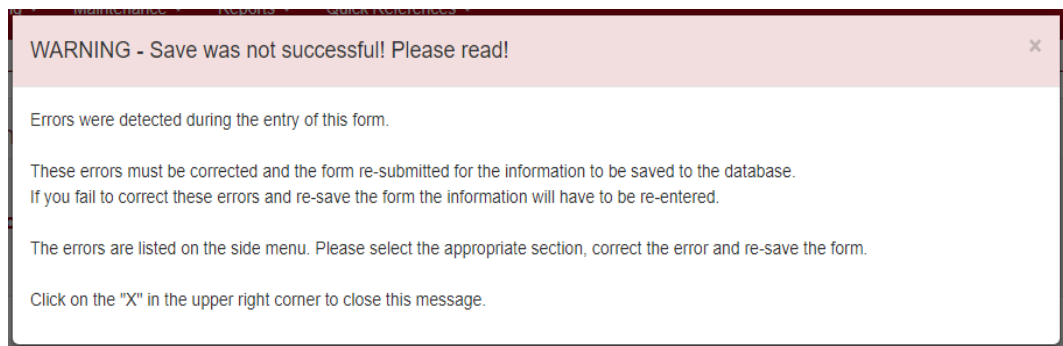
- If there are no errors, the following message will appear stating the sponsor application is in a status of pending submission: Click <Exit Page> to return to the Sponsor Summary or click <Continue> to make additional changes to the Sponsor Application.



- If there are errors, the following message will appear stating the sponsor application is in a status of errors: Click <Continue> to make changes to the Sponsor Application. Repeat Step C2 until there are no errors and the Sponsor Application has a status of pending submission.



- If the following message appears, click on the <X> in the upper right corner to close the message and fix the errors identified. These errors must be corrected and the form re-submitted for the information to be saved to the database. If you fail to correct these errors and re-save the form the information will have to be re-entered.



## D. Complete the Homes Sponsor Budget

1. DCH Sponsor Budget – To select, click <+>.
2. Complete the Home Sponsor Budget. Specific guidance for completing the DCH Sponsor Budget is at the end of this guide.
  - Round each amount to the nearest dollar
3. When the budget is complete, click <save>.
  - If there are no errors, a message will appear stating the home sponsor budget is in a status of “Pending Submission”. Then click <Exit Page> to return to the Sponsor Summary.
  - If there are errors, click <Continue> to return to the home sponsor budget. Repeat Step D2-D3 until there are no errors and the Home Sponsor Budget has a status of “Pending Submission”.

## E. Complete the Management Plan – Home Sponsors

1. DCH Sponsor Management Plan – Click <+>.
2. Carefully review all data on the Management Plan and update as needed. Specific guidance for completing the DCH Sponsor Management Plan is at the end of this guide.
3. When all information is complete, click <Save>.
  - If there are no errors, a message will appear stating the management plan is in a status of “Pending Submission”. Then click <Exit Page> to return to the Sponsor Summary.
  - If there are errors, click <Continue> to return to the Management Plan. Repeat Step E2-E3 until there are no errors and the Management Plan has a status of “Pending Submission”.

## F. Upload Required Forms

1. Once the Sponsor Application, Budget, and Management Plan are in Pending Submission, click on the <Checklist> Tab (located to the left of the applications tab).
2. Upload required forms. Required forms are marked with a check mark beneath the “Required” heading. To begin the file upload, click on the <Upload> button (blue button with an upward arrow) below the “Action” heading, browse for document and select document. Once uploaded, today’s date will populate into the “Date Sent” and “Date Received” columns. Check to see that the correct file was uploaded by clicking on the <view> button (white button with picture of an eye)”. If it is not the appropriate document, click on the <delete> button (white button with trash can) and repeat upload process, selecting a different document to upload.

To download a template of the form (when available) click the icon beneath the “Downloads” heading. Once open, save to your computer and complete before uploading.

Some documents previously uploaded have been retained for the current year. If “View” is available, review the document to assure it is current and correct. If it is NOT current, delete the form and upload the current form. Forms will be kept for 3 years from the date uploaded.

**Civil Rights Training Roster** - Each sponsor must train **all staff** in Civil Rights annually.

- Sponsors may only upload one document. If multiple documents exist, combine before uploading. Where individual training records make uploading multiple documents excessive, a list of trained employees may be uploaded. Consultants will view individual rosters with signatures during an Administrative Review.

**Purchasing Plan**

- All sponsors must develop and follow a purchasing plan. Click on the Microsoft Word icon to open an enterable purchasing plan prototype.

**Code of Conduct**

- Each sponsor must have a written standard of conduct for all employees to follow when engaging in the selection, award, or administration of contracts. The standard of conduct must ensure employees, officers, and agents will conduct all procurement transactions in a manner that avoids conflict of interest, real or apparent. It must outline policies that prohibit officers or employees from soliciting or accepting gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements. The standard of conduct must also include a policy for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the sponsor. Click on the Microsoft Word icon for an enterable standard of conduct prototype.

**Job Title and Description**

- Upload a job title and description form for each position within the organization.

**Sponsor's Outside Employment Policy**

- Upload a copy of the sponsoring organizations outside employment policy. The policy should address restricting outside employment by all 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.

**Right of Review Memo**

- Sponsors must upload documentation showing that they have informed sites that KSDE, USDA and other state and federal officials have the right to make unannounced reviews or site visits during the center's normal hours and days of operation. Click on the Microsoft Word icon to open an enterable right of review prototype.

**By-laws of Board Members or Board Meeting Procedures**

- Upload the By-laws of board members **or** the board meeting procedures if by-laws do not exist.

**Sponsor's Organization Chart**

- Upload an organizational chart, or similar document, that demonstrates what positions are associated with the operation of the CACFP.

**List of Board Members**

- Upload a list of current board members. The board of directors is responsible for setting policy, fiscal guidance, and ongoing governance. The board should be composed of a majority of members of the community who are not personally financially interested in its activities or related to its personnel or to each other.

**Minutes of Board of Directors Meeting**

- Board of Directors must meet on a regular basis. Upload the minutes from the most recent Board of Directors meeting. Decisions must be documented in board minutes and should be maintained and available for review.

**Sponsor's Tentative Plan for Staff Training**

- Upload a tentative plan for training. Detail the training topics, months and locations that the organization plans to conduct training for its staff.

**Verification of CACFP Staff Training**

- Each sponsor must conduct CACFP related training with program staff. Topics include, but are not limited to, program meal pattern, meal counts, recordkeeping requirements, claims and reimbursement. Sponsors must document staff training conducted during the previous program year. Training documentation should include the date of the training, the topic of the training, and who was trained (name of site trained, individual staff, all staff, etc.) Click on the Microsoft Word icon for an enterable Verification of Staff Training prototype.

**Financial Statement**

- Upload a copy of a year-to-date financial statement (Profit & Loss Statement) showing income and expenditures for the entire agency. The financial statement should show how the Agency accounts for income and expenditures to manage a successful business. Do not send a ledger or bank statement. The financial statement should demonstrate adequate funds to continue to pay employees and suppliers (rent, utilities, etc.) during periods of temporary interruptions in CACFP payments and/or to pay debt when fiscal claims have been assessed **OR** send a

written statement that includes the source of the outside funds. Example: church’s ministry fund or income from the sale of calendars

#### **Operational Expense**

- The form provides the means for space allocation or indicate other factors to determine the CACFP portion of the costs for items such as rent and utilities. If applicable, the Operation Expense Section 4 form may also need to be completed.

#### **Lobbying Statement**

- If contracting for meals over \$100,000 this form is required.

#### **Viability, Capability, and Accountability (VCA) Checklist**

- New sponsors are required to submit information sufficient to document that the institution is financially and administratively capable of operating the CACFP.

#### **Equipment Inventory**

- Upload a list of the organization’s inventory of equipment with a purchase price of \$1,000 or more, a life expectancy of more than 2 years, and purchased with CACFP funds.

#### **Averaging Monitoring Visit Plan**

- If sponsor has indicated on the management plan that home visits will be averaged, sponsors must upload their policy for averaging home visits and explains the criteria and list of providers.

#### **SD Process**

- If sponsor does not use the Home Monitor Findings and Sponsor Actions Grid, upload the sponsors Seriously Deficient Policy and Procedure.

#### **Program Agreement**

- Upload a copy of the fully executed copy of the Sponsor’s 2020 Program Agreement with KSDE.

#### **Wage/Salary**

- Upload a completed Wage/Salary form detailing all Sponsor employees salary/wage information, CACFP hours, and number of annual monitoring hours.

#### **Justifications**

- Upload the budget justification form to support the budget submitted. Justifications should provide sufficient detail to explain how CACFP funds will be expended.

#### **Sponsor’s Tentative Plan for Provider Training**

- Upload a tentative plan for training form detailing the training topics, months and locations that the organization plans to conduct training for its providers.

#### **Misc Upload**

- Any documents that do not have their own individual upload should be consolidated and uploaded here.

## **G. Submit the Sponsor Application, Budget, Management Plan and Forms to KSDE for approval.**

**All applications must be saved and in “Pending Submission” status and all required forms must be uploaded or sent before proceeding.**

- 1 - Click on the <Checklist> tab.
- 2 - Click in the checkbox to certify the information in the applications is true and correct.
- 3 - Click the <Submit> button (blue button with upward) found at the bottom of the page next to the wording “Submit all forms to the State for Approval.”
- 4 - Status will change to “Pending Approval”.

Note that the Sponsor and Site Applications cannot be edited again until after they are reviewed and approved by KSDE. After KSDE approval, the status of the applications will be “Approved”.



## SPONSOR APPLICATION

Click “Save” to save responses when adding or revising application. Applications can be saved in error for completion at a later date.

### 1-5: Mailing and Street Address

### 6-15: Authorized Representative, CACFP Contact and Claim Contact

- The Authorized Representative is the person designated by the sponsoring agency to be responsible for administration of the CACFP, preparing and signing reports, claims and other documents. KSDE sends e-mail and mail messages directly to this individual.
- If someone other than the Authorized Representative helps administer the CACFP and is the contact for CACFP-related issues, that person is the CACFP Contact. KSDE sends e-mail and mail messages directly to this individual.
  - If the CACFP Contact is the same as the Authorized Representative, check the box to copy the Authorized Representative information to the CACFP Contact.
- Enter the contact information for the person filing the claim for reimbursement.
  - If the Claim Contact is the same as the Authorized Representative, the box may be checked to transfer information automatically.

**16-22: Executive Director** – If your agency has an Executive Director, the ‘**Yes**’ box is checked and provide the Executive Director’s information. If this does not apply to your agency, the ‘**No**’ box is checked and the contact information is blank.

**23-34: Board Chairperson** – Complete the information for the Board Chairperson of the agency.

### 35-42: General Information

#### Type of Sponsoring Agency

- Nonprofit (Secular) or Nonprofit (Faith-based) is a sponsor with tax-exempt status from the IRS and 501(c)(3) status
- Governmental is a sponsor at a university or community college
- **Effective Date** – Date Sponsoring Agency received status

**Sponsoring Type** is independent (one site) or sponsoring organization (more than one site)

- **Effective Date** – Date Sponsoring type established

**Newspaper Serving Community** – If your newspaper is not indicated, pick from the drop-down list box. If the newspaper is not in the drop-down list box, type in the newspaper’s name.

**Operate in More Than One State** – If the agency has sites or offices in other states, ‘**Yes**’ is indicated. If yes, indicate who is financially and/or administratively responsible for the organization and whether the local affiliate sends money from the non-profit food service account to the parent organization.

**Local Foods Served** – Does the Sponsor purchase local products to serve as part of CACFP meals? Indicate no as home sponsors do not purchase food to be served as part of CACFP meals.

### 43-44: Audit Information

**Month Fiscal Year ends** – The sponsoring organization’s fiscal year cycle.

**Federal Expenditures** – Did the sum of all federal funds expended, including CACFP reimbursement, add up to \$750,000 or more? Indicate yes or no.

**45-46: Income Eligibility and Confidentially**

**Income Information** – Will the Sponsor collect Income Eligibility Forms? Indicate yes or no.  
**Effective Date of Determinations** – Indicate the effective date used for income applications.

**Confidentially of CACFP Information** – Does the Sponsor have a written policy to not disclose eligibility information? Indicate yes or no. If no, Sponsor must upload the local policy regarding disclosure of participant eligibility for KSDE to review.

**47-53: Publicly Funded Programs** – The applicable boxes for the publicly funded programs are indicated with ‘**Yes**’ or ‘**No**’. If the agency has participated in a publicly funded program that is not listed, indicate the program(s) in the box provided.

**54-55: Administrative Training**

**Authorized Representative or person who attended Administrative Workshop** – Each sponsor is required to attend the CACFP Administrative Workshop to receive Civil Rights Training from KSDE consultants. Enter the name of the attendee (Enter only one name if multiple people attended.) that attended the Administrative Workshop.

**Date of Training** – Enter the date the Administrative Workshop was attended/completed on-line.

**56-59: Food Safety Training** – Sponsors are required to train one individual every 3 years – if more than one person is trained, enter the name of the current employee most recently trained.

**60: Outreach Efforts** – Describe efforts made to provide information about the Sponsor to grassroots or minority organizations.

Always click “Save” to save responses when adding or revising application.

## CACFP ADMINISTRATIVE BUDGET GUIDANCE FOR HOMES

### October 1 – September 30

**KSDE Approval** – After KSDE reviews the information submitted for the budget and the certification packet is in approved status, a letter of approval will be sent.

This guidance is based on USDA Food and Nutrition Service Instruction 796-2, Rev 4, USDA Guidance for Management Plans and Budgets, the CACFP Administrative Handbook posted at <https://cnw.ksde.org>, and policies and guidance issued by USDA and KSDE. All leases, contracts, agreements, depreciation schedules, insurance, computer equipment and software, and repairs require specific prior written approval (SPWA) and must be submitted for review prior to signing/purchasing.

Any expenses, contracts, agreements or leases must follow proper procurement procedures in the solicitation of items or services. Items or services over \$250,000 must follow formal procurement procedures and receive appropriate approval (prior written or specific prior written approval) for the expense to be covered with CACFP Administrative funds

All contracts or agreements awarded under the CACFP may not exceed a term of one year, and options for the yearly renewal of a contract may not exceed 4 additional years. Renewal terms should be established in the initial contract with a yearly addendum used to document such renewal. All contracts shall include a termination clause whereby either party may cancel for cause with 60-day notification. Contracts or leases must include one of the following clauses:

- In the event Federal funding is no longer available,
  - this contract will be null and void, or
  - the (insert organization name) will assume responsibility for this contract.

The original budget and subsequent revisions must include adequate information before budget approval. All expenditures must be identified by line item and must be documented with SOURCE DOCUMENTS (i.e., receipts, invoices, statements, etc.). Before a cost can be reported as an administrative expense, funds must actually be expended.

**Original Budget** – An original budget must be submitted by the sponsoring organization via KN-CLAIM and approved by KSDE. No expenditure from Child and Adult Care Food Program (CACFP) Administrative Funds for this Program year can be made unless included in the approved budget. Justifications are required for all line items with accompanying costs.

**Budget Revisions** – The budget may be revised in KN-CLAIM by the sponsoring organization at any time during the Program year. Any line item(s) that increases or decreases by 10% or more must include revised justifications with appropriate documentation for the budget revision prior to expending funds.

**Shared Costs** – All shared costs must be allocated to determine the portion of the cost that is applicable to the administration of the CACFP for day care homes. Complete the applicable form(s) to document the shared costs: *Operation Expense Form* (based square footage) and/or *Operation Expense Section 4* (other shared costs) using the instructions provided on the forms.

**Disclosure Requirements** – All transactions involving related parties, less-than-arms-length transactions, and ownership interests in equipment, supplies, vehicles and facilities must be disclosed through the justifications or supporting documentation. Failure to disclose will nullify allowable costs.

**Justification of Costs** – The justifications for line items must be **specific and detailed.**

EXAMPLE, (10) Utilities/Trash:

Not Acceptable: Total annual cost of utilities & trash.

Acceptable: "Total Annual utilities for the agency is \$10,000. Based on last year, gas \$5,000; electric \$3,000; water and trash \$2,000. "Homes" shared cost is 35%. Total CACFP costs = \$3,500."

## PART ONE – ADMINISTRATIVE FUNDS/INCOME

### 1. Request Administrative Advance

Select “yes” if requesting to receive administrative advances due to being a new sponsor or due to expansion. New Day Care Home Sponsors may elect to receive an advance of administrative funds for up to 12 months at the time of program initiation. Since Home Sponsors must be financially viable to administer the CACFP advance requests for more than 12 months for new Sponsors or any advance request made by Day Care Home Sponsors other than at the time of Program Initiation must be submitted for review by the Kansas State Department of Education.

### 2. Anticipated Income from CACFP Administrative Funds

Enter the total number of homes anticipated for the Program Year (PY). In projecting anticipated income, sponsors should use the past three years of participation data from the May claim and use the average percent change when projecting anticipated income. To base anticipated income on a higher number of homes, justification is required. A calculating percent change example can be found in Chapter 21 of the Administrative Handbook. Click on the <Calculate> button for the computer system to calculate the anticipated income for the number of anticipated homes.

### 3-4. Anticipated CACFP Income from Other Sources

**Audit Grant (3)** - Enter anticipated audit grant funding to be awarded.

Reminder: The entire audit amount must be entered on line 16 in the event audit grant funds are less than anticipated or audit grant is not received. Specific prior written approval is required for the audit. Approval of this line item does not guarantee audit grant approval.

**Other – Specify (4)** - Specify the source(s) of any other anticipated income and enter the amount. All agencies must have outside funds available to pay for unallowable costs related to the operation of the organization aside from CACFP (over claim/debt from review or audit findings, general business expenditures, etc.). Click “Add lines” button to add additional income lines.

### 5. Carry Over Administrative Funds from Previous Program Year

With the initial budget for the program year, enter anticipated carry over funds from the 2023 Program Year. Sponsors will do a budget revision when actual carryover funds are determined. Planned use or changes in use of carry over funds must be documented, detailed in justifications, and revised as needed.

- Total carry over funds may not exceed 10% of the previous year’s administrative reimbursement received.
- Carry over funds should be used on a first-in, first-out basis to avoid repayment of the carry over funds at the end of the carry over year.
- Funds must be spent by September 30 of the carry over program year or be returned to KSDE.

### 6. Total Anticipated Administrative Funds/Income

Enter the total of all anticipated income expected to receive. Total budget expenses may not exceed anticipated income.

## PART TWO – EXPENSES

### 7-11. Category 1 – Operation Expenses.

**Rent or Use Allowance (7)** – Prior to entering into any lease/agreement, submit a copy of the lease to KSDE for specific prior written approval.

**Utilities/Trash (8)** – Indicate the total anticipated amount of utilities in the budget. Specifically, identify each utility cost (i.e., gas, electricity, sewer, water, trash) on the *Budget Justifications* form.

**Maintenance of Building/Grounds (9)** – Specifically identify janitorial service cost or agreement(s) for service(s). Service contracts require specific prior written approval if it is a less-than-arms-length transaction.

**Insurance (10)** – All insurance policies require specific prior written approval.

- Submit a copy of the declaration page for each insurance policy which includes the effective and expiration dates of each policy using CACFP funds and the policy amounts.
- For Director's and Officer's insurance, additional documentation must show that the policy actually provides liability coverage for activities related to the CACFP (many policies specifically exclude coverage related to the administration of a federal program).
- Policies including coverage for non-CACFP liability must properly allocate the CACFP cost.

**Other – Specify (11)** – Other costs, including relocation/remodeling, require specific prior written approval.

#### 12-14. **Category 2 – Wages / Salaries**

Each element of an individual's compensation must be reasonable for the services provided by the individual and conform to the sponsoring organization's written compensation policy.

All salaries paid from CACFP administrative funds must be documented by time logs. To be an allowable cost, all tasks completed must be directly attributable to the sponsorship of *day care homes*. Examples of unallowable salary expenses are duties associated with the CACFP in child care centers and employee time spent in fund-raising activities within an organization.

No more than 75% of the sponsoring organization's earned CACFP administrative funds may be used for the total salary/fringe package without KSDE approval. This includes wages plus fringe benefits such as: health/life/disability insurance, employee incentive payments (bonuses), Social Security, Medicare, and Unemployment Insurance, Worker's Compensation, 401(k), 403(b), pensions, annuities and retirement programs, including KPERs. Salaries may not be paid based on the number of participating homes or on a comparable formula basis. Salaries must be established by the Board of Directors and paid at the same rate each month. Salaries and wages and names of staff members must be identified on the Wage/ Salary Form and approved by KSDE. Sponsors may submit a formal request to KSDE to consider exceeding the 75% salary cap. KSDE approval is required to exceed the 75% salary cap.

List all anticipated instances when overtime, compensatory time, or paid work time on a non-work holiday will occur. Examples of this might be during claims processing or quarterly provider trainings. Instances should identify the circumstance causing the overtime/compensatory time and the employee(s) involved. Use the *Overtime/Compensatory Time/Paid Work Time Form* to submit the anticipated instances of occurrence. If additional instances occur throughout the year, the form must be submitted within 2 working days of the occurrence. (Clarification: compensatory time is not incurred if taken within the same work week.)

Incentive payment(s) must be based on actual services performed by the employee which resulted in program cost reductions, improved working conditions, or a special act or achievement. Incentive payments must have specific prior written approval (SPWA). To request SPWA, the sponsor must provide a detailed justification to describe how the employee met the condition(s) listed above to qualify for an incentive.

**Wages (12)** – Enter the total annual salaries/wages for all employees. The amount must match the budget *Wage/Salary Form*. List the title and salary information for each CACFP employee.

**Fringe Benefits (13)** – Fringe benefits include employer's matching portion of FICA, unemployment, worker's compensation, employer's portion of life or health insurance, etc. Include only fringe benefits applicable to your sponsoring organization. Provide an itemized breakdown of each fringe benefit on the *Budget Justifications* form.

**Other –Specify (14)** – Severance pay requires specific prior written approval and will be approved on a case by case basis. Deferred Compensation Plans require specific prior written approval. Complete the *Wage/Salary Form* and *Budget Justifications form* to outline details.

**15-18. Category 3 – Contractual Services**

All contracts, agreements, and professional services, including month-to-month, require specific prior written approval and must be submitted to KSDE for review prior to entering into the agreement.

**Accounting (15)** – The use of contracted accounting services requires specific prior written approval.

**Audit (16)** – Only sponsoring organizations that expend \$750,000 or more per year of federal money within their organizations may use administrative funds for fiscal audits and qualify for audit grants. Sponsors will need to send a certified letter to two or more firms/companies to announce the audit and invite bids from the firms using a certified delivery service. The certified mail return receipts are required to receive specific prior written approval. All audit agreements require specific prior written approval prior to entering into agreement. KSDE auditors will audit all other organizations, at no cost to the organization. List expense for anticipated audit expense.

**Legal (17)** – Legal retainer fees are an unallowable cost. The use of legal services/consulting requires specific prior written approval.

**Other - Specify (18)** – The use of any other professional services/consulting requires specific prior written approval.

**19-22. Category 4 – Provider Services**

**Resources and Reference Materials (19)** – Estimate the cost of resources and reference materials directly related to CACFP that will be purchased for providers' use. Specific titles/descriptions must be included. Resources such as CACFP calendars purchased or printed for providers require prior written approval. All other resources and reference materials require specific prior written approval.

**Workshop/Training (20)** – Enter the cost of room rental, rental of audio-visual equipment, or supplies for training sessions conducted by the sponsoring organization for providers. Specific detail must be provided for supplies for training sessions and should support the training plan for the program year.

**Speakers Fees (21)** – Enter the cost of speaker fees for training sessions approved by KSDE and conducted by the sponsoring organization for providers.

**Other (22)** - List all other provider services expenses not assigned to a previous line item.

**23-31. Category 5 – Office Costs**

**General Office/Computer Supplies (23)** – Enter all office supply costs, including computer supplies.

**Printing (Forms/Provider Training) (24)** – Identify estimated cost for publication, printing, and reproduction of all CACFP materials, including provider workshop handouts.

**Advertising and Public Relations (25)** – List individually the cost of pamphlets, news releases or other information services included on this line. Yellow pages advertisements are unallowable.

**Publications/Organizational Dues/Subscriptions (26)** – List the cost of professional publications/subscriptions and resources (food and/or nutrition related) to be used by staff. Titles/descriptions must be included in the justifications for these cost. Dues to Chamber of Commerce are not allowed. Dues for any lobbying organizations are not allowed. List organizational dues for food and/or nutrition organizations. Identify whether memberships are institutional or individual.

**Office Equipment and Furniture (27)** – Equipment and/or furniture over \$1000 per item requires KSDE specific prior written approval to purchase/lease. Prior to purchase, complete a *Request to Purchase or Lease* and attach a minimum of two comparable bids for purchase of the requested item. List items separately.

**Maintenance Agreements (Equipment) (28)** – Maintenance contracts must have specific prior written approval.

**Stop Payments Fees/Banking Fees (29)** – Specify stop payment and banking fees. All stop payment fees require specific prior written approval from KSDE before contacting the bank to request the stop payment.

**Indirect Costs (30)** – Sponsoring organizations with a negotiated Health & Human Services (HHS) indirect rate must use the established rate if paying indirect costs from CACFP administrative funds. Submit a copy of the HHS indirect cost rate agreement. **If a sponsor does not have an HHS rate, contact KSDE.**

**Other - Specify (31)** – List all other expenses not assigned to a previous line item.

**32-36. Category 6 – Computer/Data Processing**

All computer hardware, software, and repairs/maintenance agreements require specific prior written approval. Prior to purchase, complete a *Request to Purchase or Lease* and attach two or more comparable bids for purchase of the requested item.

**Computer Equipment/Hardware (32)** – Cost for hardware (laptop, printer, copier, external hard drive, etc.).

**Software Programs, General (33)** – Cost for software programs for general use.

**Software, Claims Processing (34)** – Cost for software used for provider claims (such as Minute Menu costs).

**Computer Repair/Services (35)** – Enter amount for maintenance/repair and/or maintenance contract for data processing/computer equipment only. The use of contracted computer services/consulting requires specific prior written approval.

**Other - Specify (36)** – If applicable, list other expenses not assigned to a previous line.

**37-40. Category 7 – Communication**

**Postage/Delivery Service (37)** – Any contracts, leases or agreements require specific prior written approval. Enter costs for postage/delivery services.

**Telephone/Cellular Service (38)** – Identify cost of fixed telephone service, and cellular telephone service. Cellular service requires SPWA.

**Web Hosting/Internet (39)** – Specify internet costs for access and/or email accounts and web hosting to install and/or maintain a web site. Any contracted services must have specific prior written approval.

**Other - Specify (40)** – If applicable, enter other costs. Any projected telephone equipment repair costs and equipment purchasing require specific prior written approval.

**41-47. Category 8 – General Travel Expenses**

Include only anticipated travel expenses for signing new homes, monitoring participating homes, conducting provider training and CACFP outreach.

**Mileage (41)** – Enter total anticipated miles and multiply times sponsor's current mileage rate (not to exceed IRS business mileage rate).

**Lodging (42)** – Estimate lodging costs to be paid to employees while on official, overnight business.

**Per Diem (43)** – Estimate per diem costs to be paid to employees while on official, overnight business. Reimbursement method must match method outlined in the management plan.

**Vehicle Lease/Rental (44)** – Vehicle leases require KSDE approval prior to lease. Prior to leasing, complete a *Request to Purchase or Lease* and attach two or more bids for lease of comparable vehicles. If applicable, list expenses estimated for rental car(s) to conduct home visits or provider training.

**Vehicle Insurance (45)** – Vehicle insurance cost requires specific prior written approval. Send copy of declaration page(s) listing premium cost and effective date of policy.

**Vehicle Repairs (Routine) (46)** – Estimate any projected vehicle repair costs.

**Other - Specify (47)** – Enter other costs estimated for unexpected repairs or other expenses. All repairs other than routine require specific prior written approval.

**48-52. Category 9 – Training for Staff, In-state**

Include only anticipated expenses incurred for staff to attend training directly related to CACFP. Specific prior written approval is required when CACFP is part of a larger meeting or conference. Only the CACFP portion is an allowable CACFP cost.

**Registration Fee (48)** – Estimate registration fees for workshops staff will attend and speaker fees for staff training.

**Mileage (49)** – Enter anticipated miles and multiply times the sponsor's current mileage rate (not to exceed IRS business mileage rate). Budget justification form should indicate the rate at which mileage is reimbursed.

**Lodging (50)** – Estimate lodging costs to be paid to employees while on official staff training. Reimbursement method must not exceed the rates prescribed by the GSA Federal Travel Regulation.

**Per Diem (51)** – Estimate per diem (meals) to be paid to employees while on official, overnight staff training. Reimbursement must be consistent with the management plan and not exceed the GSA Federal Travel Regulations.

**Other - Specify (52)** – Include any other cost associated with In-State training not allocated on other lines.

**53-58. Category 10 – Training for Staff, Out-of-State**

Include only anticipated expenses incurred for staff to attend an Out-of-State training directly related to CACFP. Include all cost in justifications when they become available. If CACFP is part of a larger meeting or conference, Specific Prior Written Approval is required prior to travel dates. Send travel information (i.e. conference program or brochure, hotel cost, rental car cost, flight costs, per diem) along with the completed out-of-state travel form. Only the CACFP portion is an allowable cost.

**Registration Fee (53)** – Estimate registration/enrollment fees for workshops that staff will attend.



**Mileage (54)** – Enter anticipated miles and multiply times the sponsor’s current mileage rate (not to exceed IRS business mileage rate). The budget justifications should indicate the rate at which mileage will be reimbursed.

**Airfare (55)** – Estimate cost of airfare, if applicable. Alternate forms of travel are allowed (rail travel), up to the amount of the least costly form of travel. For example, the cost of train travel would be allowed up to the amount that air travel would cost.

**Lodging (56)** – Estimate lodging costs to be paid to employees while on official business at staff training. Lodging costs must not to exceed the rates prescribed by the GSA Federal Travel Regulations. Extended stays must be paid by the employee and cannot be a CACFP expense.

**Per Diem (57)** – Estimate per diem (meals) to be paid to employees while on official, overnight business attending staff training. Reimbursement must be consistent with the management plan and not exceed the GSA Federal Travel Regulations.

**Other - Specify (58)** – Include any other costs such as shuttle, parking, luggage fees, etc. not allocated on other lines.

**59. Total Expenditures from CACFP Administrative Funds**

Enter the total of all expenditures listed.

Total budget expenses may not exceed anticipated income (Line 6).

**60-61. Other Administrative Budget Information**

List other programs administered by the sponsoring agency (60)

**Budget Method (61)**

Indicate the accounting method used by the sponsor to measure financial status. Cash basis accounting matches cash collected with cash disbursed during an accounting period. This method equates revenues with cash collected and expenses with cash paid out. Accrual basis accounting measures revenue when earned rather when the resulting cash collections occur; and expenses when they create liabilities to pay rather than when bills are actually paid.

**62. Expenditure Entry**

List non-federal sources of funding that are available to pay for unallowable CACFP expenses that the agency will incur that are not allowable CACFP expenditures and the funding source for each of these expenditures.

**63. Comments**

Include any comments related to the budget.

**64-65. Certification**

Certify that all less-than-arms-length transactions have been disclosed.  
Certify that all information submitted on the budget is correct and true.

**PART THREE – COMPLETING BUDGET PROCESS**

Click <Save> at the end of any editing session to save changes. If there are errors click on <Continue> and make the necessary adjustments. Click to <Save>. Repeat the process until the budget is in “Pending Submission” status. Click <Exit page> to exit the Home Sponsor Budget.

Email supporting documentation (i.e. leases, insurance declaration pages, etc.) to KSDE.

## Management Plan – Sponsor of Homes October 1 – September 30

The Child and Adult Care Food Program (CACFP) regulations (7 CFR 226.6) require each sponsoring organization to submit a Management Plan annually. The plan must describe the management practices used by the sponsor for both homes and centers (if applicable). The management plan should be amended as needed to reflect changes in organizational structure and policy.

- Check all applicable buttons and/or check boxes and complete all fields.
- Click the mouse in the field or tab to the field to update and make changes in text boxes.
- Do not cross reference other answers.
- Click <Save> to save the information in the Management Plan screen at any time.
- Check the certify checkbox and click <Save> when complete.
- When information changes during the program year, the appropriate field(s) must be updated. Once all the changes have been completed, click the box to certify the form and click <Save>.

### SECTION 1 – GENERAL INFORMATION & CIVIL RIGHTS COMPLIANCE

- (1) **Contact Information** – If the agency has a website, enter the website’s URL.
- (2-12) **Business Hours and Schedule** – State the days and hours of operation. Check the appropriate box by any holidays observed by your agency.
- (13-16) **Administrative Computer Systems** – List the software programs that are used for the administration of the CACFP.
- Serving All Children**
- Collecting Racial/Ethnic Information**
- (17-18) **Civil Rights Training** – Describe the sponsors plan to provide routine Civil Rights training to staff and providers. What method does the sponsor use to ensure that providers are notifying parents/guardians of the participant’s civil rights.
- (19) **Translating CACFP Forms** – Describe program information that is/will be made available in appropriate translation(s) and how communication is/will be conducted with non-English speaking providers.
- Workshop Accessibility Statement**

### SECTION 2 – PROVIDER INFORMATION

- Provider Eligibility**
- Provider Program Agreements**
- (20) **License from Kansas Department of Health & Environment (KDHE)** - Sponsors serving military or tribal entities, describe how licenses are obtained and tracked for providers. If Sponsor does not have counties serving military or tribal entities, indicate “Not Applicable” or “NA”.
- (21-24) **Child Enrollment Form** – Specify the months, due date, latest date forms are accepted, effective date for obtaining new enrollment forms annually for all children, and due date of enrollment forms for newly enrolled children at Day Care homes.
- Recruitment**

### SECTION 3 – HOME VISITS

- (25-26) **Home Visits** – Indicate whether home visits are pro-rated. If home visits are pro-rated, specify the plan in the “Additional Information” box.
- (27) **Averaging Home Visits** – If “Yes”, upload the criteria, list of providers and policy on the checklist tab.
- (28-30) **Schedule for Completing Home Visits** – Describe the schedule to complete three home visits to each participating home by listing the months that each set of home visits will be completed.
- Unannounced Home Visits**
- New Sites**
- Completing a Home Visit Form**
- (31) **Findings and/or Discrepancies Regarding Home Visits** – Describe procedures to track findings and/or discrepancies.
- (32) **Procedure for Technical Assistance to Providers** – Describe how technical assistance,

policies, and guidance will be provided. Describe methods to provide technical assistance (on-site, telephone, etc.) and how often.

- (33-40) **Methods for Technical Assistance** – Specify types of technical assistance offered.  
 (41) **Determining Need for Technical Assistance** – Describe how the need for technical assistance is determined.

#### SECTION 4 – TIERING INFORMATION

- (42-44) **Tiering Determinations** – Answer “Yes” or “No” regarding limiting the number of times a provider can request that s/he be evaluated to see if s/he can qualify for Tier 1 status. This involves providers who fail to submit complete documentation/verification timely. If “yes” describe the process. Answer “Yes” or “No” regarding accepting tiering determinations from a previous sponsor.  
**Tier 1 by School**  
**Tier 1 by Census**  
 (45) **Tier 1 by Income** – Answer if the determination date is based on the date the Determining Official signs the form or the date the parent/guardian signs a complete application.  
**Tier 2**  
 (46-49) **Tier 2 Mixed** – Answer if the Family Income Eligibility Forms are given to the provider or directly to the families. Answer what the determination date is based on. Indicate when the sponsor makes the DCF Notification of Eligibility effective.

#### SECTION 5 – STAFF / PROVIDER ASSISTANCE & TRAINING

- (50) **Distribution of CACFP Policies and Information to Staff** – Describe how program information is distributed to staff members who have CACFP responsibilities.  
 (51) **New Staff Training** – Describe the training plan for staff who are new or assuming new CACFP responsibilities.  
 (52-53) **Current Staff Training** – Describe how the staff is trained each year on CACFP duties and responsibilities. Describe how and where the documentation is kept for CACFP training. What is the method to assure that each staff member with CACFP responsibilities receives training annually?  
**Provider Training**  
 (54) **Training Attendance for Providers** – Describe how training attendance is recorded.  
 (55) **Tracking Training Completion for Providers** – Describe how and where documentation of training is kept. Describe the method used to track the training for each provider.  
**Training Certificate for Providers**  
 (56) **Outside Training for Providers** – Indicate the types of training the agency accepts and how each is reviewed for content and completion.

#### SECTION 6 – MENUS

- (57-58) **Menu Month** – Specify how menus are maintained. If you select “Other”, please specify.  
 (59) **Menu Due Date** – Indicate when menus are due to the office monthly.  
 (60-64) **Menu Type** – Specify the types of menus accepted. If you select “Other”, please specify.  
**Menu Review**  
 (65-67) **Menu Feedback** – Describe the procedure to notify the providers about feedback on menus and where documentation is kept.  
**Procedure for Disallowing Non-Creditable Meals**  
**Claim Processing**  
 (68) **Due Date** – List the due date for providers to submit the claim information to the office.  
 (69) **Claims After Due Date** – Describe the last day a claim can be received and included on the original monthly claim to the KSDE.  
 (70-74) **Late Claims** – Specify the procedure for late claims. If late claims are accepted, the deadline to the sponsor must be less than 60 days to allow time for processing and reporting the claim to KSDE before the 60<sup>th</sup> day. If the criterion requires further information, please specify.

#### SECTION 7 – PARENTS & PROVIDERS

- (75-82) **Household Contact** – Check the appropriate criteria box(es). If “Other” is selected, please specify in the “Additional Information” box.

- Provider Deficiencies**
- (83) **Follow Up Procedure** – Describe in detail the procedures to be followed when program deficiencies and/or non-compliance is discovered and/or observed. **Be specific. Give examples.** Explain when technical assistance is given, when meals will be disallowed, corrective action and/or follow-up will be used.

## SECTION 8 – SERIOUSLY DEFICIENT PROCESS AND APPEALS

- (84) **Seriously Deficient Process for Providers** – Select “yes” or “no”. If “no”, upload a copy of the seriously deficient process to the checklist tab.
- (85) **Appeal Process for Providers** – List the month that the appeal process is annually distributed to providers.

## SECTION 9 – SPONSOR CLAIM & PROVIDER REIMBURSEMENT

- (86) **Monthly Provider Claims** – Describe the process/method used to input the provider claim numbers (original) into the KSDE computer system, who is responsible for ensuring that the totals are correct, and who double-checks the numbers.
- (87) **Revised Provider Claims** – Describe the process/method used to generate and document the numbers that are reported on a revised provider claim and who is responsible for the completion of this responsibility.
- (88) **Reimbursement Method** – Select one method of reimbursement.
- (89-90) **Percentage or Blended Method** – If applicable (selected Percentage or Blended above), list the number of times and the months that rates will be established and if enrollment or attendance is used to establish the rates.
- (92-95) **Disbursement of Provider Money within 5 Days**  
**Disbursement Method(s)** – Check all applicable methods that apply. If “Other” is selected, please specify.
- (96) **Verifying Provider Monthly Checks** – Describe the process that is used each month to assure that the correct amount of reimbursement is distributed and received (include reconciling the bank statement, etc.).
- (97) **Upwards Adjustment and Payment to Provider** – Describe the process and documentation to pay additional moneys due to the provider.
- (98) **Downwards Adjustment and Recovery from Provider** – Describe the process and documentation to recover moneys due to USDA.

## SECTION 10 – ADMINISTRATIVE PROCEDURES

- (99-107) **Internal Controls for Administrative Costs** – List the job title(s) of the person responsible for internal controls which contribute to sound financial management practices.
- (108) **Stop Payment Procedure for Provider and Administrative Payments** – Describe the circumstances under which your agency issues a “stop payment” on a check.
- (109) **Per Diem/Meal Reimbursement for Overnight Travel** – Describe how staff are reimbursed for meal costs incurred during overnight travel. Per Diem/Meal Reimbursement may not exceed the GSA Federal Travel Regulation rates.

## SPONSOR CERTIFICATION

- (110) Check the certification box. When all errors have been corrected, check the certification box to indicate that all information is current and correct.