

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**PROCEDURES FOR EXPANSION FUNDS  
FOR FAMILY DAY CARE HOME (FDCH) SPONSORS**

1. A sponsoring organization (SO) requests an Expansion Funds Application. Once the application is received and approved, the sponsor is allowed a maximum of:

50 Homes x Current Administrative Rate for FDCH SOs for 1st Month

*PLUS*

50 Homes x Current Administrative Rate for FDCH SOs for 2nd Month

based on budget submitted.

2. A letter will be sent to the institution stating the dollar amount that was approved.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)**

**FAMILY DAY CARE HOME (FDCH) EXPANSION FUND AGREEMENT**

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| <p align="center">Oklahoma State Department of Education<br/>Child Nutrition Programs (CNP)<br/><b>Agreement for Administrative Payments<br/>to Expand Family Day Care Homes</b><br/>Child and Adult Care Food Program (CACFP)</p> | <p><b>Agreement Number:</b> _____</p> <p>Name and Mailing Address of the Sponsoring Organization (SO). (Type or print clearly; include zip code + 4 and county.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(    ) _____</p> <p align="center">Telephone Number</p> |
| <p><b>INSTRUCTIONS:</b> The SO must sign and submit this Agreement to the State Department of Education (SDE) CNP. A copy of the approved Agreement will be returned to the SO for its files.</p>                                  |  |

**IN ORDER TO EFFECTUATE THE PURPOSE OF SECTION 17 OF THE NATIONAL SCHOOL LUNCH ACT**, as amended (42. U.S.C. 1766), and the Regulations governing the Child and Adult Care Food Program thereunder (7 CFR Part 226), herein referred to as the *Program*, the State Department of Education Child Nutrition Programs, herein referred to as the *State Agency*, and the Sponsoring Organization whose name and address appear above agree as follows:

**THE STATE AGENCY AGREES** to provide payments to the Sponsoring Organization for administrative costs related to the expansion of a food service program at family day care homes which will be under its administration during the period stated in this Agreement. Payments for expansion activities shall be issued in an amount equal to the anticipated administrative reimbursement which the Sponsoring Organization shall earn for administering the Program at not more than 50 family day care homes, for not less than one month and not more than two months.

**THE SPONSORING ORGANIZATION REPRESENTS AND WARRANTS THAT:**

1. It is a public or private nonprofit institution which has tax exempt status under the Internal Revenue Code of 1986.
2. It has an organizational history of managing funds and ongoing Program activities.
3. It has an approved plan for recruiting, training, and providing technical assistance to new family day care home providers to participate in the Program.
4. Rules for acceptance and participation in this Program are the same for all children without regard to race, color, national origin, sex, age, or disability.

**THE SPONSORING ORGANIZATION AGREES TO:**

1. Accept responsibility for the fulfillment of the terms of this Agreement.
2. Comply with all Program requirements as set forth under 7 CFR Part 226 for the Child and Adult Care Food Program.
3. Use these administrative payments in accordance with their intended purpose, as specified in the Regulations.
4. Accept final administrative and financial responsibility for expanding the food service program at family day care homes which will operate under its administration.
5. Claim only those costs delineated in this Agreement.
6. Repay any administrative payments for expansion which are in excess of the actual costs specified in this Agreement.

**THE STATE AGENCY AND THE SPONSORING ORGANIZATION MUTUALLY AGREE THAT:**

1. The terms used in this Agreement have the same meaning as set forth in Section 226.2 of the Regulations.
2. The Sponsoring Organization shall repay upon demand by the State Agency any administrative payments for expansion which are not expended in accordance with this Agreement.
3. Full and accurate records of the terms and payments made under this Agreement shall be retained for a period of three years from the date of submission of the final claim for the fiscal year to which they pertain. However, when there are unresolved audit findings, the records shall be retained beyond the end of the three-year period for as long as may be required for the resolution of the findings.
4. This Agreement shall be effective with respect to administrative payments used for expansion during the period commencing the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_, unless terminated earlier as provided in this Agreement.
5. Upon expiration of the time allotted to the Sponsoring Organization for expanding Program operations, the State Agency shall obtain and review documentation of activities performed and costs incurred under the terms of this Agreement.
6. This Agreement may be terminated for convenience if both the State Agency and the Sponsoring Organization agree that continued use of these administrative payments will not result in the expansion of successful Program operations at family day care homes which will be commensurate with further expenditure of funds. The effective date of termination shall be agreed upon by both parties.
7. The State Agency may, however, terminate this Agreement immediately after receipt of evidence that the terms and conditions of this Agreement and of the Regulations governing the Program have not been complied with fully by the Sponsoring Organization.

**ADMINISTRATIVE BUDGET FOR EXPANSION PAYMENTS**

**THE ACTUAL AMOUNT** of administrative payments for expansion, not to exceed the amount specified in this Agreement, shall be contingent upon the actual administrative costs incurred and documented in making every reasonable effort to expand a food service program at not more than \_\_\_\_\_ family day care homes in accordance with Child and Adult Care Food Program regulations.

**SCHEDULE OF APPROVED  
ADMINISTRATIVE COSTS  
For Which Expansion Payments Shall Be Used**

Administrative Labor: \_\_\_\_\_  
Supplies: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Communications: \_\_\_\_\_  
Other Costs (Specify): \_\_\_\_\_  
\_\_\_\_\_  
Total Authorized Payments: \_\_\_\_\_

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**CERTIFICATION STATEMENT**

**BY SIGNING THIS REPORT, I CERTIFY** to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

**SIGNATURE ON BEHALF OF  
SPONSORING ORGANIZATION**

**STATE DEPARTMENT OF EDUCATION**

By \_\_\_\_\_  
Signature of Administrator

By \_\_\_\_\_  
Executive Director, Child Nutrition Programs

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**7. List SO Administrative Personnel Who Will Be Involved in Initiating Food Service Operations at FDCHs.**

|   | Title of Position | Estimated Number of Personnel in These Positions | Estimated Hours Per Day Spent on Program | Estimated Hours Per Week Spent on Program | Wages Per Hour | Specific Administrative Duties |
|---|-------------------|--|--|---|----------------|--------------------------------|
| List positions of those whose administrative personnel salaries will be paid with expansion funds.                          |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |
| List additional positions for personnel who will also be involved in administering the Program but are paid by other funds. |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |
|   |                   |  |  |   |                |                                |

**8. Estimate the Administrative Budget That Will Be Needed to Implement Your Organization's Plan to Recruit FDCHs to Participate in the Program.** Complete the schedule of costs for which expansion payments are requested.

Administrative Labor \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Communications \$ \_\_\_\_\_

Other Costs (Specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

## ORGANIZATIONAL HISTORY

| Name of Program | Name and Address of Administering Agency | Dates of Participation |
|-----------------|--|------------------------|
|-----------------|--|------------------------|

9a. List All the Programs (Public or Private) That Your SO Has Currently or Previously Administered.

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9b. Indicate If an Independent Audit Has Been Conducted Within the Past Three Years. If Yes, Attach a Copy of the Audit to This Application.

Yes  No

9c. Indicate If Your SO Has Ever Been Terminated From a Federally or State-Funded Program. If Yes, Provide the Program Name and Explain the Reason for the Termination.

Yes  No

### CERTIFICATION STATEMENT

BY SIGNING THIS REPORT, I CERTIFY to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

I will accept final administrative and financial responsibility for implementing a food service program at family day care homes under my administration; that expansion payments shall be used for administrative costs incurred in expanding a food service program at family day care homes under my administration; and that the Child and Adult Care Food Program shall be made available to all children without regard to race, color, sex, national origin, age, or disability. In the event that every reasonable effort is not taken to expand Program operations at family day care homes, the administrative payments received for expansion activities shall be refunded upon demand to the State Department of Education Child Nutrition Programs.

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director, Child Nutrition Programs

\_\_\_\_\_  
Date