

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE PERMANENT AGREEMENT

Sponsoring Organization Agreement Number: _____

Sponsoring Organization Name: _____

Sponsoring Organization (SO) Authorized Representative (AR): _____

Site Information:

Legal Name of Site: _____

Additional name(s) of program or site, if any: _____

Physical Address of Site: _____

City: _____ County: _____ Zip: _____

Site Phone Number: () _____

Site Supervisor/Director Name: _____

Site Supervisor/Director Email: _____

Is this site a DHS licensed child care facility? Yes No

If no, does the site care for children less more 15 hours per week? Yes No

If yes, have you received an exemption from DHS? Yes No

Has this site previously participated in the CACFP under any other SO? Yes No

If yes, list the name of the SO: _____

Site Hours of Operation: Beginning Time: _____ Ending Time: _____

Months Served (Check all that apply) *Note: At-Risk not allowed when school is not in session:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Meal Times:

	Beginning Time	Ending Time	Estimated # of meals served
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
Late PM Snack			

*Note: At-Risk can claim only one meal and one snack. CACFP can claim a combination of either one main meal and two snacks or two main meals and one snack.

By checking this box, I understand any changes to the information listed on this agreement must be approved by the Sponsoring Organization in advance.

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The Site Supervisor/Director agrees to:

1. Serve meals to all eligible participants.
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Never use meals as a reward or punishment. USDA instructions and policy forbid denying availability to the Program as disciplinary action.
5. Display, in a prominent place, the nondiscrimination poster (...And Justice for All) developed by.
6. For At-Risk sites, provide regularly scheduled activities (which include an educational or enrichment component) in settings that are structured and supervised.
7. Make an actual physical count at the point of service (at the time the meal is served) documenting all meals served to participants. A record of meal counts must be posted after each meal service.
8. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
9. Report any other problems regarding the meal services.
10. Have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
11. Attend sponsor training sessions.
12. Allow representatives of the State Agency, SO and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
13. Comply with Civil Rights laws and regulations.

The Sponsoring Organization agrees to:

1. Be financially viable, administratively capable, and have in effect internal controls to ensure Program accountability.
2. Always maintain sponsoring organization and facility records and have them immediately available at the location approved on the CACFP application; this includes electronic records being maintained.
3. Maintain full and accurate records of the Program and retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In the case of unresolved audit or review findings, records are maintained past the three-year requirement until resolution of the audit or review.
4. Provide adequate supervisory and operational personnel for management of the Program at each facility.
5. Allow representatives of the State Agency and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
6. Ensure all facilities participating, have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
7. Monitor food service operations of all under its administration three times annually. New facilities must have their first review during the first four weeks of operation.
8. Conduct on-site preapproval visits and review program requirements of each new facility.
9. Submit claims for reimbursement for only the type or types of meals specified in the Agreement and at such other rates as the Agency may be subsequently assigned.
10. If applicable, disburse reimbursement payments to facilities within five (5) working days of receipt of payments from the Agency.
11. Not claim reimbursement for meals that do not meet minimum meal pattern requirements.
12. Not claim reimbursement for meals served over license capacity or for meals served outside approved meal time frames.

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13. Designate a trainer from the institution's staff. All key personnel must receive training prior to performing program duties and annually thereafter. Documentation must be maintained on all training conducted. Documentation must include topics covered, personnel in attendance, dates, and locations. Topics must include, at a minimum, meal patterns, reimbursement process, accurate meal counts, claim submission, review procedures, record keeping and civil rights.
14. Meet the State Agency requirement that daily food production records be maintained as well as daily meal counts and menus. These production records help institutions determine that adequate amounts of food are served to meet the Program's meal pattern requirements for participants by age group.
15. Provide the Food Production Records/Menus as Served form to each facility for documenting meals served.
16. Comply with current local and state Health Department regulations as well as any federal requirements.
17. Maintain necessary facilities for storing, preparing, and serving food.
18. Report to the Sponsor and State Agency any problems regarding meal service.
19. Comply with Civil Rights laws and regulations.
20. Initiate serious deficiency procedures when necessary.

This Agreement is entered into this _____ day of _____, 20____ by and between

_____ of _____
(Name of Sponsoring Organization) (Address)

and _____ of _____
(Name of Site) (Address)

We certify that the site is not participating in the CACFP or At-Risk under another Sponsoring Organization. We agree to comply with the rights and responsibilities outlined in this Agreement and understand that this information is being given in connection with the receipt of federal funds. We agree that the State agency may, for cause, verify the information in this Agreement, and the deliberate misrepresentation of the information in this Agreement may subject us to prosecution under applicable state and criminal statutes.

Authorized Site Representative Signature Title Date

Printed Name of Site Representative

Authorized Representative of Sponsoring Organization Signature Title Date

Printed Name Authorized Representative of Sponsoring Organization

*Note: If site is located at a school, the Authorized Site Representatives must be the Food Service Director or Superintendent. If the site is located at any other type of entity, the Authorized Site Representative must be the Executive Director, Board President or Owner.