

**Child Care Food Program (CCFP)
Annual Information Update and Certification
for Afterschool Meals Programs
FY 2014-2015**

Authorization Number: A- 4213

Contractor Legal Name: City of Orlando

Doing Business as (DBA) Name: City of Orlando

Organization Type: (check only one) For-Profit Private non-profit
 Military Public (non-federal)

A. Please answer the following questions:

1. Is the fiscal year end date listed on your CCFP application still correct? Yes No
 If no, what is your new fiscal year end date? _____ / _____ (Month/Day)

2. Is your organization a non-profit entity or a non-federal governmental entity that expended \$500,000 or more in federal funds during its most recent fiscal year? Yes No

3. If private non-profit was checked above, does your organization have proof of current tax-exempt status? Yes No N/A

4. Does your organization expect to enter into any less-than-arms-length transactions or other potential conflicts of interest during the upcoming federal fiscal year? Yes No

If yes, any anticipated less-than-arms-length transactions must be listed on the enclosed Supplemental Budget for Special Cost Items, and any potential conflicts of interest must be listed on a separate sheet of paper attached to this form.

5. List the 2014-2015 public school year start and end dates for each county where your sites operate (attach an additional sheet of paper if necessary):

County:	Start Date:	End Date:
<u>Orlange</u>	<u>8/18/2014</u>	<u>5/29/2015</u>
_____	___/___/2014	___/___/2015
_____	___/___/2014	___/___/2015

6. Check the source(s) of funds your organization has available to pay for potential over claims of CCFP reimbursement (choose at least one):

Tuition/Fees Savings/Checking Credit/Loan
 Other (describe): _____

B. Read each statement below and check to certify that your organization meets the following requirements:

1. The contractor and its principals (such as owners, managers, board members), and, if applicable, the sponsored sites and their principals are not currently on the USDA National Disqualified List.

- 2. The contractor is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as currently described in 7 CFR §226.6(b)(2)(vii).
- 3. The contractor and, if applicable, its sponsored sites have not been a party to any unreported less-than-arms-length transactions or other potential conflicts of interest during the past year.
- 4. The contractor's Program Manager (the person identified in # 3 on the CCFP Application) has taken all required annual renewal training(s).
- 5. Each site's area eligibility is re-determined at least once every five years. However, area eligibility is re-determined immediately when a site moves to a new location and/or when public school zones change.

Sponsors of multiple sites must also certify the following items:

- 6. Key staff from the sponsoring organization and all sponsored sites have attended mandatory program training prior to working on the CCFP and at least annually thereafter.
- 7. The list of sponsored sites in MIPS is current and correct. The contractor promptly submits Change Forms when needed to add or delete sites from the list.

C. For each of the following forms, please check the appropriate box to indicate that *either* the information on your most recent form approved by DOH remains current and correct, *or* an updated form is enclosed.

- | | Current
& Correct | OR | Form
Enclosed |
|--|----------------------------------|----|----------------------------------|
| 1. Compensation Plan for Labor Costs (find in your CCFP files) | <input type="radio"/> | | <input checked="" type="radio"/> |
| 2. Certification Statement Regarding Business Integrity and Publicly Funded Programs (find in your CCFP files) | <input checked="" type="radio"/> | | <input type="radio"/> |

Sponsors of multiple sites must also answer the following:

- | | | |
|--|----------------------------------|-----------------------|
| 3. Conflict of Interest & Ethics Statement (find in your CCFP files) | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. Building for the Future Parent Letter* (find in your files or MIPS) | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. Sponsor-Site Agreement for Unaffiliated Sites* (find in your files or MIPS) | <input checked="" type="radio"/> | <input type="radio"/> |

Check here if you do NOT sponsor ANY unaffiliated sites

* If requesting approval of an alternate version of this form, please start with the most current DOH version and clearly identify the requested changes.

D. Complete and enclose the following materials: (Next to each item listed, place an X to indicate it is enclosed or NA to indicate it is not applicable.)

- 1. 2014 CCFP Annual Training Certification
- 2. **CCFP/AMP Application Form (print from MIPS, make updates in red ink, sign & date)
- 3. **Site Information Form (s) (print for each site from MIPS, make updates in red ink, sign & date)

**** The application and site information forms contain new and/or revised questions this year. Therefore they must be thoroughly reviewed, updated, and submitted.**

N/A 4. Copy of current Child Care License(s) (one for each licensed site, if any)

N/A 5. Copy of current Religious-Exempt Accreditation(s) **and** copy of current Fire Marshal Inspection Report/Permit, Occupancy Permit, or other state or local government document showing approved building capacity (one set of documents for each religious-exempt site, if any)

N/A 6. Board of Directors Certification (for private non-profits only)

X 7. Delegation of Signing Authority Form or Letter of Delegation (if applicable)

Sponsors of multiple sites must also enclose the following materials:

X 8. Management Plan

X 9. Budget for Sponsors of Multiple Sites (print from MIPS and make updates in red ink; if no updates needed, write "No changes")

X 10. Projected Earnings Worksheet - using combined data from all sites (Complete only if changing the existing budget grand total shown in MIPS)

X 11. Supplemental Budget Information for Special Cost Items (applicable only if charging/expensing a special cost item to the CCFP)

E. By my signature below, I certify that:

1. All CCFP information that has changed since submission of the organization's initial CCFP application and any subsequent annual updates has already been submitted to DOH Bureau of Child Care Food Programs for approval, or is being submitted with this certification.
2. All of the above information and enclosed documents are true and correct to the best of my knowledge.

NOTE: Any organization or individual that provides false information on this form or attached forms is subject to applicable civil or criminal penalties, disqualification from the CCFP, and placement on the USDA National Disqualified List.

Lisa Early
Signature of Board Chairman, President, Majority Owner, or Delegated Authority
 Lisa Early
Printed Name

Delegated Authority
Title
7/30/14
Date Signed

For DOH Use Only:	
Approval Signature (Regional Program Specialist)	Date
Approval Signature (HQ Policy Specialist)	Date