

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	1,159,287				
External Revenue	(911,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	248,287				

# ADDITIONAL FTE POSITIONS (Cumulative)					
---	--	--	--	--	--

Is Item Included In Proposed Budget? Yes X No

Budget Account No.:

Fund 1002 Dept 147 Unit 1449 Object Var. Program Code Var. Program Period Var.

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding sources are the State of Florida Department of Health and Palm Beach County. Funding calculations are based on maximum rate and attendance with a reduction based on prior year's experience. Actual reimbursement varies based on number of operating days per center and the number of children fed daily.

C. Departmental Fiscal Review:

DM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

OFMB [Signature] 8/29/12
[Signature] 8/27/12
[Signature] 8/22/12
 Contract Development and Control [Signature] 8/31/12
 cc

B. Legal Sufficiency:

[Signature] 9/4/12
Chief Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Budget for Sponsors of Multiple Sites

Sponsor Name: Palm Beach County Board of County Commissioners

Auth. #: 735

Enter the estimated annual food service (operational) and administrative costs to be spent on the Child Care Food Program. In the "CCFP Funds" column, list the amount of projected CCFP reimbursement funds to be used. In the "Other Funds" column, list any additional amount you plan to spend and the source of those funds. (See additional notes below.) **Use whole dollars only, no cents.**

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (list amount)	OTHER FUNDS (list amount and source)	TOTALS
Food Purchases*	931,751		931,751
Food Service Labor and Benefits	66,335		66,335
Non-Contracted Purchased Services			0
Non-Food Supplies	5,001		5,001
Food Service Equipment			0
Transportation			0
Other (Includes Special Cost Items) Describe:			0
FOOD SERVICE (OPERATIONAL) COST TOTALS	1,003,087	0	1,003,087
ADMINISTRATIVE COSTS	CCFP FUNDS (list amount)	OTHER FUNDS (list amount and source)	TOTALS
Administrative Salaries and Benefits	57,007		57,007
Non-Contracted Purchased Services			0
Training	2,724		2,724
Travel	800		800
Rent and Utilities			0
Office Supplies	501		501
Other (Includes Special Cost Items) Describe:	52,753	42,415	95,168
ADMINISTRATIVE COST TOTALS <i>Administrative costs cannot exceed 15% of total projected earnings</i>	113,785	42,415	156,200
BUDGET TOTALS	\$ 1,116,872	\$ 42,415	GRAND TOTAL*** \$ 1,159,287

*It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total. All cash-in-lieu of commodities payments must be included in amount of CCFP funds allotted to food purchases.

** The CCFP Funds Total must equal the Total Projected Earnings for One Year on the Projected Earnings Worksheet.

***This amount must equal or exceed the Total Projected Earnings for One Year on the Projected Earnings Worksheet.

FOR DOH USE ONLY	
Approval Signature (Program Specialist) _____	Date _____
Approval Signature (DOH Headquarters) _____	Date _____



Child Care Food Program

SUPPLEMENTAL BUDGET FOR SPECIAL COST ITEMS

Authorization No.: 735 Name of Organization: Palm Beach County BOCC

Check one: Original budget Amended budget For Fiscal Year Ending 2013

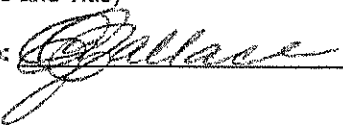
- Use this form to list any special cost items for which you are requesting prior written approval (per FNS 796-2, Rev. 3) in your budget; failure to receive prior approval means that these cost items must not be charged to the CCFP.
- Indicate the dollar amount for **each** specific item of cost in the column titled "Dollar Amount/Administrative" or "Dollar Amount/Food Service (Operational)," whichever is appropriate for the specific item. Sponsors of unaffiliated centers and sponsors of day care homes must complete only the administrative column.
- Total the amount(s) in each of the columns and enter the totals for each on the "TOTAL" line, Page 3.
- For all contractors (except sponsors of unaffiliated centers and sponsors of day care homes), include each "TOTAL" on your CCFP Budget form in either Food Service/Operational Costs-Other, or Administrative Costs-Other, as applicable; write in the words "special cost item(s)" on the "Describe" line of your organization's CCFP Budget.
- For sponsors of unaffiliated centers and sponsors of day care homes, include the reported amounts on the appropriate schedule.
- Attach this Supplemental Budget to your CCFP Budget.
- Documentation to support these CCFP costs must be maintained by your organization and are subject to review.

SPECIAL COST ITEMS	DOLLAR AMOUNT Administrative	DOLLAR AMOUNT Operational (Food Service)
I. Special Compensation		
(A) Compensation to nonprofit organization's trustees, directors, officers, or family members thereof for CCFP services performed.....		
(B) Stipends to compensate board members for the costs of attending corporate meetings when CCFP business is conducted.....		
(C) A substantial increase in the organization's level of compensation to an individual or all employees funded from CCFP monies.....		
II. Overtime, Holiday Pay and Compensatory Leave		
(A) Payment of overtime, holiday pay for work performed on a non-work holiday, and compensatory leave.....		
(B) Incentive payments and awards exceeding \$500 made to CCFP funded employees.....		
(C) Severance pay for CCFP funded employees when it does not constitute excess compensation.....		
(D) Deferred compensation for CCFP funded employees when the deferral is in best interest of the CCFP (other restrictions also apply; see FNS 796-2, Rev. 3).....		
(E) Amendments or modifications to approved deferral plans for CCFP funded employees		
III. Contributions and Donation Costs		
Costs required to make goods or services donated to the organization usable for the CCFP (donated or volunteer labor is unallowable).....		
IV. Depreciation and Use Allowance-Equipment and Improvements \$5,000 or more		
(A) Using a <u>different</u> method of depreciation for space and facility other than the 30 year straight line method or a method accepted by the IRS.....		
(B) For publicly owned buildings, the amount assigned as the acquisition cost.....		
(C) Unknown acquisition cost.....		
(D) Using a <u>different</u> method of depreciation for equipment other than the 15 year straight line method or a method accepted by the IRS.....		
(E) A use allowance can be claimed but cannot exceed six and two-thirds percent of the acquisition cost.....		

V. Direct Expensing - Equipment and Other Property \$5,000 or more	\$ Amount (Adm.)	\$ Amount (Op.)
The program's share of the cost of equipment or property purchased by the organization for use in the CCFP (typically this applies to large food service equipment; see FNS 796-2, Rev. 3 for a list of exclusions)		
VI. Facilities and Space Costs		
The costs for rearrangement and alterations to facilities owned by the organization that are necessary for efficient and effective CCFP operations but do not result in capital improvements		
VII. Insurance		
(A) Costs of other insurance maintained by the organization in connection with the general activities of the CCFP when the type, extent and cost of coverage is in accordance with the general state or local government policy and sound business practices		
(B) Costs of insurance or contributions to any self-insurance reserve covering the risk, loss, or damage to Federal Government property to the extent that the organization is liable for such loss or damage	5,100.00	
(C) Contributions to a reserve for self-insurance to the extent that the reserve meets state insurance requirements and the type of coverage, extent of coverage and the rates and premiums that would have been allowed had insurance been purchased to cover the risks		
VIII. Employee Morale, Health, and Welfare Costs and Credits		
(A) The cost of professional crisis intervention counseling and emergency medical care when the costs are a direct result of participation in the CCFP		
(B) Cost of current benefits provided to program employees if these benefits were provided to the same class of employees prior to participation in the CCFP		
(C) Cost of new or expanded benefit programs if existing benefit programs were provided to the same class of employees prior to participation in the CCFP		
IX. Interest and Other Financial Costs		
(A) Stop payment charges for reimbursement payments and other CCFP disbursements, whether by check or EFT		
(B) CCFP account reconciliation and analysis fees, including the allocated share of fees charged for commingled accounts		
(C) Interest on organizational debt incurred after 10/1/1998 for non-profit private organizations and after 10/1/1980 for public organizations, used to acquire or replace allowable CCFP equipment or other property or make allowable CCFP improvements are allowable if the following documentation requirements are met and forwarded to DOH: --a financing arrangement, which is a bona-fide arms-length transaction between unrelated parties, requires full disclosure to DOH --a financing arrangement, which is not an arms-length transaction, requires full disclosure to DOH and the Federal Regional Office		
X. Tier I Day Care Home Licensing Costs (up to \$300 per home)		
Costs for the following items are allowable <u>only</u> if the items are necessary for unlicensed Tier I eligible day care homes to meet licensing requirements:		
(A) Supplies such as smoke detectors and fire extinguishers		
(B) Minor alterations such as adding handrails		
(C) The costs of fire and safety inspections and licensing fees		
XI. Legal Expenses and Other Professional Services		
(A) The sponsoring organization's cost to pursue administrative and judicial recovery of CCFP funds due from sponsored facilities when the costs are reasonable in relation to the amount of the funds due		
(B) The organization's costs for CCFP-related services performed by individuals who are <u>not</u> officers, employees or members of the organization but who are members of a particular profession or possess a particular skill		
XII. Purchased Services for Program Operation - Other (Excluding Professional Services as listed above)		
(A) Transactions that are not arms-length and involve related parties for purchased services		
(B) Maintenance and service repair contracts on CCFP equipment		
(C) All other purchased service costs needed for CCFP operation		501.00

XIII. Proposal Costs	\$ Amount (Adm.)	\$ Amount (Op.)
The costs of preparing proposals for potential FNS Child Nutrition Program grants.....		
XIV. Membership in Civic and Other Organizations		
Costs of public and not-for-profit organizations memberships in civic or community organizations for CCFP funded employees; requires full disclosure to DOH and the Federal Regional Office with accompanying documentation.....		
XV. Meetings and Conferences		
The prorated share of travel and registration fees when the CCFP is only a portion of a larger child care related agenda.....		
XVI. Management Studies		
The cost of studies directly related to the program that are performed by entities other than the organization itself.....		
XVII. CCFP Rental Costs		
Special lease arrangements – capital leases, sale-with-lease-back leases, less-than-arms-length transactions, and lease with option-to-purchase (documentation must accompany this form).....		
TOTAL	5,100.00	501.00

Prepared by: Cedric Wallace Financial Analyst
 (Name and Title)

Preparer's Signature:  Date: 8/10/12

For DOH Use Only:	
Approved by: _____ (Program Specialist Signature)	Date Approved: _____
Approved by: _____ (Headquarters Approver Signature)	Date Approved: _____

Projected Earnings Worksheet

Requires User Input

Automatically Calculates

Please Answer these Questions

Enrollment	
1010	Number of children eligible for free meals
	Number of children eligible for reduced meals
	Number of children eligible for non-needy meals
1010	Total number of enrolled children (a+b+c)
Average Attendance per Day	
859	(Cannot exceed total number of enrolled children)
Days Operating	
20	Total number days operating (per month)
12	Total number months operating per year
Put a "Y" in each category that applies:	
1010	Claiming Breakfast ?
n	Claiming Morning Snack?
1010	Claiming Lunch?
1010	Claiming Afternoon Snack?
n	Claiming Supper?
n	Claiming Evening Snack?
Total Number of Meals Served in One Month to Eligible Children	
(Number of Operating Days x Average Attendance per Day)	
17180	Breakfast
Not Claiming	AM Snack
17180	Lunch
17180	PM Snack
Not Claiming	Supper
Not Claiming	Evening Snack

Rates	
July 1, 2012 - June 30, 2013	
Breakfast:	
Free	\$1.55
Reduced	\$1.25
Non-Needy	\$0.27
Lunch/Supper:	
Free	\$2.86
Reduced	\$2.46
Non-Needy	\$0.27
Snacks:	
Free	\$0.78
Reduced	\$0.39
Non-Needy	\$0.07
Cash-in-Lieu:	\$0.2275

Now the Worksheet will do the Calculations (password protected - read only)

1). Calculation to Determine Percentage

Divide the number of eligible children in each category by the total number of children enrolled.

a. Number free	1010	/ total enrolled	1010	=	100.00%
b. Number reduced price	0	/ total enrolled	1010	=	0.00%
c. Number nonneedy	0	/ total enrolled	1010	=	0.00%
Total Percentage:					100.00%

2) Calculation to Determine Free/Reduced Distribution for each Meal Type

Multiply the category percentages calculated in step 1 by the number of meals served for each meal type.

Multiply that answer (the free/reduced distribution) by the current reimbursement rates.

Type Meal Category Percentage (Number 2) above multiplied by assigned meal reimbursement rate (password protected)							
Breakfast	Category %		# Meals Served	=	# of Meals by Category		Rate Reimbursement Amount
a. Free %	1.000	X	17180	=	17180	X	\$ 1.55 \$ 26,629.00
b. Reduced Price %	0.000	X	17180	=	0	X	\$ 1.25 \$ -
c. Nonneedy %	0.000	X	17180	=	0	X	\$ 0.27 \$ -
Total Number of Breakfast Claimed					17180		\$ 26,629.00
Lunch/Supper					# of Meals		Rate Reimbursement Amount
a. Free %	1.000	X	17180	=	17180	X	\$ 2.86 \$ 49,134.80
b. Reduced Price %	0.000	X	17180	=	0	X	\$ 2.46 \$ -
c. Nonneedy %	0.000	X	17180	=	0	X	\$ 0.27 \$ -
Total Number of Lunches and Suppers Claimed					17180		\$ 49,134.80
Snacks					# of Meals		Rate Reimbursement Amount
a. Free %	1.000	X	17180	=	17180	X	\$ 0.78 \$ 13,400.40
b. Reduced Price %	0.000	X	17180	=	0	X	\$ 0.39 \$ -
c. Nonneedy %	0.000	X	17180	=	0	X	\$ 0.07 \$ -
Total Number of Snacks Claimed					17180		\$ 13,400.40

Commodities Reimbursement*					
a. Lunch	17180	X-	0.2275	=	\$3,908.45
b. Supper	Not Claiming	X	0.2275	=	\$0.00
					\$3,908.45

Projected Meal Earnings for One Month	\$ 89,164.20
Total Projected Meal Earnings for One Year	\$ 1,069,970.40

Projected Commodity Reimbursement for One Month	\$3,908.45
Projected Commodity Reimbursement for One Year	\$46,901.40

Total Projected Earnings for One Year	=	\$1,116,871.80
--	----------	-----------------------

Projected Earnings Rounded for use in the Budget	=	\$1,116,872.00
---	----------	-----------------------

Sponsor Administrative Cap	\$ 160,495.56
-----------------------------------	----------------------

The Sponsor Administrative Cap does not apply to independent contractors

*PLEASE NOTE: The cash-in-lieu-of commodity payments received by an institution shall be used only to purchase food products that are produced in the United States for use in the program. Institutions must maintain sufficient records to document the proper use of these payments.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

Cohen Building-Room 1037
330 Independence Avenue, S.W.
Washington, DC 20201
PHONE: (202)-401-2508
FAX: (202)-619-3379

August 31, 2010

Mr. Joseph P. Doucette
Budget Director
Palm Beach County
Office of Financial Management & Budget
PO Box 1989
West Palm Beach, FL 33402-1989

Dear Mr. Doucette

A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining a copy for your files. Our fax number is (202) 619-3379. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, are required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/09, was due in our office by 12/30/09.

Sincerely,

Darryl Mayes
Director, Mid-Atlantic Field Office
Division of Cost Allocation

Enclosures

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

NONPROFIT RATE AGREEMENT

EIN: 59-6000785

DATE:08/31/2010

ORGANIZATION:

Palm Beach County, Florida
P.O. BOX 1989
West Palm Beach, FL 33402-1989

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	TO	RATE (%)	LOCATION	APPLICABLE TO
FINAL	07/01/2007	06/30/2008	13.36	All	All Programs
PROV.	07/01/2008	Until Amended	13.36	All	All Programs

BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), subawards and flow-through funds.

ORGANIZATION: Palm Beach County, Florida

AGREEMENT DATE: 08/31/2010

SECTION II: SPECIAL REMARKS

NA

ORGANIZATION: Palm Beach County, Florida

AGREEMENT DATE: 08/31/2010

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rates would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purposed by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-122 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to those programs.

BY THE INSTITUTION:

Palm Beach County, Florida

(INSTITUTION)

(SIGNATURE)

Joseph Doucette

(NAME)

Budget Director

(TITLE)

September, 9, 2010

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl M. Mayes

(NAME)

Director, Mid-Atlantic Field Office

(TITLE)

8/31/2010

(DATE) 7040

WHS REPRESENTATIVE:

Christellan Poole

Telephone:

(202) 401-2808

**Child Care Food Program (CCFP)
Annual Information Update and Certification
for Sponsors of Affiliated Child Care Centers
FY 2012-2013**

Authorization Number: S- 735

Contractor Legal Name: Palm Beach County Board of County Commissioners

Doing Business as (DBA) Name: Head Start & Children Services

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
4. Does your organization expect to enter into any less-than-arms-length transactions or other potential conflicts of interest during the upcoming 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.

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

1. The contractor, its sponsored centers, and its sponsor and center principals (such as owners, managers, board members) 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 its sponsored centers have not been a party to any unreported less-than-arms-length transactions or other potential conflicts of interest during the past year.

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

C. Check the appropriate box next to each item listed below to indicate that *either* the information is current and correct on the contractor's Application form in MIPS, *or* an updated (redlined) Application is enclosed.

	Correct in MIPS	OR	Form Enclosed
1. Legal Name*	<input checked="" type="checkbox"/>		<input type="checkbox"/>
2. Doing Business as Name (DBA Name)*	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3. Federal Employer Identification Number (FEIN)*	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4. DUNS Number	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5. Organization's Addresses	<input checked="" type="checkbox"/>		<input type="checkbox"/>
6. Name and Birth Date of Individual Listed in Section 2	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7. Name and Birth Date of CCFP Manager	<input checked="" type="checkbox"/>		<input type="checkbox"/>
8. All other information on the CCFP Application	<input checked="" type="checkbox"/>		<input type="checkbox"/>

* If changing legal name or FEIN, submit new IRS documentation and proof of new corporation registered in Sunbiz for further evaluation by DOH. If changing DBA name, submit proof of new fictitious name registered in Sunbiz.

D. 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. Site Information Forms (for each site)	<input checked="" type="checkbox"/>		<input type="checkbox"/>
2. Conflict of Interest & Ethics Stmt. (outside employment policy)	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3. Compensation Plan for Labor Costs	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4. Building for the Future Parent Letter (flyer)**	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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

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

- 1. Completed and signed 2012 CCFP Annual Training Certification
- 2. Copies of current Child Care Licenses (one for each center that is not religious-exempt)
- N/A 3. Copies of current Religious-Exempt Accreditations and copies of current food service inspection reports from county licensing agency or health department (one set for each religious-exempt center, if any)

- 4. Certification Statement Regarding Business Integrity and Publicly Funded Programs
- N/A 5. Board of Directors Certification (for private non-profits only)
- 6. Delegation of Signing Authority Form or Letter of Delegation (if applicable)
- 7. Projected Earnings Worksheet - using combined data from all centers (Complete and print automated form located on the CCFP website under Financial Management information at <http://www.doh.state.fl.us/Family/ccfp/Financial/financial.htm>)
- 8. Budget for Sponsors of Multiple Sites
- 9. Supplemental Budget Information for Special Cost Items (applicable only if charging/expensing a special cost item to the CCFP)
- 10. Management Plan

F. 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 Childcare 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.

Signature of Majority Owner, Board Chairman, President, or Delegated Authority	Chair. Title
Shelley Vana Printed Name	 Date Signed

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

**APPROVED AS TO TERMS
AND CONDITIONS**

**BY: _____
DEPARTMENT HEAD**

Contractor Name: Palm Beach County BOCC Authorization #: S-735

Delegation of Signing Authority for the Child Care Food Program

To Whom it May Concern:

By means of this letter, I, Shelley Vana (the Delegating Official, which is the Board Chairman, Executive Director, President or Majority Owner), delegate the authority herein described, to Channell Wilkins (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program.
2. The designated effective date of this delegation is the date the checklist or contract is signed, whichever date occurs earlier. The designated effective date of this delegation shall then be effective until September 30, 2013 or until revoked by the delegating official, whichever is sooner.
3. The authority delegated is not subject to sub-delegation without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the Child Care Food Program, that I may be liable for repayment of funds received and that I may be subject to disqualification from future participation in the Child Care Food Program should the terms of the contract with DOH for participation in the Child Care Food Program not be fulfilled.

Signature (Delegating Official)

Shelley Vana, Chair

Name and Title (Board Chairman, Executive Director, President or Majority Owner)

Date

Acknowledged and agreed:

Signature (Representative)

Channell Wilkins, Director, Community Ser

Name and Title

Date



CHILD CARE FOOD PROGRAM

**PRINCIPAL ATTESTATION STATEMENT
REGARDING BUSINESS INTEGRITY AND PUBLICLY-FUNDED PROGRAMS**
(This form is to be completed by each principal and maintained in the CCFP contractor's office.)

Any principal of a Child Care Food Program (CCFP) contractor or a sponsored affiliated center participating in the CCFP must complete this form. "Principal" means any individual who holds a management position within, or is an officer of a CCFP contractor or sponsored affiliated center. "Principal" includes all members of the CCFP contractor's board of directors or the sponsored affiliated center's board of directors. Examples of principals are the center director, center owner(s), Chairman of the Board and all board directors, and CCFP program manager.

During the past seven years, if you were employed as a supervisor or manager by any public or private organization that participated in a publicly-funded (federal, state, or local) program, or if you were a member of a governing board or similar body of any public or private organization that participated in a publicly-funded program, please list below the name of the organization, the name of the publicly-funded program, your job title, and the number of years of you held such a position. (Attach a separate page if needed.)

Name of Organization	Name of Program	Job Title	Years Employed
Board of County Commissioners		Chair	

Circle one answer for each of the following questions:

- I **have / have not** been a principal in an organization participating in a publicly-funded program that has been ruled ineligible as a result of violating that program's requirements during the past 7 years.
- I **have / have not** been convicted of any activity that indicated a lack of business integrity during the past 7 years. Convictions that "indicate a lack of business integrity" include, but are not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, tax evasion, tax fraud, failing to file tax returns, passing worthless checks, submission of false or fraudulent information to a state or federal agency, and perjury or any other activity indicating a lack of business integrity. "Convicted" means having been found guilty, with or without adjudication of guilt, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- I **am / am not** on the Child and Adult Care Food Program's National Disqualified List.

Printed Name: Shelley Vana Title: Chair

Signature: _____ Date: _____

NOTE: Any organization or individual that provides false information on this form will be subject to applicable civil or criminal penalties and will be placed on the National Disqualified List.