



**Interoffice Memorandum**

September 7, 2023

**AGENDA ITEM**

**TO:** Mayor Jerry L. Demings  
-AND-  
County Commissioners

**THRU:** Venerria L. Thomas, Director *Venerria L. Thomas*  
Community and Family Services Department

**FROM:** Sonya L. Hill, Manager  
Head Start Division  
Contact: Sonya L. Hill (407) 836-7409  
Sandra Moore (407) 836-8913

**SUBJECT:** **Consent Agenda Item – September 26, 2023**  
Florida Department of Health Child Care Food Program Application

The Head Start Division requests Board approval of the Florida Department of Health Child Care Food Program Supplemental Budget for Special Cost Items, Delegation of Signing Authority, Management Plan, and Program Budget for the Child Care Food Program.

The Florida Department of Health Child Care Food Program is a part of the National School Lunch Program, which provides children in public and private schools with balanced meals and snacks to meet the USDA minimum daily nutritional requirements. All grantees must utilize USDA funds as primary payment for meals, as mandated by Head Start Child Nutrition Performance Standard §1304.44 (a)(b). The Florida Department of Health will reimburse Orange County, the Head Start non-federal entity, up to an estimated amount of \$1,580,364 for meals to eligible children enrolled in the Head Start Program. The term of this program is from October 1, 2023, through September 30, 2024.

**ACTION REQUESTED:** Approval and execution of: (1) Florida Department of Health Child Care Food Program Supplemental Budget for Special Cost Items Authorization # S-0734; (2) Delegation of Signing Authority for the Child Care Food Program; (3) Management Plan; and (4) Child Care Food Program Budget, which will allow Orange County to be reimbursed up to an estimated amount of \$1,580,364 for meals served to eligible children enrolled in the Head Start Program. The term of this program is from October 1, 2023, through September 30, 2024.

SH/SR;ms



**Child Care Food Program**

**SUPPLEMENTAL BUDGET FOR SPECIAL COST ITEMS**

Authorization #: S-0734 Name of Organization: Orange County Board of County Commissioners

Check one:  Original budget  Amended budget Fiscal Year 2024

- Use this form to list any special cost items for which you are requesting prior written approval (per current revision of FNS Instruction 796-2) in your budget; **failure to receive prior approval means that these cost items must not be charged to the CCFP.**
- Documentation to support these CCFP costs must be maintained by your organization and are subject to review prior to and after approval.
- **Before completing this form, refer to the guidance and instructions provided on page 4.**

SPECIAL COST ITEMS	DOLLAR AMOUNT Administrative	DOLLAR AMOUNT Operational (Food Service)
<b>1. Special Compensation</b>		
(A) Compensation to the nonprofit organization's trustees, directors, officers, or family members 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 reimbursements.....		
(D) Excess funds from the organization's nonprofit food service account used for increases in salaries or fringe benefit costs to improve food service operations.....		
<b>2. Overtime, Holiday Pay and Compensatory Leave</b>		
(A) Payment of overtime, holiday pay for work performed on a non-work holiday, and/or 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 the best interest of the CCFP (other restrictions apply; see current FNS Instruction 796-2).....		
(E) Amendments or modifications to approved deferral plans for CCFP funded employees		
<b>3. Contributions, Donation Costs, and Advertising</b>		
(A) Costs required to make goods or services donated to the organization usable for the CCFP (donated or volunteer labor is unallowable).....		
(B) Advertising costs solely for: (a) recruitment of personnel for the CCFP; (b) the procurement of goods and services for the CCFP; (c) the disposal of scrap or surplus acquired in the performance of the CCFP except when disposal costs are reimbursed; (d) program outreach .....		
<b>4. Depreciation - Equipment and Improvements \$5,000 or more</b>		
(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) 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.....		

<b>5. Direct Expensing - Equipment and Other Property \$5,000 or more</b>	<b>\$ Amount (Adm.)</b>	<b>\$ Amount (Op.)</b>
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 current FNS Instruction 796-2 for a list of exclusions).....		
<b>6. Facilities and Space Costs</b>		
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.....		
<b>7. Insurance</b>		
(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.....		
(C) Cost of directors and officers insurance provided that the insurance policy actually provides liability coverage related to the CCFP and, if the policy also provides coverage for non-CCFP liability, the CCFP share of the cost is properly allocated.....		
(D) 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.....	\$ 10,187.00	\$ 17,859.00
<b>8. Employee Health and Welfare Costs and Credits</b>		
(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.....		
<b>9. Interest and Other Financial Costs</b>		
(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 for non-profit private organizations and for public organizations, used to acquire or replace allowable CCFP equipment or other property or make allowable CCFP improvements are allowable <u>if</u> 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		
<b>10. Tier I Day Care Home Licensing Costs (up to \$300 per home)</b>		
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 alternations such as adding handrails.....		
(C) The costs of fire and safety inspections and licensing fees.....		
<b>11. Legal Expenses and Other Professional Services</b>		
(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.....		
<b>12. Purchased Services for Program Operation – Other (Excluding Professional Services as listed above)</b>		
(A) Transactions that are not arms-length and/or involve related parties for purchased services.....		
(B) Maintenance and service repair <u>contracts</u> on CCFP equipment.....		
(C) All other purchased and contractual service costs needed for CCFP operation.....		

13. Proposal Costs	\$ Amount (Adm.)	\$ Amount (Op.)
The costs of preparing proposals for potential FNS Child Nutrition Program grants.....		
<b>14. Membership in Civic and Other Organizations</b>		
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.....		
<b>15. Conferences</b>		
The prorated share of travel and registration fees when the CCFP is only a portion of a larger child care related agenda.....		
<b>16. Management Studies</b>		
The cost of studies directly related to the program that are performed by entities other than the organization itself.....		
<b>17. CCFP Rental Costs</b>		
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).....		
<b>18. Communication and Technology Costs</b>		
Cellular phones, pagers, and related charges .....		
<b>TOTAL</b>	<b>\$ 10,187.00</b>	<b>\$ 17,859.00</b>

*Bryon W. Brooks*

Signature of Chairman of the Board, Executive Director, CEO, President, Head Clergy Member, or Delegated Authority

County Administrator

Title

Bryon W. Brooks

Printed Name

26 September 2023

Date



**For DOH Use Only:**

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 (Program Specialist Signature)

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 (Headquarters Approver Signature)

## Guidance for using the Supplemental Budget for Special Cost Items

Use the following **Common Special Cost Items** chart to help determine whether or not you need to charge special cost items to the CCFP and complete a Supplemental Budget. Keep in mind that this is a list of common special cost items charged to the program; the Supplemental Budget for Special Cost Items form includes a complete listing of special cost items. More detailed information can be found in the current revision of FNS Instruction 796-2.

Common Special Cost Items	Corresponding # on Supplemental Budget
Overtime pay	2. A.
Equipment costing more than \$5,000 and which is used exclusively for the CCFP can be directly expensed; otherwise, without specific prior written approval, the cost of that item can only be recovered through "depreciation" which is approved through the annual (regular) budget approval process	4
Professional and consultant services that are CCFP related: attorney costs related to administrative review, accountant (for non tax services), management consultant, nutritionist; Semi-professional services: bookkeeping services, internet/web design consultant, computer programming services	11. B.
Less-than-arm's-length and related party transactions are NOT common to the program; however, it is important to note that you MUST disclose these relationships/transactions to DOH if they relate to the program in <u>any</u> way. <ul style="list-style-type: none"> <li>• Less-than-arm's-length transactions occurs when the parties involved are <u>not</u> independent and/or have a relationship to each other.</li> <li>• Related party transactions are less-than-arm's-length transactions since they involve persons who are related to each other.</li> <li>• Examples of less-than-arm's-length and related party transactions include, but are not limited to, those involving family members (such as a parent and child, spouses, or siblings), a subsidiary (such as a branch, auxiliary, or subordinate business), and/or a parent company (which is the business with ownership, control or influence over a smaller business).</li> </ul>	12. A.
Maintenance <u>CONTRACTS</u> and service repair <u>CONTRACTS</u> on CCFP equipment	12. B.
Any purchased or contractual service such as janitorial, pest control, security, trash pick-up, etc.	12. C.
Cellular phones, pagers, and related charges	18. A.

### How to complete the Supplemental Budget:

1. Fill in your CCFP authorization number (if one has been assigned) and your organization name.
2. Check "Original budget" if you are submitting your first CCFP budget of the fiscal year, or check "Amended budget" if you are submitting a budget amendment during the fiscal year.
3. Fill in the blank after "Fiscal Year," indicating the fiscal year to which this form applies. For example, if the applicable fiscal year is October 2016 to September 2017, you would enter 2016-2017.
4. On the blank Supplemental Budget enclosed, indicate the dollar amount for each specific item of cost you plan to charge to the CCFP in the column titled "Dollar Amount/Administrative" or "Dollar Amount/Operational (Food Service)," whichever is appropriate for the specific item.
5. Total the amount(s) in the "Dollar Amount" column(s) and enter the total(s) on the "TOTAL" line on Page 3.
6. For sponsors of unaffiliated child care centers, sponsors of day care homes, and sponsors of unaffiliated afterschool sites include the reported amounts on the appropriate CCFP automated budget schedule(s). For all other contractor types, 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 under "Other (Includes Special Cost Items)."
7. The employee who completed the form must list their name and title, then sign and date.
8. Attach the Supplemental Budget form to your CCFP Budget form.

SEP 26 2023

Organization Name: Orange County Board of County Commissioners Authorization #: S-0734

### Delegation of Signing Authority for the Child Care Food Program

**Instructions:** This form is used to delegate the authority to sign Child Care Food Program contracts and certain other documents. **The Delegating Official must hold one of the following positions:** Majority Owner, CEO, President, Executive Director, Board Chairman, Commanding Officer, Head Clergy Member, or School Superintendent.

By means of this letter, I, Jerry L. Demings (the Delegating Official), delegate the authority herein described to, Byron W. Brooks (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 (CCFP).
2. The designated effective time period of this delegation is as follows:
  - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2024 or until revoked in writing by the delegating official, whichever date occurs earlier.
  - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2024 or until revoked in writing by the delegating official, whichever date occurs earlier.
3. The authority delegated herein cannot be sub-delegated 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 CCFP, that I may be liable for repayment of funds received, and that I may be subject to disqualification from future participation in the CCFP should the terms of the contract with DOH for participation in the CCFP not be fulfilled.

**Delegating Official:**  
(Must be one of the positions listed in the instructions.)

Jerry L. Demings  
Signature (Delegating Official)

Jerry L. Demings  
Printed Name

Mayor of Orange County  
Title

10/9/23  
Date

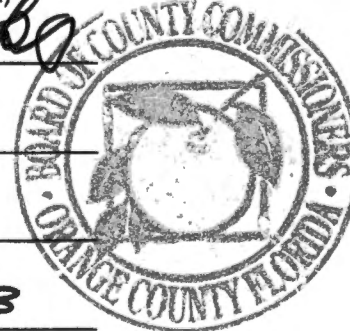
**Acknowledged and Agreed by Representative:**  
(Must be an employee of the organization.)

Byron W. Brooks  
Signature (Representative)

Byron W. Brooks  
Printed Name

County Administrator  
Title

26 September 2023  
Date



# Florida Department of Health Child Care Food Program

Claim Data Summary  
FY 2024

Legal Name		Orange County Board of County Commissioners									
Auth Type		S		Do you expect the number of attendance to increase?							
Auth Number		734		If yes, by how much?							
Average Percentage of Attendance		69.72%		You must add this number to all your meal served for each month		0					
Claim Month/ Year	Oper. Days	Number Attendance	Enrolled Children by Category			Meals Served					
			Free	Reduced	Nonneedy	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Eve Snack
Aug-22	16	1075	1075			13270		13404	10614		
Sep-22	18	1146	1146			16586		16660	14109		
Oct-22	19	1180	1180			18117		18275	14771		
Nov-22	15	1216	1216			14610		14750	11489		
Dec-22	12	1205	1205			11998		12033	10284		
Jan-23	19	1256	1256			19516		19820	16371		
Feb-23	20	1254	1254			20961		21362	18016		
Mar-23	18	1269	1269			18710		19214	15585		
Apr-23	20	1277	1277			21119		21677	17611		
May-23	20	1270	1270			20734		21009	17293		
Jun-23	20	836	836			8407		8495	8138		
<b>Total for 11 months</b>	<b>197</b>	<b>12784</b>	<b>12784</b>	<b>0</b>	<b>0</b>	<b>184026</b>	<b>0</b>	<b>186699</b>	<b>154281</b>	<b>0</b>	<b>0</b>
<b>Extrapolation to 10/12 months for Budget</b>	<b>473</b>	<b>30682</b>	<b>30682</b>	<b>0</b>	<b>0</b>	<b>441662</b>	<b>0</b>	<b>448078</b>	<b>370274</b>	<b>0</b>	<b>0</b>
<b>Average Per Month (use on PEW)</b>	<b>18</b>	<b>1162</b>	<b>1162</b>	<b>0</b>	<b>0</b>	<b>16730</b>	<b>0</b>	<b>16973</b>	<b>14026</b>	<b>0</b>	<b>0</b>

# Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) - FY 2023-2024

<b>Auth #</b>	734	<b>Organization Name</b>	Orange County Board of County Commissioners
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Please answer these Questions

Enrollment	
1162	Number of children eligible for free meals
0	Number of children eligible for reduced meals
0	Number of children eligible for non-needy meals
1162	Total Number of enrolled children (a+b+c)

**Average Attendance per day**

1162	(Cannot exceed total number of enrolled children and must be calculated using the Claim Data Summary.)
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**Days Operating**

18	Total number of days operating per month
12	Total number of months operating per year

**Meal Types (Put a "Y" in each category that applies:**

Y	Claiming Breakfast (Br)?
	Claiming Morning Snack (Snacks)?
Y	Claiming Lunch (Lu)?
Y	Claiming Afternoon Snack (Snacks)?
	Claiming Supper (Su)?
	Claiming Evening Snack (Snacks)?

**Total Number of Meals Served in Month to Eligible Children**

- Please read the Instructions tab for further details on how to complete the cells below.

16,730	Breakfast
-	Morning Snack
16,973	Lunch
14,026	Afternoon Snack
-	Supper
-	Evening Snack

*\*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.*

## Rates

July 1, 2023- June 30, 2024

Breakfast		Lunch/Supper		Snacks		Cash-in-Lieu
Free ( F )	\$ 2.28	Free ( F )	\$ 4.25	Free ( F )	\$ 1.17	\$ 0.2950
Reduced ( R )	\$ 1.98	Reduced ( R )	\$ 3.85	Reduced ( R )	\$ 0.58	
Non-needy ( N )	\$ 0.38	Non-needy ( N )	\$ 0.40	Non-needy ( N )	\$ 0.10	

**1) Calculation to Determine Percentage**

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

a) Number F	1162	/	Total Enrolled	1162	=	100.00%
b) Number R	0	/	Total Enrolled	1162	=	0.00%
c) Number N	0	/	Total Enrolled	1162	=	0.00%

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

Multiply the category percentage calculated in Step 1 by the number of meals served for each meal type and then by the current reimbursement rates and then by the assigned meal reimbursement rate.

Br	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	16730	=	16730	x \$ 2.28	=	\$ 38,144.40
b) R %	0.00%	x	16730	=	0	x \$ 1.98	=	\$ -
c) N %	0.00%	x	16730	=	0	x \$ 0.38	=	\$ -
<b>Total Number of Breakfast Claimed</b>						<b>16730</b>		<b>\$ 38,144.40</b>

Lu/Su	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	16973	=	16973	x \$ 4.25	=	\$ 72,135.25
b) R %	0.00%	x	16973	=	0	x \$ 3.85	=	\$ -
c) N %	0.00%	x	16973	=	0	x \$ 0.40	=	\$ -
<b>Total Number of Lunch/Supper Claimed</b>						<b>16973</b>		<b>\$ 72,135.25</b>

Snacks	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	14026	=	14026	x \$ 1.17	=	\$ 16,410.42
b) R %	0.00%	x	14026	=	0	x \$ 0.58	=	\$ -
c) N %	0.00%	x	14026	=	0	x \$ 0.10	=	\$ -
<b>Total Number of Snacks Claimed</b>						<b>14026</b>		<b>\$ 16,410.42</b>

Commodities Reimbursement*								
a) Lunch	16973	x	\$	0.2950		\$5,006.92		
b) Supper	0	x	\$	0.2950		\$0.00		
<b>Projected Commodity Reimbursement (1 yr)</b>						<b>\$60,083.04</b>		

Projected Meals Earning (1yr)	\$	1,520,280.84		Total Projected Earnings (1yr)	\$	1,580,363.88
Sponsor Administrative Cap	\$	228,042.13		Projected Earnings Rounded for use in the Budget	\$	1,580,364.00



SEP 26 2023

Florida Department of Health  
Child Care Food Program  
MANAGEMENT PLAN

(For Current CCFP Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Authorization Number:

734

Sponsoring Organization Name:

Orange County Board of County Commissioners

List the Florida address(es) where CCFP records will be maintained:

2100 East Michigan St. Orlando, FL 32806

\*\*\* The green areas require your input. The yellow areas will auto-populate based on the information you provide in the green areas.

1. Required Administrative Duties

Instructions: List all employees who perform each of the following required administrative duties. Each duty must be completed by at least one staff member. List all employees necessary for the job duties completed by multiple employees. Ensure that the Program Manager is listed for the duties he/she performs.

Job Duty	Employee Name(s)
Administrative Oversight	Sonya Hill / Daisy Flores / Sandra Ruff
Bookkeeping	Daisy Flores/Sandra Ruff
Checking and Approving Menus	Daisy Flores / Kerry-Ann Smith / Leonor Cuevas / Regina Temple
Compiling Claim Data	Daisy Flores
Checking and Filing Claims	Daisy Flores / Orange County Comptrollers Office
Determining Site Eligibility (A Only)	

Job Duty	Employee Name(s)
Training	Daisy Flores / Kerry-Ann Smith / Leonor Cuevas / Regina Temple
Financial Management	Sonya Hill / Sandra Ruff / Daisy Flores
Monitoring	Daisy Flores / Kerry-Ann Smith / Leonor Cuevas / Regina Temple
Technical Assistance	Daisy Flores / Kerry-Ann Smith / Leonor Cuevas / Regina Temple
Classifying Free and Reduced Meal Apps (S Only)	Daisy Flores
Maintaining Enrollment Roster (S Only)	Daisy Flores

2. Allowable Administrative Salaries/Benefits and Cost Allocation

Instructions: Complete columns A-I for each employee listed above. All employees listed in #1 must be listed in this table. Please note that the number of hours listed in column E can be reduced to reflect the actual number of annual hours worked by each employee, however this number may not exceed 2,076 which is the maximum number of annual hours for a full time position.

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative salaries and benefits in the Other Funds column.

(A) Employee Name	(B) Position Title	(C) Hours per Month Spent on CCFP	(D) # of CCFP Operating Months per Year	(E) Total Annual Hours Worked for Employer	(F) Total Annual Salary	(G) Annual Insurance & Other Benefit Costs Paid by Employer	(H) Total Annual Salary & Benefits Allowable to Charge to CCFP	(I) Projected Amount to be Charged to the CCFP	(J) Amount to be Charged to Other Funds (Column H minus Column I)
Daisy Flores	Sr. Nutrition Coordinator	173	12	2080	\$ 89,166	\$ -	\$ 88,995	\$ 88,995	\$ -
Leonor Cuevas	Assistant Nutrition Coordinator	173	12	2080	\$ 69,199	\$ -	\$ 69,066	\$ 69,066	\$ -
Regina Temple	Assistant Nutrition Coordinator	173	12	2080	\$ 68,939	\$ -	\$ 68,806	\$ 68,806	\$ -
Sonya Hill	Division Manager	2	12	2080	\$ 163,474	\$ -	\$ 1,886	\$ -	\$ 1,886
Sandra Ruff	Program Manager	8	12	2080	\$ 114,458	\$ -	\$ 5,283	\$ -	\$ 5,283
Kerry Ann Smith	Nutrition Coordinator	8	12	2080	\$ 76,138	\$ -	\$ 3,514	\$ -	\$ 3,514
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
							<b>TOTAL</b>	<b>CCFP Funds</b>	<b>Other Funds</b>
							\$ 237,550	\$ 226,867	\$ 10,683

Note: Transfer the columns I and J totals to the applicable columns on the Administrative Salaries & Benefits row of the Budget. ->

Authorization Number: **734** Sponsoring Organization Name: **Orange County Board of County Commissioners**

Instructions: Mark "Yes" or "No" for questions 3, 6 and 7 below by placing an X in the cell. Complete the remaining questions as specified.

3. The sponsor conducts MONITORING REVIEWS at least as often as required by 7 CFR, Part 226.16(d)(4)(iii) (yes or no).  Yes

A yes answer indicates that the sponsoring organization, at a minimum, conducts unannounced CCFP monitoring reviews as follows:

- Each new site is reviewed within the first four weeks of CCFP operations.
- Each existing site is reviewed three times yearly with not more than a six-month lapse between reviews. If using review averaging, contractor meets review averaging requirements.
- Follow-up reviews are conducted within 30 days of issuing a disallowance and/or identifying areas of noncompliance.

4. How many sites do you currently sponsor?

5. MONITORING STAFF - Complete this section only if your organization sponsors 25 or more sites or if you anticipate sponsoring 25 or more sites during this fiscal year.

In column A below, list all employees who perform monitoring activities, and describe the specific activities each employee performs in column B. Monitoring activities include, but are not limited to, conducting on-site reviews, planning the review schedule, travel for reviews, supervisory oversight of monitors, writing review reports, follow-up reviews, pre-approval visits, household contacts, technical assistance, and desk reviews of claim documentation. For each employee listed, indicate the number of hours per month spent on monitoring in column C, and the total monthly hours spent on the CCFP in column D (refer back to table 2, column C). The percentage of each employee's monitoring time will auto-calculate in column E, and the total number of FTEs performing monitoring activities will be calculated in the bottom row. Please Note: Monitoring ratios for sponsors must equal at least one FTE (2080 hours/year or 173.33 hours/month) for 25 to 150 sites.

A.	B.	C.	D.	E.
Employee Name	Description of Monitoring Activities	# of Hours per Month Spent on Monitoring*	Total Hours per Month Spent on CCFP (should be the same number of hours listed in table 2, column C)	% of Monthly CCFP Hours Spent Monitoring
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
<b>TOTAL =</b>		<b>0</b>	<b>Number of FTEs =</b>	<b>0.00</b>

\* Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one FTE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of their time monitoring; two full time staff who spend half of their time monitoring; three full time staff, one of whom monitors 40% of the time, with the other two each spending 30% of their time monitoring, etc.

6. The sponsor completes training on all required topics at least once a year yes or no).  Yes

<b>Required Training Topics</b> <ul style="list-style-type: none"> <li>• Menu Planning &amp; Meal Pattern Requirements <ul style="list-style-type: none"> <li>• Meal Count Procedures</li> </ul> </li> <li>• Claim Review &amp; Submission Procedures <ul style="list-style-type: none"> <li>• Reimbursement System</li> <li>• Civil Rights Requirements</li> </ul> </li> </ul>	<b>Recommended Training Topics</b> <ul style="list-style-type: none"> <li>• Food Safety &amp; Sanitation</li> <li>• Nutrition Education</li> </ul>
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\*\*\* Note: A sign-in sheet and agenda must be maintained for each training session.



7. The sponsor REVIEWS ALL CCFP RECORDS for accuracy and compliance (yes or no)  Yes

I certify that all information on the Management Plan is true and correct (If submitting with Renewal, this page does not need to be signed because when you certify the Renewal Screen in MIPS, your organization is certifying all documents submitted during the Renewal Process is true and current)

*Byron W. Brooks*  
Signature of Authorized Employee

*26 September 2023*  
Date

Byron W. Brooks  
Printed Name

County Administrator  
Title

SEP 26 2023

Florida Department of Health  
Child Care Food Program Budget

(for use by Current CCFP Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Refer to the instructions and definitions on the instructions Tab before completing this form.

Authorization #: 734

Organization Name: Orange County Board of County Commissioners

1. Complete the table below to document your projected food program costs. Use whole dollars only, no cents.

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Food Purchases*	\$1,103,113	\$0	\$1,103,113
Food Service Labor and Benefits	\$220,488		\$220,488
Non-Contracted Purchased Services	\$0	\$0	\$0
Non-Food Supplies	\$1,800	\$0	\$1,800
Food Service Equipment	\$50	\$0	\$50
Transportation	\$0	\$0	\$0
Other (Includes Special Cost Items) Describe: Indirect Costs and Self Insurance	\$17,859	\$0	\$17,859
<b>FOOD SERVICE (OPERATIONAL) COST TOTALS</b>	<b>\$1,343,310</b>	<b>\$0</b>	<b>\$1,343,310</b>
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$226,867	\$10,683	\$237,550
Non-Contracted Purchased Services	\$0	\$0	\$0
Training	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Rent and Utilities	\$0	\$0	\$0
Office Supplies	\$0	\$0	\$0
Other (Includes Special Cost Items) Describe: Self Insurance	\$10,187	\$0	\$10,187
<b>ADMINISTRATIVE COST TOTALS</b> Administrative costs cannot exceed 15% of total projected earnings	<b>\$237,054</b>	<b>\$10,683</b>	<b>\$247,737</b>
	<b>CCFP FUNDS***</b>	<b>NON-CCFP FUNDS</b>	<b>GRAND TOTAL****</b>
<b>BUDGET TOTALS</b>	<b>\$1,580,364</b>	<b>\$10,683</b>	<b>\$1,591,047</b>

Total Budget Amount from PEW	
\$	1,580,364.00
Remainder to Budget for CCFP Funds	
\$	-

\* It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total.  
 \*\* The CCFP Funds and Non-CCFP Funds for Administrative Salaries and Benefits auto-populate from the totals from table 2 of the Management Plan.  
 \*\*\* The CCFP Funds Total must equal the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.  
 \*\*\*\* This amount must equal or exceed the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.  
 NOTE: Additional documentation may be requested to determine if projected costs are necessary, reasonable, and allowable.

2. If any amounts were listed under the Non-CCFP Funds column in the table above, list the specific source(s) of the Non-CCFP funds that will be spent on the food program.

3. In the space below, identify which of the following source(s) of funds your organization has available to pay for potential over claims of CCFP reimbursement or other allowable costs: Tuition/Fees, Savings/Checkings, Credit/Loan, Donations or Other. If Other, then describe.

Note: Funds restricted for used in other programs/grants, including other USDA child nutrition programs, cannot be used to pay for CCFP over claims or unallowable costs.

Prospective Contractor: Byron W. Brooks

Signature of Authorized Employee: Byron W. Brooks

Printed Name: Byron W. Brooks

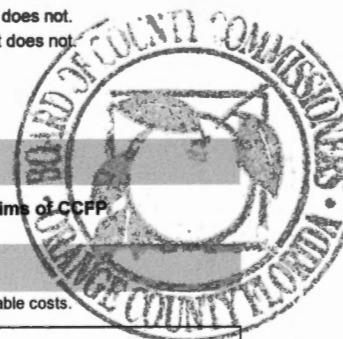
Date: 26 September 2023

Title: County Administrator

For DOH USE ONLY:

Approval Signature (Regional Program Specialist): \_\_\_\_\_

Date: \_\_\_\_\_



Approval Signature (DOH Headquarters)

Date