



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



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**FISCAL YEAR 2002
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #11**

TO: Child and Adult Care Food Program Sponsors

FROM: Peggy Pawelek Brown, Manager, Food and Nutrition Program
Office of School Support Services

DATE: June 4, 2002

SUBJECT: ADMINISTRATIVE REMINDERS

APPLICATION MODIFICATIONS

Your organization has been approved to claim meals and snacks during the months identified on your Fiscal Year 2003 Child and Adult Care Food Program (CACFP) application. Refer to your file copy of the Sponsor Application (SM-4200-CC-Sponsor), and Site Application (SM-4200-CC-Site).

If your program changes during the remainder of the fiscal year and the change impacts the months of operation or the meals or snacks to be claimed, **you must notify the CACFP office in writing the month before the changes are to take place.** If you are a single site and your CACFP agreement number begins with 25, 41, 63 or 82, direct your memorandum for changes to Mr. Patrick Fox, Specialist. All other single site changes should be directed to Ms. Christine Clements, Specialist. If you are a multi-site sponsor and your agreement number begins with 0 - 31, direct your memorandum for changes to Ms. Donna Osbo, Specialist; agreement numbers starting with 32 - 63, direct your memorandum to Ms. Diane Botsford, Specialist; agreement numbers starting with 64 - 83, direct your memorandum to Mr. Dan Alvarez, Specialist. Please follow the procedures identified in this memorandum to notify our office of any modifications to your current fiscal year (October 1, 2002- September 30, 2003) application.

1. Months of Operation

Submit a memorandum to the attention of appropriate Specialist.

Request a change to your approved months of operation.

List the name and license number of each site that will be affected.

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2. Meal Types and/or Snack Changes

Submit a memorandum to the attention of appropriate Specialist.

Request a change to your approved meals or snacks.
List the name and license number of each site that will be affected.

3. Capacity

Submit a memorandum to the attention of the appropriate Specialist.

Request a change to your approved license capacity.
Attach a copy of the new license from the Michigan Department of Consumer and Industry Services, Division of Child Day Care Licensing, which notes the capacity change, or a copy of the letter from your licensing consultant indicating the capacity change and the approved effective date for the facility.

4. License Number

Submit a new site application (SM-4200-CC-Site) when the license number of a currently approved site changes. Attach a copy of:

The new license from the Michigan Department of Consumer and Industry Services, Division of Child Day Care Licensing, or a copy of the most recent letter from your licensing consultant concerning the status of the license, and, if applicable, a food service contract.

Note: The approval date of a new site will be the date a "complete and correct" application is received in the CACFP office.

5. Personnel/Address

Submit a memorandum to the attention of appropriate Specialist.

Request a change in your organization's Authorized Official, Contact Person or mailing address.

Note: You must notify DMB (Department of Management and Budget) of any address changes in order for payment records on MAIN to be updated. Make sure you also send any address changes to Jacki Higdon at the CACFP office.

COMBINING CLAIM FOR REIMBURSEMENT DATA

Do **not** combine two months on one claim. However, if the first or last month that a center operates in a fiscal year (October 1st through September 30th) contains claim data for 10 days or less, a center can choose to combine this data with claim data from the succeeding or preceding month. The total number of days claimed must **not exceed** the total number of days in the calendar month for which the claim is being submitted.

Note: The months of September and October cannot be combined because these months are different fiscal years.

The months of June and July cannot be combined because the rate of reimbursement may change in July.

CHECK YOUR MAIL

It is important to check your mailbox for correspondence from the Michigan Department of Education, Child and Adult Care Food Program, even if your operation closes for vacations/holidays. Claims for Reimbursement, Corrections to Claims for Reimbursement, and Corrective Action Reports must be submitted within the time frames. Do not take the risk of losing reimbursement.

FISCAL YEAR 2004 APPLICATION PACKETS

Fiscal Year 2004 Application materials will be _____ the third week in _____.

If you have any questions, please contact the Child and Adult Care Food Program, Office of School Support Services, at (517) 373-7391.

Λ Please keep this memo on file or in a notebook for quick and easy reference.

Enclosure
JS/glm