



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



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**FISCAL YEAR 2005  
CHILD AND ADULT CARE FOOD PROGRAM  
OPERATIONAL MEMO #20**

TO: Child and Adult Care Food Program Institutions

FROM: Mary Ann Chartrand, Director  
Grants Coordination and School Support

DATE: May 23, 2005

SUBJECT: **Administrative Reminders for Centers**

**Application Modifications**

Your organization was approved to claim meals and snacks during the months identified on your Fiscal Year 2005 Child and Adult Care Food Program (CACFP) application. Refer to CNAP to check your Sponsor and Site Application (<http://www.michigan.gov/meis>)

Please follow the procedures identified in this memorandum to notify our office of any modifications to your current fiscal year (October 1, 2004 – September 30, 2005) application. Failure to make the appropriate changes may impact your claim reimbursements, audits, and/or program review.

If your program changes during the fiscal year and the change impacts the months of operation or the meals or snacks to be claimed, you must notify the appropriate application processor by email, telephone or mail as soon as possible before the changes take place. Include your CACFP Agreement number, Application update and if you are a single site or multi-site sponsor in the correspondence. An application processor will make the changes to your original CNAP Application.

Direct your request as follows:

- If you are a single-site institution and your Agreement Number begins with 41, 63 or 82, notify Bob Smith at [smithbob@michigan.gov](mailto:smithbob@michigan.gov)
- If you are a single-site institution and your Agreement Number begins with any other number, notify Christine Clements at [clementsc@michigan.gov](mailto:clementsc@michigan.gov)
- If you are a multi-site sponsor and your Agreement Number begins with 0-31, notify Donna Osbo at [osbod@michigan.gov](mailto:osbod@michigan.gov)
- If you are a multi-site sponsor and your Agreement Number begins with 32-63, notify Pat Fox at [foxpj@michigan.gov](mailto:foxpj@michigan.gov)
- If you are a multi-site sponsor and your Agreement number begins with 64-83, notify Daniel Alvarez at [alvarezd@michigan.gov](mailto:alvarezd@michigan.gov)

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A. **Months of Operation**

Notify the appropriate application processor by email.

- Request a change to your approved months of operation.
- List the name and license number of each site that will be affected.

B. **Meals/Snacks**

Notify the appropriate application processor by email.

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

C. **Capacity**

Notify the appropriate application processor by email.

- Request a change to your approved license capacity.
- Send a copy of the new license from the Michigan Department of Human Services, Office of Children and Adult Licensing, which notes the capacity change, or a copy of the letter from your licensing consultant indicating the capacity change and the approved licensing date for the facility.

D. **License Number**

Submit a new site application on CNAP when the license number of a currently approved site changes. Submit a copy of the new license from the Michigan Department of Human Services, Office of Children and Adult Licensing, or a copy of the most recent letter from your licensing consultant concerning the status of the license.

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

E. **Food Service Contracts**

Notify the appropriate application processor by email. According to 7CFR 226.21 (a)(8)(c), sponsors must notify the State Agency when a new food service contract is negotiated. Submit a copy of the food service contract.

F. **Federal Employee Identification Number (FEIN)**

Submit a new site application on CNAP when the FEIN changes. A new license must be submitted when ownership changes. Submit a copy of the license to the Michigan Department of Education, Child and Adult Care Food Program.

G. **Personnel/Address**

Notify the appropriate application processor by email.

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

1. Notify the Department of Management and Budget (DMB) of any address changes in order to update payment records on MAIN. Use [www.cpexpress.state.mi.us](http://www.cpexpress.state.mi.us) to make changes to your self-managed file.
2. If applicable, update account user management information in MEIS. Web address: <http://michigan.gov/meis>
3. If applicable, submit an "updated" MEIS Security Access form for claim certification authority. (Web address: <http://michigan.gov/meis> Scroll down to CACFP Security Agreement).

Note: An authorized official of an institution in the Child and Adult Care Food Program (CACFP) is required to sign several documents for participation. The Authorized Official is the person in authority who is financially and administratively responsible for the administration and operation of the institution.

Institution Type:

Those eligible to sign:

School District:

Superintendent, Business Manager, Principal, or Chief Financial Officer

Public Agency:  
(Government Agency)

Chief Executive Officer, Executive Director, Chairman of the Board of Directors, or Chief Financial Officer

Community Service Agency:

Chief Executive Officer, Executive Director, Chairman of the Board of Directors, or Chief Financial Officer

Religious Organization:

Pastor, Rabbi, or Chairman of the Board

Non-Profit Organization:

Chief Executive Officer, Executive Director, Chairman of the Board of Directors, or Chief Financial Officer

Profit Organization:

Owner or Executive Director

Postsecondary Institution:

President, Vice-President, Dean, or Executive Director

## H. **No Longer Participating**

- Notify the appropriate application processor by e-mail stating when you will be discontinuing CACFP participation (effective month, day, year).
- The Agreement will be considered terminated effective the date specified by the CACFP.
- The reimbursement claim for the final month must be complete, correct and electronically submitted and certified no later than 60 days following the end of the reporting month.
- The Security Access form will be terminated after the final claim has been certified.

Remember, only Level 3 personnel can make changes in participation status. Security access codes must be used by the approved individual ONLY.

### **Combining Claim for Reimbursement Data**

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

Combining June and July should be avoided because of the USDA rate change that takes place in July. Any variance to this instruction must be approved in advance by USDA.

Data from September and October cannot be reported on the same claim since each month is in a different fiscal year.

### **Check Your Mail and E-Mail**

It is important to check your mail and e-mail for correspondence from the Michigan Department of Education, Child and Adult Care Food Program, even if your operation closes for vacation/holidays. Submit Claims for Reimbursement, Claim Amendments, and Corrective Action Reports within the time frames. Do not risk losing reimbursement.

It is important to keep the CACFP notified of your current e-mail address. To change your e-mail address, contact Gayle Monroe at (517) 373-7391.

If you have any questions, e-mail [MDE-CNAP-CACFP@michigan.gov](mailto:MDE-CNAP-CACFP@michigan.gov) or contact the Child and Adult Care Food Program at (517) 373-7391.

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