

<b>FY 2016 CACFP Sponsor Management Plan Annual Submissions Log</b>		
Annual submission is required for all items below that have changed or have upcoming dates, such as Provider training plans.		
Section/Alpha	SA Initials	Name of Sponsoring Organization Sponsor Comments (Date of document, current, standardized, revised, carried forward, most recent, etc.)
<b>Section 1: Accountability Controls</b>		
<b>A</b>		Bylaws
<b>B</b>		HIPAA Policy
<b>C</b>		<i>Building for the Future</i> Parent Notification
<b>D</b>		Mission Statement
<b>E</b>		Organizational chart
<b>E</b>		Board of Directors names, positions and terms of office
<b>F</b>		CACFP Application for Participation. Civil Rights Compliance.
<b>G</b>		Record of Civil Rights Compliance Training, most recent
<b>H</b>		General Liability & Professional Liability Insurance Certificates, current
<b>I</b>		List of Providers classified Tier I by SNAP and SNAP case number
<b>J</b>		ECP Event ID & Event Details: FY16 CACFP Program Management Training
<b>J</b>		ECP Event ID & Event Details: FY16 CACFP Nutrition Training
<b>K</b>		Worker's Compensation Insurance Certificate, current
<b>Section 2: Financial &amp; Viability Controls</b>		
<b>L</b>		Fiscal policies, current
<b>M</b>		Administrative Budget
<b>M</b>		Budget Narrative in a WORD document
<b>M</b>		Approved carryover dollar amount, if any.
<b>N</b>		Advance Payments Information & Request
<b>O</b>		Leases & Contracts, copy of current.
<b>P</b>		Line-item Justifications if more than 5% of total budget
<b>Q</b>		Operation Expenses, Cost Allocation Plan and Depreciation Schedule
<b>R</b>		Request(s) for Specific Prior Written Approval (SPWA)
<b>S</b>		Staff Salaries Table
<b>T</b>		Out-of-State Travel Justification
<b>Section 3: A-133 Audits</b>		
<b>Section 4: Organizational Capability</b>		
<b>U</b>		Evaluation Procedures
<b>V</b>		Job Descriptions
<b>W</b>		Outside Employment Policy
<b>X</b>		Personnel Policies
<b>Y</b>		Staff Training
<b>Z</b>		Agenda and Minutes of the most recent Board of Director's Meeting
<b>Z</b>		Names and Signatures of Responsible Principals/Individuals
<b>Z</b>		CACFP NDL checked
<b>Section 5: Claim Submission &amp; Minute Menu Procedures</b>		
<b>AA</b>		VCA Procedures A, B, C and D
<b>BB</b>		Late Claim Procedure
<b>CC</b>		Manual Claim Verification Procedure
<b>Section 6 : Licensing, Preapproval, and Provider Training</b>		
<b>DD</b>		Provider Training Plan
<b>Section 7: Reviews (Monitoring of Providers)</b>		
<b>EE</b>		5-Day Meal Reconciliation Procedure
<b>FF</b>		FTE Monitor Staffing Standards
<b>GG</b>		Household Contact/Parent Survey Procedure
<b>HH</b>		Meal Disallowance Policy
<b>II</b>		Monitoring Plan
<b>JJ</b>		Monitor Training Plan
<b>Section 8: Corrective Action &amp; Serious Deficiency</b>		
<b>KK</b>		Corrective Action Procedure
<b>LL</b>		Serious Deficiency Procedure
<b>Section 9: Confidential Records</b>		
<b>Section 10: Tier Determination Procedures</b>		