



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor

Dear Food Program Contractors,

Beginning with the 2015 program application and application renewal, all CACFP and SFSP sponsors are required to submit one Business Management Assessment (BMA) form per calendar year per federal taxpayer identification number (nine-digit number), regardless of the number of contracts or agreements with the Department of Health and Senior Services (DHSS) or the number of business locations. For example, if a school district also has a day care center, the school district would file one form but should indicate on the form the name of the day care center as well as the school district.

The information requested in the BMA is required by the United States Office of Management and Budget (OMB) in order to meet the requirements of [2 CFR, Part 220](#). The completion and submission of the BMA form is required for contractors to be eligible for the program, but the responses are not evaluated when determining your organization for eligibility for the food programs. Food Program managers may, however, use the information obtained in this assessment to determine monitoring plans for the upcoming year. Program staff will continue to individually review the programmatic components of the contracts/agreements, which may include reviewing invoices and applicable source documentation during desk audits or on-site visits.

HOW TO COMPLETE THE BMA FORM

As stated above, everybody contracted with DHSS must complete the BMA form. There are over 1,100 contractors in the food programs managed by the Bureau of Community Food and Nutrition Assistance (CFNA). The determination was made that the BMA form would be best managed by requiring it as part of the application and application renewal process. When renewing your online application using CNPweb, the BMA has been added as a required page in the Application Packet. You will not be able to submit your online Packet until it is completed. For your convenience, information required by the document that already exists in other online forms will be auto-filled. Details regarding the online form are included in the online application instructions ([here](#)).

NOTICE: If your organization has had an audit within the last three years you must submit the audit report to DHSS. The preferred method is to send it electronically via email to monitoring@health.mo.gov. See the *Need Help?* section for additional methods of submission.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

FEDERAL INDIRECT COST RATE

If you have a federal indirect cost (IDC) rate, please email a copy of the negotiated IDC rate agreement to monitoring@health.mo.gov. For information regarding negotiated indirect cost rates, please refer to 2CFR200, Appendix III, IV, or V as applicable.

*NOTE: If you are uncertain what the IDC rate is and whether it applies to your organization, it is likely that this does **not** apply. Typically, organizations with a negotiated IDC rates are well aware of the IDC rate.*

NEED HELP?

If you have questions regarding the completion of this form, you may contact the DHSS Division of Administration at **573-751-6104**.

You may also contact the DHSS Division of Administration via:

- Email (preferred) Monitoring@health.mo.gov;
- Fax to 573-526-6049;
- Regular mail to:
Missouri Department of Health and Senior Services
ATTN: BMA
Division of Administration
PO Box 570
Jefferson City, MO 65102

Thank you for your time in completing the BMA form.