



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

AGREEMENT BETWEEN SPONSORING ORGANIZATION AND AT RISK AFTER SCHOOL PROGRAMS

INSTRUCTIONS

An original and two (2) copies of this Agreement must be completed and signed by the at-risk center (provider) and the sponsoring organization (SO). A representative of the sponsoring organization must sign all forms, retain original, return a copy to the facility and submit a copy with the application to Community Food and Nutrition Assistance.

SPONSORING ORGANIZATION NAME AND ADDRESS

CENTER OWNER/DIRECTOR NAME, ADDRESS AND BIRTHDATE

This Agreement is entered into between the above named Sponsoring Organization and provider. This Agreement specifies the rights and responsibilities of the SO and the Provider as participants in the Missouri Department of Health and Senior Services' Child and Adult Care Food Program (MDHSS-CACFP).

RIGHTS AND RESPONSIBILITIES OF THE SO

1. In accordance with CACFP regulations, the SO agrees to accept financial and administrative responsibility for management of an effective food service. The SO agrees to:
 - a. Train providers before they begin participating in the CACFP.
 - b. Offer additional training sessions scheduled at a time and place convenient to their centers and personnel not less than annually.
 - c. Respond to a center's request for technical assistance.
 - d. Provide CACFP record keeping forms to the center.
 - e. Distribute reimbursement to the center within 5 working days after the SO has received payment from the MDHSS.
 - f. Assure that all meals claimed for reimbursement are served to eligible participants without regard to race, color, national origin, age, sex, or disability and that all meals meet the meal requirements in the CACFP regulations.
 - g. Perform monitoring visits at least 3 times a year to insure Program regulation compliance.
2. The SO, MDHSS, the U.S. Dept. of Agriculture, and other State and Federal officials have the right to make announced or unannounced reviews of the center's operations and to have access to its meal service and records during its normal hours of operations. Anyone making such reviews must show photo identification.
3. The SO or the center may terminate this agreement to participate in the CACFP for cause or convenience by written notice.
4. Fees charged to the center for CACFP administrative services shall not exceed \$_____ per (month/year).
5. The SO will reimburse the center for meals served using the current CACFP reimbursement rates for centers.
6. The SO agrees to inform the provider of their option to participate directly in the CACFP as an independent center.
7. The sponsor shall provide adequate supervisory and operational personnel for the management and monitoring of the CACFP to assure successful operation by the center/provider.

RIGHTS AND RESPONSIBILITIES OF THE CENTER

1. The center is required to keep daily record of:
 - a. Daily records indicating the children in attendance and the number of meals, by type (supper, snacks), served to children Only one meal per child may be claimed at each meal service.
 - b. Daily records indicating the number of meals, by type, served to adults performing labor necessary to the food service.
 - c. Copies of invoices, receipts, or other records as needed to show administrative and operating costs claimed by the center for the food service operation. All CACFP reimbursements shall be used solely for the operation of a non-profit food service.
 - d. Copies of daily dated menus.
2. The center staff must attend at least one training session as required/provided by the SO each year.
3. The provider must allow representatives from the SO, MDHSS, the U.S. Dept. of Agriculture, and other State and Federal officials access to the center for the purpose of reviewing the CACFP operations. This will be done at least three times a year and will primarily be unannounced. Such representatives must show photo identification.
4. The provider must notify the SO, without delay if there are any changes in the center's license or approved status.
5. The provider must submit the meal count, attendance and menu records to the SO by the _____ day of each month. Failure to do so may result in loss of payment for that month.
6. The provider must serve meals that meet the CACFP requirements for the ages of children being served. Meals must be served at no separate charge to the children.
7. The provider will not receive reimbursement for meals served to children who are over 18 years of age. Adult meals are not reimbursed.
8. The provider or the SO may end this agreement to participate in the CACFP for cause or convenience.
9. The provider must serve meals to all children without regard to race, color, national origin, sex, disability, or age.
10. The provider may apply to the MDHSS as an independent center upon termination of this agreement.
11. The At risk center will only operate during the normal school year (August/September to May/June).

THIS CENTER HAS BEEN APPROVED TO SERVE MEAL UP TO

_____ PARTICIPANTS /DAY (license capacity, fire and safety, sanitation inspections reports).

We, the sponsoring organization, CERTIFY that the provider is not participating in the Child and Adult Care Food Program under any other sponsoring organization or as an independent center. WE FURTHER CERTIFY that all of the above information is true and correct to the best of our knowledge, and that we will comply with the rights and responsibilities outlined in the Agreement. We understand that this information is being given in connection with the receipt of Federal Funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes.

I understand that this At risk center can participate in the Child and Adult Care Food Program as an independent center but I choose to be sponsored by the above organization and I will comply with the rights and responsibilities outlined in this agreement. I understand that this information is being given in connection with the receipt of Federal Funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

STARTING DATE

This center has been approved to serve the following meals:

P.M. Snack Supper

This center's operating hours are: From _____ to _____.

REPRESENTATIVE OF SPONSORING ORGANIZATION SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE