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| North Carolina Department of Health and Human ServicesDivision of Public Health, Women’s & Children’s Health SectionNutrition Services Branch**Child and Adult Care Food Program****Administrative Fee Policy and Procedure** **TEMPLATE** |
| ***Delete Instructions Prior to Submission for Approval*** **Instructions: Institutions participating in NC CACFP may adapt this template to reflect their institution’s policies and procedures or use an existing administrative fee policy. All administrative fee policies must include the elements listed below under “Policy.” Highlighted items should be modified to reflect your Institution’s procedures.** |
|  |       |  |       |
|  | (Institution Name) |  | (CACFP Agreement Number) |
| **PURPOSE** |
| Per 7 CFR §226.6(f)(1)(iv), administrative costs to be charged to the Program may not exceed 15 percent of the meal reimbursements estimated or actually earned during the year. The policy and procedures below describe [INSTITUTION]’s practice for accurately determining administrative fees and tracking actual costs, as well as how any changes to the Administrative Fee are communicated to sponsored facilities. |
| **POLICY** |
| * [INSTITUTION NAME] is approved to charge \_\_\_% for administrative costs. This percentage is determined by [ACTUAL COSTS, ESTIMATED REIMBURSEMENT, OTHER].
* [INSTITUTION] notifies its sponsored facilities [HOW FREQUENTLY] by [METHOD] of changes to its Administrative Fee.
* [INSTITUTION] maintains accounting records documenting ongoing oversight of the Administrative Fee.
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| **PROCEDURES** |
| Describe the Sponsoring Organization’s procedures to ensure the administrative fee does not exceed regulatory limits or the approved budget level*. (For example, include process for tracking approved administrative expenses on a monthly basis and comparing to monthly reimbursement for sponsored facilities. Include process to adjust administrative fee retention as needed.)* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **INSTITUTION INFORMATION** |
|  |       |  |       |  |
|  | (Print Name of Authorized Representative) |  | (Title of Authorized Representative) |  |
|  |       |  |  |  |
|  | (Signature of Authorized Representative) |  | (Date) |  |
|  |  |  |  |  |
|  | **Date(s) of annual policy review:**      |  |