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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****Disbursement 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 disbursement policy. All disbursement 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) |  |
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| **PURPOSE** |
| Per 7 CFR §226.6(b)(1)(iv), a Sponsoring Organization’s management plans must include the procedures to be used by the organization to administer the Program in and disburse payments to, the child care facilities under its sponsorship.  |
| **POLICY** |
| * INSTITUTION shall make payments of program funds to child care centers, adult day care centers, emergency shelters, at-risk afterschool care centers, or outside-school-hours care centers under its sponsorship **within five working days of receipt from the State agency**. (7 CFR §226.16 (h) )
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| **PROCEDURES** |
| * INSTITUTION will train staff with payment disbursement responsibilities annually in the organization’s Disbursement Policy and Procedures. These staff positions include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| * The following process will be followed to ensure reimbursements are disbursed to sponsored facilities within 5 working days of receipt from the state agency:
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Sponsoring Organizations of Day Care Homes only: Describe in detail how the Sponsor will make Tier I determinations for day care homes under its sponsorship. * + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organizations of Day Care Homes only: Describe in detail how the Sponsor will notify Tier II homes of their options for reimbursement.* + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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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:**      |  |