

Child and Adult Care Food Program  
Application and Management Plan  
for Sponsoring Organization of day care centers

Agreement Number: 0302

- NEW SPONSOR  
 RENEWAL

(Please Print or Type)

1. **LEGAL NAME OF ORGANIZATION:** Gadsden Independent School District  
Mailing Address: P.O. Drawer 70 Zip: 88021  
City: Anthony State: NM County: Dona Ana  
Location: 4950 McNutt, Sunland Park, NM 88063  
(Use only if mailing address does not describe. Physical location)

2. Number of center(s) under administration: \_\_\_\_\_

3. **OFFICIAL INFORMATION:** (Owner, Chairman of the Board/President, Dean, Tribal governor, Pastor, etc.)  
Salutation: Mr Ms Name: Ronald Haugen Cynthia Nava Title: Superintendent Interim  
E-Mail Address: rhaugen@gisd.k12.nm.us enava@gisd.k12.nm.us **DOB** \_\_\_\_\_  
Address: P.O. Drawer 70 Phone Number: (505) 882-6201  
Anthony, NM 88021 FAX Number: (505) 882-6229

(Note: Name of the sponsor official must be identical to the Certificate of Authority)

4. a). **PRINCIPAL ADMINISTRATOR OVERSEEING THE OPERATION OF THE CACFP:**  
(This person must attend one of the annual training sessions provided by the State Agency, and will receive all correspondence pertaining to the day to day operations of the program )

Salutation: Mr Name: Demetrious P. Giovas Title: SNP Director  
E-Mail Address: dgiovas@gisd.k12.nm.us **DOB** \_\_\_\_\_  
Address: P.O. Drawer 70 Phone Number: (505) 882-6771  
Anthony, NM 88021 FAX Number: (505) 882-6779

Describe all duties assigned to this person: All duties and tasks related to operating the program

b). **NAME OF REPRESENTATIVE(S) AUTHORIZED TO SUBMIT CLAIMS**

Full Name: Demetrious P. Giovas Title: SNP Director  
Full Name: Aida Sulcedo Title: SNP Field Compliance Cord.

(Note: Name of representatives must be same as on Certificate of Authority)

5. Do you want to receive advance payment if funds are available?  YES  NO

(Note: Advances are approved only with complete initial application submitted and approved timely.)

6. Which of the following does your organization receive?  
 Cash payment in lieu of Commoditie  Not eligible (serving snacks only)

(Note: Beginning October 1, 2007 of this year commodities participants, will receive cash-in-lieu of commodities.)

7. **ORGANIZATION APPROVAL TYPE**

- FOR-PROFIT (Please complete Certificate of Eligibility of Proprietary "For Profit" Centers)  
 NON-PROFIT (if non-profit, answer question number 8(a) below)\*

8. a) **NON-PROFIT, Subtype\***

- Tribal-Attach copy of Tribal letter  School Authority (Public, Private)  
 Government Entity  Private - Non-Profit (Please complete 8(b) Next Page)

b) LIST THE BOARD OF DIRECTORS (Only complete if you checked Private Non-Profit on 8 (a) on Page 1 of 7)

i. (President)

Name: Maria E. Saenz

Address: P.O. Box 90  
La Mesa, NM 88044

Day time Phone # (505) 233-2539

**D.O.B** \_\_\_\_\_

ii. (Vice-President)

Name: Jennifer Viramontes

Address: 5267 Ridge Drive  
Santa Teresa, NM 88008

Day time Phone # (505) 589-1556

iii. (Treasurer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day time Phone # \_\_\_\_\_

iv. (Secretary)

Name: Manuela Huerta

Address: P.O. Box 905  
Santana Park, NM 88003

Day time Phone # (915) 491-5347

v. (Other Member)

Name: Daniel Castillo

Address: 520 Kalar Street  
Anthony, NM 88021

Day time Phone # (505) 882-2463

vi. (Other Member)

Name: Craig Ford

Address: 532 Hermosa Dr  
Chaparral, NM 88001

Day time Phone # (915) 525-2747

vii. Do any of these members receive any compensation or payment of any kind from the organization?

Yes  No

viii. Do any of these board members have any relationship to any other board members and/or sponsoring organization personnel?

Yes  No

**USE ADDITIONAL SHEETS IF NECESSARY.** For New Sponsors, Submit a copy of your 501-(c)-3 notification from IRS.

9. List all publicly funded programs that the organization has participated in during the past seven(7) years.

Child and Adult Care Food Program

USDA Commodities

National School Breakfast and Lunch Program

Summer Seamless Program

10. a) Did the institution/organization receive & expended over \$500,000.00 in Federal, State or Local government program funds and require an audit?  Yes- Give date of last Audit: \_\_\_\_\_  
 No-

*This section intentionally left blank  
"Does Not Apply"*

b) Give a starting date 07 / 01 / 07 and ending date 06 / 30 / 08 of the fiscal year in which your organization operates.

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11. Will the sponsor keep original copies of receipts, invoices and time sheets on site in order for reviewers to validate CACFP expenses?  YES  NO

12. List all sources of cash income available for the food service other than CACFP reimbursement, to pay back disallowances or cover the cost of meals not covered by CACFP. **NOTE: This is Applicable to ALL institutions.**

*Family & Youth Summer Program Contract*

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9. a) Outline your **Schedule for training CACFP staff**, administrative and food service personnel listed on (15a). Training must consist of civil rights and CACFP requirements. *(Please specify at least one training date and topics to be covered)* Staff training must be done prior to beginning program operations, and at least annually. *(This does not include CACFP training provided to the sponsor by the State Agency).*

**Staff has an average of 80 contact hours per year in the areas of Sanitation, Food Preparation, Operations and Reporting.**

**CACFP Training will be in July 2007**

- b) Who will conduct the training session(s)?

**Demetrious P. Glovas, SNP Director**

10. a) Outline your **Plan for providing the monthly Nutrition Education** required for children in your Center. Use additional sheets if necessary.

- b) Who will conduct the Nutrition Education?

**Teachers and Staff**

Months:	Activity:	Date:	Nutrition Learning Objective:
<i>Example-</i>	<i>Prepare (2) two different recipes using pumpkin as an ingredient</i>	12	<i>Children will be able to pour and mix ingredients, knead dough and be able to understand the preparation process</i>
October-	COLOR ME HEALTHY		Emphasize that everyone must have 5 servings of fruit and vegetables
November-	THE SHEPHERD AND THE LAMB		Children will learn how to make a healthy snack with wheat bread
December-	KEEP A HEALTHY WEIGHT		Children will learn to use healthy substitutions for sweet and salty items
January-	BUILD GOOD NUTRITION		Food guide pyramid is explained. Children will learn about serving sizes and portions from each group.
February-	ANTS ON A LOG		Children will prepare and eat celery sticks, peanut butter and raisins
March-	FOOD FOR ME TO GROW AND LEARN		Children will learn to eat a variety of foods to get all the nutrients they need
April-	FUN WITH FRUITS AND VEGETABLES		Children will understand how to prepare a healthy snack
May-	MY WONDERFUL BALLON		Children will learn the importance of physical activity
June-	THE TRAINING WILL BE ACCORDING TO SUMMER FOOD SERVICE		
July-	THE TRAINING WILL BE ACCORDING TO SUMMER FOOD SERVICE		
August-	TASTE OF SUMMER FRUITS		Students will taste watermelon, cantaloupe, honeydew and strawberries
September-	APPLE SMILES WITH PEANUT BUTTER		Children will learn "An Apple A Day"

15. **SPONSORING ORGANIZATION ADMINISTRATIVE STRUCTURE FOR CACFP**

(List ONLY Sponsoring Organization Personnel who will be administering the Child & Adult Care Food Program. Attach additional sheets if necessary. The sponsor can also submit a copy of any structure charts available.

15(A)

\* If you answered yes to claiming labor cost under CACFP, please continue filling out this section for that person.

CACFP Duties/Responsibilities	Name of person assigned	* Is this Person being Claimed for Labor cost under CACFP	Number of hours per day spent on CACFP	Hourly Wages	Number of Days per Week	Number of Weeks in Operation	TOTAL SALARY FOR PROGRAM YEAR
<i>(EXAMPLE):</i>	<i>John Doe</i>	<i>Yes</i>	<i>5</i>	<i>\$5.51</i>	<i>5</i>	<i>52</i>	<i>\$7,163.00</i>
Overseeing CACFP, Contact for State Agency.	<i>Demetrious P. Giovas</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Conducts Monitoring of Facilities	<i>Demetrious P. Giovas</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Conducts Training	<i>Demetrious P. Giovas</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Menu Planning	<i>Demetrious P. Giovas</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Prepares Food for the Center	<i>SNP Center Manager</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Completes the Menu Record Book	<i>SNP Center Manager</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Ordering and/or Purchasing of Groceries (If applicable, (oversee vendored meals Contract).	<i>SNP Center Manager</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Approves and Keeps Track of the IEA's	<i>SNP Center Manager</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Prepares Claims for reimbursements	<i>Michelle Tellez</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Deposits Checks, Tracks Receipts, Accounting Activities	<i>SNP Center Manager/GISD Finance Department</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Does Monthly Nutrition Education Activity	<i>Site Personnel Managers</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Takes Meal Counts/Attendance	<i>Site Personnel Managers</i>	<i>No</i>		\$	<i>0</i>		\$ 0.00
Other Duties-		<i>No</i>		\$	<i>0</i>		\$ 0.00
Other Duties-		<i>No</i>		\$	<i>0</i>		\$ 0.00
Other Duties-		<i>No</i>		\$	<i>0</i>		\$ 0.00
Other Duties-		<i>No</i>		\$	<i>0</i>		\$ 0.00

YEARLY CONVERSION: (Hr per Day) x (Hrly Wage) x (# of Day per we) x (# of wks in Operation)=

15(B) TOTAL COST FOR SALARIES [Sum] total salary for program year..... \$ 0.00

**Note:** The primary purpose of the CACFP is to provide reimbursement for food expenses, but a portion of your annual budget may be applied towards non-food related program expenses. (For example, cook's salaries, paper supplies, cleaning supplies, etc.)

12. A) Provide a **Schedule for Monitoring food service operations** at each facility under your administration. (Each center site must be reviewed at least three times each year, including one review during the first six weeks of CACFP operations. These reviews cannot be more than six months apart give specific dates when monitoring is anticipated to take place at your center(s) and any additional monitoring efforts with dates.

Anticipated date for your 1st monitoring visit - 10 / 26 / 07  
 Anticipated date for your 2nd monitoring visit - 01 / 18 / 08  
 Anticipated date for your 3rd monitoring visit - 03 / 14 / 08

B) Who will conduct the Monitoring visits? \_\_\_\_\_

\*\*\*\*\***(Please certify and sign below)**\*\*\*\*\*

**I CERTIFY THAT** the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals served to enrolled participants and; that the CACFP will be available to all eligible participants regardless of race, color, national origin, sex, age, and handicap, and I further certify that the organization has not been terminated from any publicly funded program for failure to comply with program requirements with in the past 7 (seven) years.

**I UNDERSTAND THAT** this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and federal criminal statutes

**I CERTIFY THAT** no board members or principals of the organization have been convicted of a crime which would indicate a lack of business integrity at any time during the past 7 (seven) years.

**Demetrious P. Giovas, SNP Director**

Name and Title of Authorized Sponsoring Organization Representative (print or type)

*Demetrious P. Giovas*

Signature of Authorized Organization Representative

**July 16, 2007**

Date

**FOR SPONSORING ORGANIZATIONS WITH MULTI-CENTERS ONLY**

- Have procedures for collecting CACFP records changed?  No  if yes, explain
- Has the office location where these records are kept changed?  No  if yes, explain
- Has the frequency for collecting these records changed?  No  if yes, explain
- Review the current Proposed Budget Plan has it change?  No  if yes, Submit a New Budget Plan

PROPOSED BUDGET PLAN

PROJECTED REVENUE;

Provide an estimated annual budget (October 1 through September 30) for CACFP administrative and operational (food service) expenses associated with CACFP

Proposed Budget

Approved Percentage Anticipated Budget Amount

I. TOTAL PROJECTED REIMBURSEMENT

Based on 100% estimated reimbursement amount you expect to receive for the program year.

\$ 119,416.00

% / \$

II. OPERATING EXPENSES

Operational Budget Costs-Operational costs are those directly associated with the preparation, service, and clean-up of the food service operation. Food Costs/Vended Meals Purchased.

a.) Food cost,

(Up to 100% of the total reimbursement may be appropriated)

\$ 112,100.00

% / \$

b.) Non-food but related expenses,

(Such as paper goods and supplies, under \$500 per item)

\$ 7,316.00

% / \$

c.) Food service labor cost,

(should reflect labor cost under CACFP on page 4 of 7)

\$ 0.00

% / \$

d.) Food service equipment,

(Equipment over \$500 or other property) Specific prior written approval required.)

\$ 0.00

% / \$

Specify items:

e.) Enter the total operating expense, II. (a+b+c+d).

\$ 119,416.00

% / \$

III. ADMINISTRATIVE EXPENSES

Administrative Budget Costs-Administrative costs are those associated with office staff labor, equipment, nutrition education and supplies.

a.) List of expenses

Five lines of expense entries with dollar amounts: \$ 0.00, \$ 0.00, \$ 0.00, \$ 0.00, \$ 0.00

Approved for the following:

b.) Admin. labor cost

(should reflect labor cost under CACFP on page 4 of 7)

\$ 0.00

% / \$

c.) Audit Fees,

\$ 0.00

% / \$

e.) Enter the total Admin. expense, III. (a+b+c). Ensure to include any amounts from any additional sheets.

\$ 0.00

% / \$

(Administrative expenses are limited to the lesser of 15% total reimbursement payments received or net allowable costs.

## Child and Adult Care Food Program CERTIFICATE OF AUTHORITY

(Please Print or Type)

1. Sponsor Official- (*Owner, Board President, Dean, Tribal governor, Pastor, etc.*)  
Cynthia Nava / Interim  
Ronald Haugen / Superintendent here, by certifies that  
 Name Title

2. Authorized Representative(s) (*Must be same as on Management Plan 4- (c)*)

(a) Demetrious P. Giovas / SNP Director  
 Name Title

(b) Aida Salcedo / SNP Field Compliance Cord. is/are permitted to submit  
 Name Title

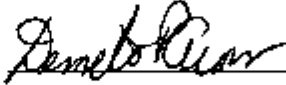
claim's and is/are designated as an authorized representative of.....

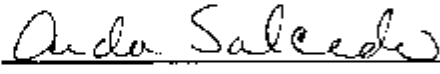
Gadsden Independent School District

3. P.O. Drawer 70 / Anthony / NM 88021  
*(Name of Sponsoring organization, Address and Zip Code)*

Authority is hereby, given the above Authorized Representative(s) to sign and submit claims on behalf of the sponsor to the New Mexico Children, Youth and Families Department, Prevention and Intervention Division, Family Nutrition Bureau, for the operation of the Child and Adult Care Food Program.

4. \_\_\_\_\_ / Interim / Superintendent  
 Signature of Sponsor Official Title of Official- (*owner, Board President, Dean, Pastor, Tribal governor, Tribal official etc.*)

5. (a)  / SNP Director  
 Signature of Authorized Representative Title

(b)  / SNP Field Compliance Cord.  
 Signature of Authorized Representative Title

6. July 25, 2007  
 (Date)