

# FLORIDA DEPARTMENT OF HEALTH

COMPLETING THE MANAGEMENT PLAN FOR SPONSORS OF AFFILIATED CENTERS (S), AFTERSCHOOL MEALS PROGRAM SPONSORS (A) AND HOMELESS CHILDREN NUTRITION PROGRAM SPONSORS (H)

### Bureau of Child Care Food Programs Florida Department of Health



#### THE MANAGEMENT PLAN

	(For Sponsors of Affili	ated Child Care C	enters, Alter	rschool Meals P	rograms, and H			.,	
Authorization Number:		] ,	ponsoring O	rganization Name					
List the Electide address (c)	where CCFP Records will be m	aintainad							
	your input. The yellow areas wi		ad on the lef		uide in the energy				
The green areas require	your input. The yellow areas wi	il auto-populate dat		red Administrat		areas.			
Instructions: List all employs employees complete the duty	es who perform each of the follow List all employees necessary f	ving required adminis or the job duties co	trative duties.	Each duty must be	completed by at	least one staff member Procram Manager is is	, however you may li ted for the duties he	ist more than one e /she performs.	mployee if mu
Job Duty	Employee Nan		1	Job Du			yee Name		
Administrative Oversight Bookkeeping				Trainin Financial Man					
Checking and Approving Menus			1	Monitori					
			1						
Compiling Claim Data				Technical Ass Classify Free an	d Reduced				
Checking and Filing Claims Determining Site Eligibility				Meal Apps ( Maintaining Enrol	ment Roster				
(A Only)			]	(S Only	0				
		2. Allowable	Administrat	tive Salaries/Be	nefits and Cos	st Allocation			
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## COMPLETING THE MANAGEMENT PLAN

- The Management Plan is an Excel spreadsheet. You will complete the information in the green fields. The yellow fields will either autofill or auto-calculate based on the information you provide in the green fields.
- Input your Authorization Number and organization name, and list the Florida address(es) where CCFP Records will be maintained.
- In section 1, provide a complete list of staff who will be responsible for each required administrative duty. If the administrative duty is not applicable for your contractor type (S, A, or H), you can type N/A in the field or leave it blank; however you must identify at least one person responsible for the other duties listed.

	(For Sponsors of Affiliated Child Care C	Florida Department of Heal Child Care Food Program MANAGEMENT PLAN enters, Afterschool Meals Programs		
Authorization Number:	S-1234 S	ponsoring Organization Name:	City of Pawnee Parks and Recreation	
List the Florida address(s	where CCFP Records will be maintained:	12	3 Lil Sebastian Iane Pawnee, FL 55555	
*** The green areas require	your input. The yellow areas will auto-populate bas	ed on the information you provide in th	e green areas.	
		4. De surine d'Administrative Duti		
Instructions: List all employ	ees who perform each of the following required adminic	1. Required Administrative Duti	es d by at least one staff member, however you may list more th	an one employee if multiple
			that the Program Manager is listed for the duties he/she perfo	
Job Duty	Employee Name	Job Duty	Employee Name	
Administrative Oversight	Ron Swanson, Leslie Knope	Training	Tom Haverford, Leslie Knope	
Bookkeeping	Ben Wyatt, Leslie Knope	Financial Management	Ben Wyatt, Ron Swanson	
Checking and Approving Menus	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich	Monitoring	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich	
Compiling Claim Data	Leslie Knope, Ben Wyatt, Andy Dwyer	Technical Assistance	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford	
Checking and Filing Claims	Ben Wyatt, Leslie Knope	Classify Free and Reduce Meal Apps (S Only)	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford	
Determining Site Eligibility (A Only)	N/A	Maintaining Enrollment Rost (S Only)	er Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford	
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# ADMINISTRATIVE SALARIES/BENEFITS TABLE

- In #2, complete columns A-E for each employee listed in #1.
- In column C, the maximum number of hours per month is 173.33. This cannot include overtime hours.
- The number of operating months must be entered in column D.
- Column E can be reduced for employees working less than 2,080 hours. 2,080 is the maximum number of annual hours for a full-time position.

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative column.

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Employee Name	Position Title	Hours per Month Spent on CCFP	# of CCFP Operating Months per Year	Total Annual Hours Worked for Employer	Total Annual Salary	Annual Insurance & Other Benefit Costs Paid by Employer	Total Annual Salary & Benefits Allowable to Charge to CCFP	Projected Amount to be Charged to the CCFP	Amount to be Charged to Other Funds (Column H minus Column I)
Ron Swanson	Parks and Rec Director	17	10	2080	<b>\$</b> -	\$-	\$-	\$-	ş -
Ben Wyatt	Parks and Rec Financial Manager	87	10	2080	<b>\$</b> -	<b>\$</b> -	\$-	\$-	\$ -
Tom Haverford	Parks and Rec Training Manager	35	10	2080	ş -	ş -	s -	s -	s -
Leslie Knope	CCFP Program Manager	173.3	10	2080	<b>\$</b> -	\$-	\$-	<b>\$</b> -	ş -
Donna Meagle	CCFP Program Monitor	173.3	10	2080	\$ -	\$ -	\$-	\$-	ş -
April Ludgate	CCFP Program Monitor	173.3	10	2080	ş -	s -	\$-	\$-	ş -
Jerry Gergich	CCFP Program Monitor	173.3	10	2080	<b>\$</b> -	s -	\$-	\$-	ş -
Andy Dwyer	Parks and Recreation Administrative Support	52	10	2080	<b>\$</b> -	s -	\$-	\$-	ş -
		0	0	2080	<b>\$</b> -	<b>\$</b> -	\$-	\$-	\$ -
		0	0	2080	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	\$-	ş -
		0	0	2080	s -	s -	s -	s -	s -



### ADMINISTRATIVE SALARIES/BENEFITS TABLE

- Complete columns F-G for the employees listed only if you are charging their salaries and/or benefits to the CCFP.
- Column H will calculate the allowable amounts of salaries and benefits that can be charged to CCFP funds based on each employee's percentage of time worked on the CCFP.
- The total administrative costs in column H charged to the CCFP cannot exceed the Sponsor Administrative Cap.

(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	(1)		(J)
Employee Name	Position Title	Hours per Month Spent on CCFP	# of CCFP Operating Months per Year	Total Annual Hours Worked for Employer	т	otal Annual Salary	Annual Insurance & Other Benefit Costs Paid by Employer	Total Annual Salary & Benefits Allowable to Charge to CCFP	Projected Amount to be Charged to the CCFP	Cha Othe (Colur	unt to be arged to er Funds mn H minus olumn I)
Ron Swanson	Parks and Rec Director	17	10	2080	\$	63,000	\$ 7,000	\$ 5,721	0	\$	5,721
Ben Wyatt	Parks and Rec Financial Manager	35	10	2080	\$	55,000	\$ 5,000	\$ 10,096	s -	\$	10,096
Tom Haverford	Parks and Rec Training Manager	25	10	2080	\$	45,000	\$ 5,000	\$ 6,010	s -	\$	6,010
Leslie Knope	CCFP Program Manager	173.3	10	2080	\$	45,000	\$ 5,000	\$ 41,659	<b>s</b> -	\$	41,659
Donna Meagle	CCFP Program Monitor	173.3	10	2080	\$	37,000	\$ 3,000	\$ 33,327	s -	\$	33,327
April Ludgate	CCFP Program Monitor	173.3	10	2080	\$	37,000	\$ 3,000	\$ 33,327	s -	\$	33,327
Jerry Gergich	CCFP Program Monitor	173.3	10	2080	\$	37,000	\$ 3,000	\$ 33,327	s -	\$	33,327
Andy Dwyer	Parks and Rec Administrative Support	52	10	2080	\$	29,000	\$ 1,000	\$ 7,500	\$-	\$	7,500
		0	0	2080	\$	-	\$-	\$-	\$-	\$	-
		0	0	2080	\$	-	\$-	\$-	\$-	\$	-
		0	0	2080	\$	-	\$-	\$-	\$-	\$	-
		0	0	2080	\$	-	\$-	\$-	\$-	\$	-
		0	0	2080	\$	-	\$-	\$-	\$-	\$	-
		0	0	2080	\$		s -	\$-	<b>\$</b> -	\$	-
		0	0	2080	\$	-	\$-	\$-	<b>\$</b> -	\$	-
Note: Transfer the co	lumns I and J totals to t	he applicable colu	mns on the A	dministrative Sala	aries	& Benefits row	of the Budget>	<u>TOTAL</u> \$ 170,966	<u>CCFP Funds</u> \$-	<u>Othe</u> \$	er Funds 170,966



# ADMINISTRATIVE SALARIES/BENEFITS TABLE

- You must document how you plan to allocate the total allowable costs for annual salaries and benefits. In its entirety, table #2 provides an accurate methodology to determine the total administrative labor costs for CCFP and to allocate this cost between CCFP funds and other funding sources.
- Why allocate salary costs?
- A sponsoring organization must be able to cover the costs of administering the program to meet the financial viability requirements of the CCFP federal regulations. Column H calculates the projected cost of administrative labor based on the percentage of time worked on the CCFP by each employee.
- The total cost may exceed the amount of your organization's administrative cap, or your organization may be paying for its administrative salaries with other funding sources. The amounts and sources of other funds used for CCFP administrative labor costs must be disclosed and reflected on the budget.
- <u>Column I</u>
- Cannot be more than the amount in column H.
- <u>Column J</u>

Florida

- Calculates the difference between column H and column I.
- Transfer the columns I and J totals to the applicable columns on the Administrative Salaries and Benefits row of the Budget

	(F)		(G)		(H)		(I)		(J)
То	tal Annual Salary	Insu Othe Cost	nnual trance & er Benefit s Paid by tployer	Sal	Total Annual ary & Benefits Allowable to large to CCFP	An	Projected nount to be arged to the CCFP	Ch Oth (Col	ount to be arged to aer Funds umn H minus Column I)
\$	63,000	\$	7,000	\$	5,721	\$	1,036	\$	4,685
\$	55,000	\$	5,000	\$	10,096	\$	5,411	\$	4,685
\$	45,000	\$	5,000	\$	6,010	\$	1,325	\$	4,685
\$	45,000	\$	5,000	\$	41,659	\$	36,974	\$	4,685
\$	37,000	\$	3,000	\$	33,327	\$	28,642	\$	4,685
\$	37,000	\$	3,000	\$	33,327	\$	28,642	\$	4,685
\$	37,000	\$	3,000	\$	33,327	\$	28,643	\$	4,684
\$	29,000	\$	1,000	\$	7,500	\$	2,816	\$	4,684
\$	_	\$	-	\$	-	\$	_	\$	-
\$	-	\$		\$	-	\$	-	\$	-
\$	-	\$		\$	_	\$	-	\$	-
\$	_	\$	-	\$	-	\$	-	\$	-
\$	_	\$		\$	-	\$	-	\$	-
\$	_	\$	-	\$	_	\$		\$	-
\$	-	\$	-	\$	-	\$	-	\$	-
aries &	Benefits row	of the	Budget>	\$	<u>TOTAL</u> 170,966	<u>c</u> \$	<u>CFP Funds</u> 133,489	<u>Oth</u> \$	<u>ier Funds</u> 37,477

#### MANAGEMENT PLAN – MONITORING REQUIREMENTS

#3-5 document that your organization meets monitoring requirements for each of your sites.

- All sponsors must complete #3 and #4
- Only complete #5 if the number of sites listed in #4 is greater than 25.
- In #5, complete columns A-D for each employee who performs monitoring activities.
- The activities listed in column B must be specific. See the instructions for examples.
- The totals in column D must match the amounts listed in table 2, column C for each employee.
- The number of full time employees performing monitoring activities is calculated in column E. This number must meet the monitoring ratio of **one FTE for 25-150 sites.**

4. How many sites do you currently s	sponsor? 50			
5. MONITORING STAFF - Complete	this section only if your organization sponsors 25, or more site	s or if you anticipate sponso	ring 25 or more sites during this fis	cal year.
site reviews, planning the review sche reviews of claim documentation. For table 2, column C). The percentage of	who perform monitoring activities, and describe the specific activities edule, travel for reviews, supervisory oversight of monitors, writing re each employee listed, indicate the number of hours per month spe f each employee's monitoring time will auto-calculate in column E, i s must equal at least one FTE (2080 hours/year or 173.33 hours)	eview reports, follow-up reviews nt on monitoring in column C, and the total number of FTEs p	s, pre-approval visits, household conta and the total monthly hours spent on	the CCFP in column D (refer back to
Α.	В.	C.	D.	Ε.
Employee Name	Description of Monitoring Activities	# of Hours per Month Spent on Monitoring*	Total Hours per Month Spent on CCFP (should be the same number of hours listed in table 2, column C)	% of Monthly CCFP Hours Spent Monitoring
Leslie Knope	Supervisory oversight of monitors, planning the review schedule, conducting on site reviews, desk reviews of claim documentation	70	173.33	40.39%
Donna Meagle	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
April Ludgate	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
Jerry Gergich	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
Andy Dwyer	desk reviews of claim documentation	26	52	50.00%
	TOTAL =	486	Number of FTEs =	2.80

Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one TE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of heir time monitoring, two full time staff who spend half of their time monitoring; there full time; attend, etc.



#### MANAGEMENT PLAN – FINAL STEPS

Pequired Training Tonics	
Required Training Topics <ul> <li>Menu Planning &amp; Meal Pattern Requirements</li> </ul>	
Meal Count Procedures	Recommended Training Topics
Claim Review & Submission Procedures     Reimbursement System	Food Safety & Sanitation     Nutrition Education
Civil Rights Requirements	
	t be maintained for each training session.
The sponsor REVIEWS ALL CCFP RECORDS for accuracy	nd compliance. YES X NO
The sponsor Reviews ALL CCPP RECORDS for accuracy a	
The sponsor REVIEWS ALL COPP RECORDS for accuracy a	
	certify that all information on the Management Plan is true and correct.
	certify that all information on the Management Plan is true and correct.
	certify that all information on the Management Plan is true and correct.
	certify that all information on the Management Plan is true and correct.
ignature of Authorized Employee	certify that all information on the Management Plan is true and correct.

- Complete #6-7 to certify compliance with training and record-keeping requirements.
- Print your name, title, and date.
- A handwritten signature is not necessary for renewing contractors.
- Prospective contractors need to follow guidance in the application packet regarding the submission of this workbook.
- Save a completed copy on your computer using the "save as" function where you can easily locate it. Printing a copy for your use when filling out the budget will be helpful.



For any questions, contact: Bureau of Child Care Food Programs 850.245.4323

