

Child and Adult Care Food Program (CACFP)

Institution: **Balanced Nutrition Inc**
 Facility: **Apple Tree Wee School, Inc.**

Agreement #: 9460
 Claim Month/Year: Mar-24

Centers:	Free	Reduced	Paid	Total	FY 2024 July 1, 2023-June 30, 2024 Total Attendance Enrolled Participants Classified as Free, Reduced and Paid	
	Reported	39	15	17		71
	Verified #	39	15	17		71
	Verified %	54.9296%	21.1268%	23.9437%	100.0000%	

Meals	Reported	Verified	Additional Meals Allowed	Disallowed Meals	Reason	Rates	Verified x Rates	Totals
Breakfast:	563	555		8	H			
F		305				\$2.2800	\$695.40	Breakfast = \$977.6000
R		117				\$1.9800	\$231.66	
P		133				\$0.3800	\$50.54	
AM Snack:	0	0						
F		0				\$1.1700	\$0.00	AM Snack = \$0.0000
R		0				\$0.5800	\$0.00	
P		0				\$0.1000	\$0.00	
Lunch	797	786		11	H			
F		432				\$4.2500	\$1,836.00	Lunch = \$2,782.1700
R		166				\$3.8500	\$639.10	
P		188				\$0.4000	\$75.20	
PM Snack:	999	884		115	H			
F		486				\$1.1700	\$568.62	PM Snack = \$698.1800
R		187				\$0.5800	\$108.46	
P		211				\$0.1000	\$21.10	
Supper:	0	0						
F		0				\$4.2500	\$0.00	Supper = \$0.0000
R		0				\$3.8500	\$0.00	
P		0				\$0.4000	\$0.00	
LPM Snack	0	0						
F		0				\$1.1700	\$0.00	LPM Snack = \$0.0000
R		0				\$0.5800	\$0.00	
P		0				\$0.1000	\$0.00	
Cash-in-Lieu Portion:						\$0.2950	\$231.87	
Food Portion:							\$4,226.08	
Total Verified Reimbursement:								\$4,457.95

Amount due to State Agency:	\$141.92	Reimbursement Paid to Institution:	\$4,599.87
Amount due to Institution:	\$0.00	Verified Reimbursement:	\$4,457.95
		Difference (Paid minus Verified):	\$141.92

Note: If the difference is a positive number then money is owed to the State Agency. If the difference is a negative number then money is owed to the Institution.

Reasons for Allowance/Disallowance
E=Missing/Incomplete Documentation of Enrollment
H=Missing Meal Component(s)

I acknowledge I have received page two of form CAC 100E "Review and Appeal Procedures" detailing my appeal rights if money is owed to the State Agency.

Sent via Federal Express
 Signature of Institution's Authorized Representative Title

 Signature of CACFP Compliance Specialist

 Date
 7/23/24

 Date

Distribution: Original and Copy: State Agency Copy: Consultant Copy: Institution

REVIEW AND APPEAL PROCEDURES

An amount owed to the State Agency indicated on page 1 of the CAC 100E form will become effective **fifteen (15)** days from the date of this notice unless you request 1) an informal review or 2) an appeal.

1) You may request an informal review by submitting a written request for an informal conference within fifteen (15) days of receipt of this notice or by submitting written documentation in lieu of an informal conference within fifteen (15) days of the date of this notice. Send your request and/or written documentation with a copy of this notice to:

Child and Adult Care Food Program
Community Nutrition Services Section
Division of Child and Family Well Being
Women's and Children's Health Section
1914 Mail Service Center
Raleigh, North Carolina 27699-1914

The agency will fully consider all information you provide before making a review decision in this matter. Following the informal review, the agency will notify you of its decision in writing and of your appeal rights, in the event the agency's review decision is not satisfactory to you.

2) Alternatively, you may waive your right to an informal review and request a formal appeal of the amount owed to the State Agency by filing a petition for a contested case hearing with the Office of Administrative Hearings (OAH) in accordance with N.C. Gen. Stat. §130A-24 and N.C. Gen. Stat. §150B-23(a). A petition form is enclosed for your convenience. In addition, a petition form can be obtained online at <http://www.ncoah.com>, by calling OAH at (919) 431-3000, or by writing them at the address below:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6700

Your petition, both the original and a copy, must be filed with OAH **within fifteen (15) days** of receipt of this notice. If you file electronically or by fax, please designate your petition as "CACFP Expedited". If you file a petition, you must also serve a copy of the petition on:

Julie Cronin
Department of Health and Human Services
Office of Legal Affairs
2001 Mail Service Center
Raleigh, NC 27699-2001

Please note, you should receive **fifteen (15) days** advance notice from OAH of the time, date, and location of your hearing. Furthermore, no continuances will be granted by OAH for any reason due to the time limitation imposed by 7 C.F.R. §226.6(k)(5)(ix) for rendering a final decision.

Child and Adult Care Food Program (Form CAC 101)

Claim Month / Year Affected

Mar-24

Name: Balanced Nutrition, Inc. - Apple
Tree Wee School, Inc

Agreement No.

9460

CACFP Administrative Expenses	Reported Cost	Verified Cost	Potentially Allowable Cost	Disallowed Cost
Administrative Labor				
Administrative Fringe Benefits				
Administrative Equipment (Direct Expense)				
Administrative Equipment (Depreciation)				
Administrative Supplies				
Communications				
Rent				
Utilities				
Insurance				
Administrative Contracted				
Administrative Travel				
Administrative Training				
Indirect Cost				
Other Administrative Costs				
Affiliated Center's Administrative Expenses				
Total Administrative Cost	\$0.00	\$0.00	\$0.00	\$0.00
CACFP Operating Expenses				
Non- Food Supplies	\$17.58	\$0.00		\$17.58
Operating labor	\$1,384.50			\$1,384.50
Operating Fringe Benefits				
Rent				
Utilities				
Contracted Services				
Food	\$846.88	\$263.91		\$582.97
Food Service Management				
Operating Travel				
Operating Equipment Direct/ Depreciation				
Other Operating Expenses				
Total Operating Cost	\$2,248.96	\$263.91	\$0.00	\$1,985.05

Reconciliation

Reimbursement Amount	\$4,599.87
Total Verified Expenses	\$263.91
Over/ Under Amount	-\$4,335.96

Sent via Federal Express
Signature of Institution Representative Title

Date

Angie Cook
Signature of SNP Consultant

Nutrition Prog. Assistant
Title

7/23/24
Date

REVIEW AND APPEAL PROCEDURES

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