

**Child and Adult Care Food Program (CACFP)**

Institution: Balanced Nutrition  
 Provider: Kim Eaton

Agreement #: 9460  
 Claim Month/Year: Jan-24  
 Tier Status: Tier I

Claim Rates (7/1/23 - 6/30/24)			
Tier	Breakfast	Lunch / Supper	Snack
Tier I	\$ 1.65	\$ 3.12	\$ 0.93
Tier II High	\$ 0.59	\$ 1.88	\$ 0.25
Tier II Low	\$ 0.59	\$ 1.88	\$ 0.25

Meals	Reported Meals	Additional Meals Allowed	Disallowed Meals	Reason	Verified Meals	Rate Applied	Reported Claim	Amount Due to State Agency	Amount Due to Facility / Institution	Net
<b>Breakfast:</b>	<b>37</b>	<b>0</b>	<b>0</b>		<b>37</b>	<b>\$ 1.65</b>	<b>\$ 61.05</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 61.05</b>
		0	0							
		0	0							
		0	0							
<b>AM Snack:</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>\$ 0.93</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
		0	0							
		0	0							
		0	0							
<b>Lunch</b>	<b>37</b>	<b>0</b>	<b>0</b>		<b>37</b>	<b>\$ 3.12</b>	<b>\$ 115.44</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 115.44</b>
		0	0							
		0	0							
		0	0							
<b>PM Snack:</b>	<b>13</b>	<b>0</b>	<b>0</b>		<b>13</b>	<b>\$ 0.93</b>	<b>\$ 12.09</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12.09</b>
		0	0							
		0	0							
		0	0							
<b>Supper:</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>\$ 3.12</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
		0	0							
		0	0							
		0	0							
<b>LPM Snack:</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>\$ 0.93</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
		0	0							
		0	0							
		0	0							
<b>Adjustment Sub-Totals</b>								<b>\$0.00</b>	<b>\$0.00</b>	<b>\$188.58</b>
<b>Total Verified Reimbursement:</b>										

Amount due to State Agency: \$0.00  
 Amount due to Institution: \$0.00

Reimbursement Paid to Institution: \$188.58  
 Verified Reimbursement: \$188.58  
 Difference (Paid minus Verified): \$0.00

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

Reasons for Allowance/Disallowance

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 by fedex  
 Signature of Institution's Authorized Representative Title  
Jane A Phelps  
 Signature of SNP Consultant

\_\_\_\_\_  
 Date  
7/24/2024  
 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.