Child and Adult Care Food Program (Form CAC 101)

5/7/2024	<u> </u> -	Claim Month /	Year Affected	Jan-24	
Name: Balanced Nutrition		Agreement No.		9460	
CACFP Administrative		- 	Potentially		
Expenses	Reported Cost	Verified Cost	Allowable Cost	Disallowed Cost	
Administrative Labor	\$18,062.43			\$18,062.43	
Administrative Fringe					
Benefits					
Administrative Equipment					
(Direct Expense)					
Administrative Equipment					
(Depreciation)					
Administrative Supplies	\$1,041.15	\$545.63		\$495.52	
Communications					
Rent	\$475.56	\$472.50		\$3.06	
Utilities					
Insurance					
Administrative Contracted					
Administrative Travel					
Administrative Training					
Indirect Cost					
Other Administrative Costs					
Affiliated Center's					
Administrative Expenses					
Total Administrative Cost	\$19,579.14	\$1,018.13	\$0.00	\$18,561.01	
CACFP Operating					
Expenses for test sites					
Non- Food Supplies	\$4,383.89	\$4,384.33	\$0.44		
Operating labor	\$32,981.12			\$2,016.00	
Operating Fringe Benefits					
Rent					
Utilities					
Contracted Services					
Food	\$74,957.22	\$73,222.01		\$1,735.21	
Food Service Management	\$2,750.00	\$2,750.00			
Operating Travel					
Operating Equipment Direct/					
Depreciation					
Other Operating Expenses					
Total Operating Cost	\$115,072.23	\$111,321.46	\$0.44	\$3,751.21	
Reconciliation					
Reimbursement Amount	\$138,447.18	1			
Total Verified Expenses	\$112,339.59	4			
Over/ Under Amount	-\$26,107.59	4			
sent via Federal Expr Signature of Institution Repre		Title	-	Date	
Janet Phelps	Nutrition P	rogram Assis	stant	7/24/24	

Title

Date

Signature of SNP Consutant

Child and Adult Care Food Program (Form CAC 101)

5/7/2024	_	Claim Month /	Year Affected	Feb-24
Name:				
Balanced Nutri	ition	Agreement No.		9460
CACFP Administrative	T	I	Data atially.	<u> </u>
Expenses	Reported Cost	Verified Cost	Potentially Allowable Cost	Disallowed Cost
Administrative Labor	\$21,069.42	vermeu cost	Allowable Cost	\$21,069.42
Administrative Fringe	ÿ21,003.∓Z			\$21,005.4Z
Benefits				
Administrative Equipment				
(Direct Expense)				
Administrative Equipment				
(Depreciation)				
Administrative Supplies	\$259.83			\$259.83
Communications				
Rent	\$473.94			\$473.94
Utilities				
Insurance				
Administrative Contracted				
Administrative Travel				
Administrative Training				
Indirect Cost				
Other Administrative Costs				
Affiliated Center's				
Administrative Expenses				
Total Administrative Cost	\$21,803.19	\$0.00	\$0.00	\$21,803.19
CACFP Operating Expenses				
Non- Food Supplies	\$4,906.43	\$4,326.12		\$580.31
Operating labor	\$28,652.77	\$28,652.77		φ300.01
Operating Fringe Benefits	\$0.00	\$0.00		
Rent	·	·		
Utilities				
Contracted Services				
Food	\$89,038.42	\$85,475.91		\$3,562.51
Food Service Management	\$2,835.00	\$2,835.00		
Operating Travel				
Operating Equipment Direct/				
Depreciation				
Other Operating Expenses				
Total Operating Cost	\$125,432.62	\$121,289.80	\$0.00	\$4,142.82
Reconciliation		ā		
Reimbursement Amount	\$150,444.35			
Total Verified Expenses	\$121,289.80			
Over/ Under Amount	-\$29,154.55			
sent via Federal Expre	SS			
Signature of Institution Repres		Title	-	Date
Janet Phelps	Nutrition	Program Ass	ssitant	7/24/24

Title

Date

Signature of SNP Consutant

Child and Adult Care Food Program (Form CAC 101)

5/7/2024	_	Claim Month /	Year Affected	Mar-24
Name:				
Balanced Nutr	ition	-	Agreement No.	9460
CACFP Administrative			Potentially	
Expenses	Reported Cost	Verified Cost	Allowable Cost	Disallowed Cost
Administrative Labor	\$18,036.64	vermed cost	7	\$18,036.64
Administrative Fringe	720,000.01			7 = 0,000 0.00
Benefits				
Administrative Equipment				
(Direct Expense)				
Administrative Equipment				
(Depreciation)				
Administrative Supplies	\$367.41			\$367.41
Communications	4	4		
Rent	\$450.00	\$473.94	\$23.94	
Utilities				
Insurance Administrative Contracted				
Administrative Contracted Administrative Travel				
Administrative Training				
Indirect Cost				
Other Administrative Costs				
Affiliated Center's				
Administrative Expenses				
Total Administrative Cost	\$18,854.05	\$473.94	\$23.94	\$18,404.05
CACFP Operating Expenses				
Non- Food Supplies	\$4,834.43	\$4,673.94		\$160.49
Operating labor	\$26,014.19	\$27,669.69	\$1,655.50	
Operating Fringe Benefits				
Rent				
Utilities				
Contracted Services				
Food	\$81,480.36			\$701.63
Food Service Management	\$2,936.98	\$2,936.98		
Operating Travel				
Operating Equipment Direct/				
Depreciation				
Other Operating Expenses	\$445.265.06	4445.050.04	64.655.50	4052.42
Total Operating Cost	\$115,265.96	\$116,059.34	\$1,655.50	\$862.12
Reconciliation	T 4	1		
Reimbursement Amount	\$147,831.71			
Total Verified Expenses	\$116,533.28			
Over/ Under Amount	-\$31,298.43			
sent via Federal Expre	255			
Signature of Institution Repres		Title	-	Date
<u> </u>				
Janet Phelps	Nutrition Pr	ogram Assis	tant	7/24/24

Date

REVIEW AND APPEAL PROCEDURES

An amount owed to the State Agency indicated on page 1 of the CAC 101 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 Division of Child and Family Well-Being 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.