

**Sponsoring Organization Disbursement Record
(Child Care Centers and Adult Day Care Centers)**

07-2009

PURPOSE

The Sponsoring Organization (Sponsor) completes Form H4503 to document the appropriate disbursement of Child and Adult Care Food Program (CACFP) funds to its sponsored facilities.

PROCEDURE

When to Prepare

The Sponsor completes Form H4503 for each financial transaction in which the Sponsor receives CACFP funds from the Texas Department of Agriculture (TDA), including reimbursement related to advance payments, initial claim payments and amended claim payments.

Number of Copies

Complete an original.

Transmittal

Keep the original with the documentation for the corresponding claim month.

How to Obtain Copies

Make additional copies as needed or download Form H4503 from the TDA website at www.snptexas.org.

Form Retention

Keep Form H4503 for three years from the end of the program year.
Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

DETAILED INSTRUCTIONS

1. Sponsoring Organization Information

Name of Sponsoring Organization — Enter the legal name of the Sponsoring Organization.

Program (TX) No. — Enter the Sponsoring Organization's seven-digit Program (TX) number.

Claim/Transaction Month — Enter the month and year for which the financial transaction is associated. For example, if the transaction is related to a claim submitted for reimbursement, enter the claim month and year. If it is for an advance payment, enter the month and year for which the advance is received. If it is an amended claim, enter the corresponding claim month and year.

2. Amount Withheld for Administrative Costs — Sponsors enter the amount of the CACFP reimbursement received for the corresponding claim month in the space provided. Sponsors also enter the amount they have withheld from the CACFP reimbursement, to be used for actual allowable administrative costs incurred in supporting the operation of the nonprofit food service.

3. Disbursement Record for Unaffiliated Facilities — To be completed for unaffiliated facilities only. Sponsors of affiliated facilities do not complete Section 3. Sponsors of both affiliated and unaffiliated facilities must complete Section 3 for their unaffiliated facilities only.

Column A. Name of Facility — Enter the legal name of each sponsored facility.

Column B. Total CACFP Reimbursement Earned by the Facility (less Cash-in-lieu) — The amount of the monthly CACFP reimbursement is based on the number of meals served to eligible participants and the ratio of participants in each eligibility category (Free, Reduced-Price, or Paid). To determine a facility's CACFP reimbursement, you will need the following:

- Claiming percentage – This is the ratio of eligible participants in each category (Free, Reduced-Price, or Paid) to the center's total enrollment. The eligibility category is based on family size and income or on receipt of certain benefits.
- Current per-meal rates – These are the maximum amounts that TDA reimburses for each meal type.
- Number of meals claimed by type.

To determine each sponsored facility's CACFP reimbursement, follow these steps:

Step 1. Compute the claiming percentage:

Example: A facility has 235 enrolled participants. 160 are free, 35 are reduced-price, and 40 are paid.

FREE — 160 divided by 235 = .681
 REDUCED-PRICE — 35 divided by 235 = .149
 PAID — 40 divided by 235 = .170

Step 2. Use the following Rates of Reimbursement for July 1, 2009 to June 30, 2010.

	Breakfast	Lunch/Supper	Snack
Free	1.46	2.68	.74
Reduced-Price	1.16	2.28	.37
Paid	.26	.25	.06

Cash-in-lieu of commodities: 0.195

Step 3. Multiply the claiming percentage by the current rates. This gives a revised rate/blended rate for the meal type. Add the revised rates together.

	Breakfast	Lunch/Supper	Snack
.681 × 1.46 =	.994	.681 × 2.68 = 1.825	.681 × .74 = .504
.149 × 1.16 =	.173	.149 × 2.28 = .340	.149 × .37 = .055
.170 × .26 =	.044	.170 × .25 = .043	.170 × .06 = .010
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	= 1.210	= 2.208	= .569

Step 4. Multiply the blended rate times the number of meal types served in the claim month. This gives the amount of reimbursement for each meal type. Add the totals together to get the facility's CACFP reimbursement earned for the claim month.

The following number and types of meals were served during the month:

Breakfast 4,400; Lunch 4,158; and Snack 4,796.

Breakfast = 4,400 × 1.210 = \$5,324.00
Lunch/Supper = 4,158 × 2.208 = \$9,180.86
Snack = 4,796 × .569 = \$2,728.92
Cash-in-lieu of commodities = 4,158 × .195 = \$ 810.81

$\$5,324.00 + \$9,180.86 + \$2,728.92 + \$810.81 = \$18,044.59$ (Total)

Enter the amount from **Step 4** in **Column B** for each sponsored facility.

Column C. Percentage of Administrative Cost to be Withheld — Enter the percent of administrative cost you will be withholding from the facility's reimbursement this claim month. This percentage must not exceed 15%, and must not exceed the percentage agreed upon by the Sponsor and Center in Form H1651 (ADC) or H1538 (CCC).

Column D. Sponsor Administrative Cost Withheld (BxC) — Multiply the amount entered in **Column B** by the percentage you entered in **Column C**. Enter the product in this column. This is the amount of the facility's total CACFP reimbursement for the corresponding claim month that you may withhold to pay allowable administrative costs.

Column E. Remainder of CACFP Reimbursement (D-B) — Enter the remainder of the CACFP reimbursement earned by the facility after the sponsor has deducted their percentage.

Column F. Total Cash-in-lieu Owed to Facility — Multiply the total number of lunch/suppers served by the cash-in-lieu reimbursement rate. **Example:** Lunch/Supper: 4,158 (from step 4 above) × .195 (cash-in-lieu rate) = \$810.81 (total).

Column G. CACFP Reimbursement to be Paid to the Facility (E+F) — Add the totals from **Column E** and **Column F**. Enter the product here. This is the total CACFP reimbursement to be paid to the facility.

Column H. Date Sponsor Payment Received — Enter the date that you received your CACFP reimbursement from TDA for the claim month designated on this form.

Column I. Date Sponsor Paid the Facility — For each sponsored facility, enter the date that you paid the facility its CACFP reimbursement for the designated claim month. You must pay your sponsored facilities their CACFP reimbursement within 5 days of your receipt of payment for the claim for reimbursement for the designated claim month.

Page ____ **of** ____ — Use additional pages as necessary. Indicate the total number of pages completed for the designated claim month.