

**Interoffice Memorandum**

APPROVED

BY ORANGE COUNTY BOARD  
OF COUNTY COMMISSIONERS

JUN 24 2014 KH/CAS



**AGENDA ITEM**

May 28, 2014

TO: Mayor Teresa Jacobs  
and  
Board of County Commissioners

THRU: Lonnie C. Bell, Jr., Director  
Family Services Department

A handwritten signature in black ink, appearing to read "Lonnie C. Bell, Jr.", written over the printed name.

FROM: Sonya Hill, Acting Manager  
Head Start Division

A handwritten signature in black ink, appearing to read "Sonya Hill", written over the printed name.

Contact: Sonya Hill, (407) 836-7409  
Khadija Pirzadeh, (407) 836-8912

SUBJECT: Florida Department of Health, Child Care Food Program  
Change Form for Sponsoring Organizations and Budget for Sponsor of  
Affiliated Child Care Centers, FY2013-14  
BCC Meeting 6/24/14 Consent Agenda/All Districts

The Head Start Division requests Board approval of the Change Form for Sponsoring Organizations and Budget for Sponsor of Affiliated Child Care Centers between the Florida Department of Health and Orange County. The Board previously approved the Child Care Food Program Contract on August 20, 2013. The Change Form for Sponsoring Organizations and Budget for Sponsor of Affiliated Child Care Centers were revised to change Program Manager's name and provide additional nutritional meals resulting from higher student attendance respectively. The Florida Department of Health will reimburse the Head Start Program up to \$1,729,260 for meals served to eligible children, which increases the total reimbursement by \$299,205.

The Change Form for Sponsoring Organizations and Budget for Sponsors of Affiliated Child Care Centers have been reviewed by County Attorney's Office and Risk Management Division. The term of change form and revised budget is from October 1, 2013 through September 30, 2014.

Florida Department of Health, Child Care Food Program  
Change Form for Sponsoring Organizations and Budget for Sponsor of Affiliated Child  
Care Centers, FY2013-14  
Page 2  
May 29, 2014

**ACTION REQUESTED: Approval of Florida Department of Health Child Care Food Program Change Form for Sponsoring Organizations and Florida Department of Health Child Care Food Program Budget for Sponsor of Affiliated Child Care Centers between Florida Department of Health and Orange County to change the Program Manager's name and provide additional nutritional meals resulting from higher student attendance. The Florida Department of Health will reimburse the Head Start Program up to \$1,729,260 for meals, which increases the total reimbursement by \$299,205.**

SH/kp

Attachments

C: George A. Ralls, M.D., Acting Deputy County Administrator  
Wanzo Galloway, Assistant County Attorney, County Attorney's Office  
John Petrelli, Manager, Risk Management Division  
Yolanda Brown, Manager, Fiscal Division, Family Services Department  
Jamille Clemens, Grants Supervisor, Finance Department  
Patria Morales, Grants Coordinator, Office of Management and Budget

JUN 24 2014 KAS  
 5/2/14

Florida Department of Health  
 Child Care Food Program

RPS # C/3

Change Form for Sponsoring Organizations

This form is for multi-site contractors (sponsors) participating in the Child Care Food Program (CCFP) or Homeless Children Nutrition Program making changes to information previously submitted to the Department of Health (DOH). All CCFP forms are on our website in MIPS at [www.doh.state.fl.us/ccfp/](http://www.doh.state.fl.us/ccfp/).

S-784 Orange County Head Start Julio Riera  
 Authorization Number Contractor Name CCFP Regional Program Specialist  
Sonya Hill 407-836-8940 Philip.stapp@ocfl.net  
 Program Manager Contractor Phone Number Ext E-mail address of person filling out Change Form

If your agency has any other Child Care Food Program (CCFP) authorization numbers, check here

Please  check the appropriate box(es) to indicate the change(s) requested, attach the appropriate documentation, and sign and date the form. Mail or fax this form with attachments to the address at the bottom of this form.

- 1. Contractor name change, new mailing or remit address, FEIN change, and/or becoming incorporated: Please contact a CCFP Policy Specialist at 850.245.4323 for additional instructions. NOTE: CCFP participation is not-transferable to a new owner. When a center or sponsoring organization is sold, it must be terminated from the CCFP.
- 2. All other Application changes: (e.g., phone, fax, chairman of board/president/owner, program manager, type of organization, etc.) Attach copy of the CCFP Application with changes marked in red.  
 NOTE: If there is a new CCFP program manager, they must attend training. Contact your Program Specialist regarding training requirements.
- 3. Budget Amendment: Attach revised Projected Earnings Worksheet (PEW), and revised Budget (Unaffiliated sponsors — amend current electronic Budget), and Supplemental Budget if applicable.
- 4. License or Accreditation update: Attach copy of the new child care license or accreditation certificate.
- 5. All other Site Information Form changes: (e.g., site manager, operational, and meal service information, etc.) Attach copy of the Site Information Form with changes marked in red.
- 6. All other changes: (e.g., Board of Directors, Comp. Plan, Management Plan, etc.) Attach the updated form.
- 7. Adding or terminating a center: Complete the following table, and for each center to be added, attach the Checklist for Adding a Site and all required documentation specified on that checklist.

Circle (A)dd or (T)erm.	Center Name	Center Address	Termination Info		DOH Use Only	
			Date of Last Meal Service	Initiated by Center or Sponsor	Last Claim Month/Yr	MIPS Start Term Date
1. A T						
2. A T						
3. A T						

8. Terminating the sponsor's CCFP Contract with DOH. Complete the following:

Last date of participation on the program: \_\_\_\_\_

Reason: \_\_\_\_\_

DOH Use Only	
Last Claim Mo/Yr	MIPS Term Date

Printed Name of Contractor Representative: Philip A. Stapp Title: Sr. Coordinator

Signature of Contractor Representative: [Signature] Date: 4/17/14

DOH USE ONLY: Approval Signature: [Signature] Approval Date: 4/28/14

Monthly Count: No or Yes Month(s): \_\_\_\_\_ Site(s): \_\_\_\_\_

Reason for Monthly Count: \_\_\_\_\_

Consumed PS (except for U sites) for: Claim over 3 meal types: \_\_\_\_\_ Claim over capacity: \_\_\_\_\_ Claim weekend meals: \_\_\_\_\_

Budget  
 4/30/14

# Florida Department of Health

## Child Care Food Program

### Child Care Food Program Application

S - 734	Region: <u>C</u>	RPS: <u>3</u>	Fiscal Year: <u>2014</u>	Sold Date: _____	Termination Date: _____
Add'l Doc. Required: _____		ADR Reason: _____		Meal Disallowance: _____	
Legal Name: <u>ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS</u>				FEIN: <u>596000773159</u>	
D/B/A: <u>ORANGE COUNTY HEAD START DIVISION</u>				DUNS #: <u>064797251</u>	
Created Date: <u>11/12/1998</u>		Payment Start Date: <u>10/1/2013</u>		Last Updated: <u>5/2/2014</u>	

**1) Organization Addresses**

Org. Name (D/B/A): ORANGE COUNTY HEAD START DIVISION

Street Address: 2100 E. MICHIGAN ST.

City: ORLANDO State: FL Zip: 32806-4914 County: ORANGE

Check Box if Mailing Address is same as Street Address (if not, fill in Mailing Address below)

Mailing Address: 2100 E. MICHIGAN ST.

City: ORLANDO State: FL Zip: 32806-4914 County: ORANGE

Complete Remit Address if you want the Direct Deposit notice or check sent somewhere other than the above Mailing Address

Remit Address: FINANCE DEPARTMENT

PO BOX 38

City: ORLANDO State: FL Zip: 32802-0038 County: ORANGE

**2) Board Chairman / CEO / President / Majority Owner / School Superintendent Information**

Salutation: MS. First Name: TERESA Last Name: JACOBS

Title: ORANGE COUNTY M D.O.B. (MM/DD/YYYY) 3/29/1957

Email Address: mayor@ocfl.net

Mailing Address: (Must be different from address provided above in #1)

201 S. ROSALIND AVE., 5TH FLOOR

City: ORLANDO State: FL Zip: 32801

Phone: (407) 836 - 7350 Ext: \_\_\_\_\_ Fax: (407) 836 - 8969

**3) CCFP Program Manager Information (primary person responsible for food program administration)**

Salutation: MS. First Name: SONYA Last Name: HILL

D.O.B. (MM/DD/YYYY): 7/20/1972 E-mail Address: sonya.hill@ocfl.net

Phone: (407) 836 - 7409 Ext: \_\_\_\_\_ Fax: (407) 836 - 8981

**4) Type of Organization:** GOVERNMENT AGENCY

**Florida Department of Health**  
**Child Care Food Program**  
 Budget for Sponsor of Affiliated Child Care Centers

5/19/2014  
 4:04PM

S - 734      Region: C      RPS: 3      Fiscal Year: 2014      Termination Date:  
 Legal Name:    ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS      FEIN: 596000773159  
 D/B/A:          ORANGE COUNTY HEAD START DIVISION      Payment Start Date: 10/01/2013      # File(s) Uploaded: 0

Food Service (Operational) Costs	CCFP Funds	Description of Costs	Funding from Other Sources	Name(s) of Other Funding Source(s)	Total Funding
Food Purchases:	\$1,281,788		\$0		\$1,281,788
Food Service Labor and Benefits:	\$266,667		\$0		\$266,667
Non-Contracted Purchased Services:	\$0		\$0		\$0
Non-Food Supplies:	\$20,000		\$0		\$20,000
Food Service Equipment:	\$0		\$0		\$0
Transportation:	\$0		\$0		\$0
Other (Includes Special Cost Items):	\$10,283	SELF-INSURANCE-3740, INDIRECT COSTS-6543	\$0		\$10,283
<b>Total Food Service (Operational) Costs:</b>	<b>\$1,578,738</b>		<b>\$0</b>		<b>\$1,578,738</b>
Administrative Costs	CCFP Funds	Description of Costs	Funding from Other Sources	Name(s) of Other Funding Source(s)	Total Funding
Administrative Salaries and Benefits:	\$145,981		\$0		\$145,981
Non-Contracted Purchased Services:	\$0		\$0		\$0
Training:	\$1,100		\$0		\$1,100
Travel:	\$2,000		\$0		\$2,000
Rent and Utilities:	\$0		\$0		\$0
Office Supplies:	\$1,441		\$0		\$1,441
Other (Includes Special Cost Items):	\$0		\$0		\$0
<b>Total Administrative Costs:</b>	<b>\$150,522</b>		<b>\$0</b>		<b>\$150,522</b>
<b>Budget Grand Total:</b>	<b>\$1,729,260</b>		<b>\$0</b>		<b>\$1,729,260</b>

Identify the source(s) of funds your organization has available to repay potential over claims of CCFP reimbursement (choose at least one):

Tuition/Fees   
  Savings/Checking   
  Credit/Loan   
  Other (Describe) GENERA. COUNTY & HEADSTART FUNDS

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**From:** Foster, Arriet V [mailto:Arriet.Foster@flhealth.gov]  
**Sent:** Monday, May 19, 2014 4:29 PM  
**To:** Carmichael, Ray  
**Cc:** Furland, Ashley  
**Subject:** S-734 Orange County Headstart - 4/24/14 Change Form Approval  
**Importance:** High

Hi Mr. Carmichael,

This email is to serve as official notice that your requested changes to the S-734 Orange County Head Start application and budget, received by the Department of Health on April 24, 2014, have been approved.

The contact information for the CCFP Program Manager has been updated, and the Orange County Head Start total budget has been amended to \$1,729,260. Please find attached a the Change Form showing approval by DOH staff, and a copy of the approved revised budget which can also be found under the S-734 Orange County Head Start account in the DOH Child Care Food Program Management Information and Payment System (MIPS).

Please feel free to let us know if we can be of further assistance.

Thank you,

**Arriet Foster**

Policy and Finance Specialist

Child Care Food Program

Florida Department of Health

Phone: 850-245-4323 x2866

Fax: 850-414-1622

Email: [Arriet.Foster@flhealth.gov](mailto:Arriet.Foster@flhealth.gov)

Website: [www.floridahealth.gov/ccfp](http://www.floridahealth.gov/ccfp)

US Mail: 4052 Bald Cypress Way, Bin #A-17

Tallahassee, FL 32399-1727

The Mission of the Florida Department of Health: To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may be subject to public disclosure.