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**CACFP Financial Viability Questionnaire**

Please return completed questionnaire and required documents to [Dalila.townes@ride.ri.gov](mailto:Dalila.townes@ride.ri.gov)

**­­­NAME OF SPONSORING ORGANIZATION**

**PHYSICAL ADDRESS OF SPONSORING ORGANIZATION (Street, City, State, Zip Code)**

**MAILING ADDRESS (If different from physical address) (Street, City, State, Zip Code)**

**Identify the type of CACFP institution. Please complete the following information.**

**Our organization is:**

Public Entity Private For-Profit Federal Tax-Exempt

Sole Proprietorship

**What type of CACFP sites do you operate? Check all that apply.**

Child Care Center  At-Risk Afterschool Meals Program

Outside School Hours Program  Head Start or Even Start Program

Pre-K Program  Emergency Shelter

A new Institution must demonstrate that it has adequate financial resources to operate CACFP on a daily basis, has adequate sources of funds to continue to pay employees and suppliers during periods of temporary interruptions in CACFP payments and/or to pay debts when fiscal claims have been assessed against the Institution, and can document financial viability.

**In order to document financial viability it is REQUIRED you submit the below financial records. Please note that your submission will be considered incomplete if you do not submit ALL of the below records:**

* **Most recent Income (Profit/Loss) Statement**
  + The income statement must cover a period of a year. If your institution is new or has changed ownership and does not have one full year of records you must submit actual financial records for the current time in business and the remaining one year’s information must be submitted as projections
* **Most recent Balance Sheet**
* **Prior year US Income Tax Return or Form 990**
* **Bank Statements for Prior 3 Months**

**Please indicate if the submitted financial statements were prepared by a qualified accountant/CPA. If not, who prepared the statements?**

**What date did your organization open for business?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the organizational financial accounting system.**

* **Program regulations require that program revenues and expenses are tracked separately to serve as documentation of nonprofit food service to ensure that all Program reimbursement funds are used i) solely for the conduct of the food service operation; or ii) to improve such food service operations, principally for the benefit of the enrolled participants. How will your financial accounting system meet these program standards?**

**Describe all revenue sources available to the organization besides CACFP reimbursement. Include details to the source, frequency, nature (tuition, subsidized child care benefits, Head Start funding, earned income, grants, and donations). Please indicate if use of the revenue is restricted.**

**There may be costs associated with the operation of the CACFP that may exceed program reimbursement. How will your organization fund these costs?**

**Describe any contingency funds (ex: unrestricted cash, line of credit, unrestricted earnings or assets) that the organization could use to operate the CACFP.**