Agreement #
250000016

Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES
P.O. Box 30008, Lansing, Michigan, 48909
(517) 373-3347

CACFP - CENTERS APPLICATION
FY 2026

INSTITUTION INFORMATION	Sponsor Name GENESEE CTY COMM ACTION RES DEPT		
	FEIN 386004849	School District Code '25010	
	Address 324 S. Saginaw St., Suite 7C		
	City/State FLINT, MI		Zip Code 48502

CONTACT PERSON INFORMATION	Contact Name Pamela Coleman		
	Title GCCARD DIRECTOR		
	Telephone Number 810-762-4961	Fax Number	
	Email Address Pcoleman@geneseecountymi.gov		
	Address 324 S. Saginaw St., Suite 7C		
	City/State Flint	MI	Zip Code 48502

List additional person to receive MDE email notifications

Name: _____

Email Address: _____

Type of Institution 2. Local Government (GOV)

Structure of Institution Other

Please check one:

☐ Independent Center

☑ Multi Site Sponsor

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Authorized Official	Name Pamela Coleman		Date of Birth
	Actual Title GCCARD Director		
	Address 324 S. Saginaw St., Suite 7C		
	City Flint	State MI	Zip Code 48502

Authorized Official	Name Delrico Loyd		Date of Birth
	Actual Title Chairperson		
	Address 324 S. Saginaw St., Suite 7C		
	City Flint	State MI	Zip Code 48502

Select your Commodity Preference Cash-in-lieu of Commodities

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CACFP - CENTERS
MANAGEMENT PLAN - CACFP MONTHLY BUDGET
FY 2026

a.	Administrative	$ 0	d.	Non Food	$ 0
b.	Cost of Food	$ 85,246	e.	Indirect	$ 0
c.	Direct Labor	$ 0	f.	Total Costs (a-e)	$ 85,246

Description of Institution's plan for repaying fiscal over claims, if required:

Funds to be repaid can be deducted from a future claim