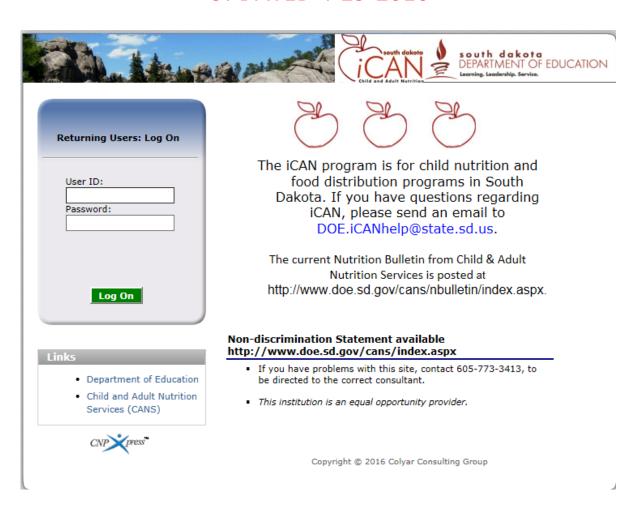
South Dakota SUMMER FOOD SERVICE PROGRAM

Website https://ican.sd.gov/ican/splash.aspx
UPDATED 4-29-2016



Updated: April 29, 2016

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Chapter 1 – Logging in to the System

- 1) In the Log On box, enter your User ID.
- 2) Enter your Password.
- 3) Click Log On.



4) Once you successfully log on, the *i*CAN Programs page is displayed. Click on the specific tile you wish to access. In this instance the *Summer Food Service Program*.

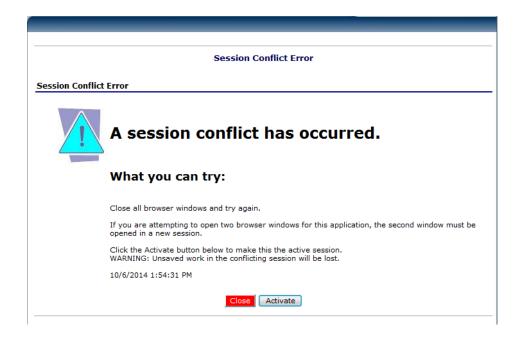


TIP: Actual access to specific program tiles is based on the user's security rights. You may not see all tiles displayed. If you have access to only one program you will not see this screen at all.

SESSION CONFLICT ERROR

Occasionally you may encounter a *Session Conflict Error* when logging into to iCAN.

First try clicking the *Activate* button. In most instances this will take you directly to the iCAN Log On. If clicking *Activate* does not work, you will need to close out your other browsers (after saving your work!) and try to log on again. If the problem persists, please send an email to DOE.iCANHelp@state.sd.us or call 605-773-3413.



Chapter 2 -Navigating the iCAN System

Once you have logged in, the top portion of the *i*CAN page contains key elements that provide basic information about your location within the system.

The **Program Name** will identify which Program you are in.

The dark blue line contains the **Menu** Items. Selecting a menu item will take you to that menu page.

The light blue line is the **Breadcrumb Trail**. This identifies your location within the iCAN system. Selecting a specific portion of the trail will take you back to that particular screen.

Your School or Agency information will be shown in the **information box**.

Year will allow you to select prior Program Years to view information.

Help will take you to the online help screen where you can search for a specific question or obtain instructions for navigating the iCAN system.

Please make sure you **Log Out** to exit the *i*CAN system.



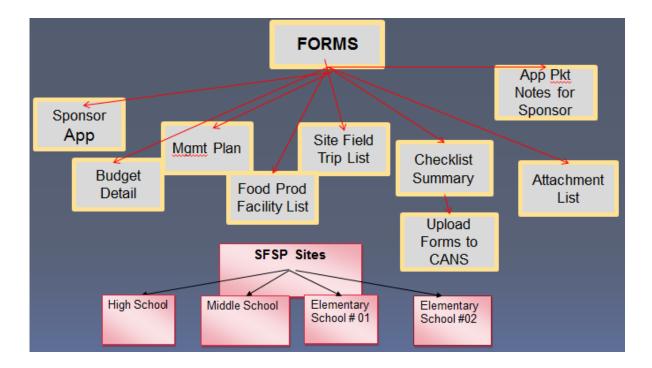
An Overview of the **Summer Food Service Program** Process

The Application Packet consists of two main sections.

FORMS: This contains the Sponsor Application, Budget Detail, Management Plan, Food Production Facility List, Site Field Trip List, Checklist Summary, and Application Packet Notes for Sponsor and an Attachment List.

SITE APPLICATIONS: There will be an individual application required for each of your feeding locations or sites.

SUMMER FOOD SERVICE PROGRAM



Chapter 3 - Application Packet

Completing a Summer Food Service Program Application Packet

1) Select *Applications* in the Menu line.



2) Select Application Packet.



3) Your school or agency name should already be listed. Select the appropriate School Year; in this case *2015-2016*.

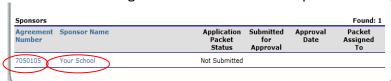


TIP: For individuals that work with **multiple Agencies** (such as a Food Service Management Co.), you must first search for the Sponsor. Fill in the Sponsor Name and select *Search*.

tlyou don't have multiple Schools or Agencies, continue with step 4



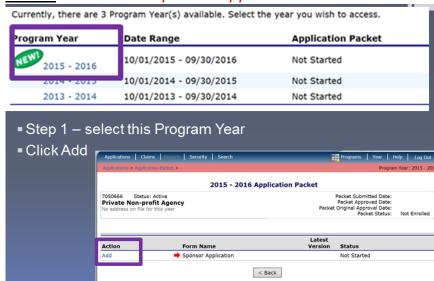
The Sponsor Name will appear at the bottom of the screen. Select either the Agreement Number or the Sponsor Name,



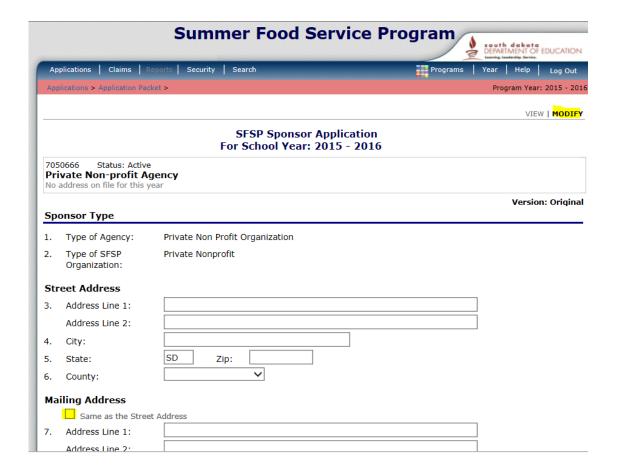
Next click Applications upper right.

Complete Step 3 by selecting the 2015-2016 Program Year.

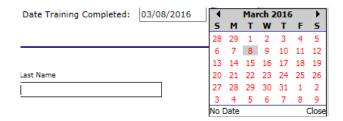
4) STEP 1 - Select Add Sponsor Application when NEW

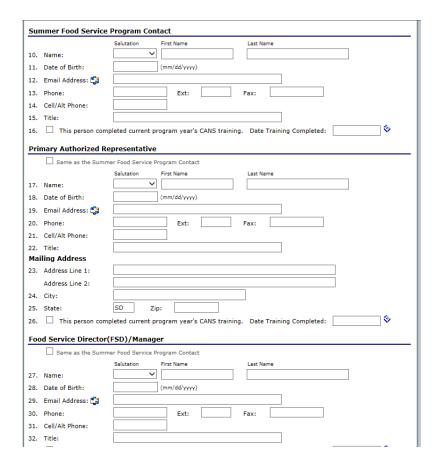


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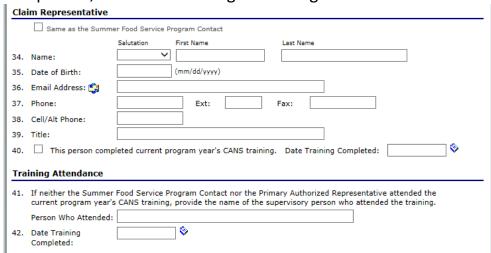


- Complete all open boxes of the application. The highlighted box allows you
 to autofill the information from the Street or physical address information
 into the mailing address if they are the same. The Mailing Address requires
 a 9 digit zip code see https://www.usps.com/ for assistance.
- Now enter Contact information including birthdates in mm/dd/yyyy format and check training completion and enter training date, by clicking on the calendar icon.
 Which opens up to a calendar image

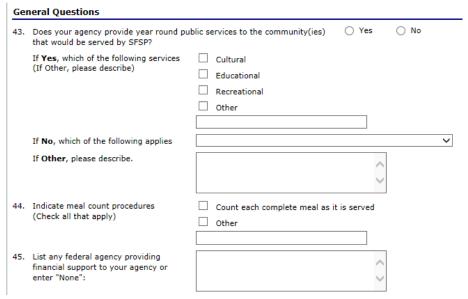




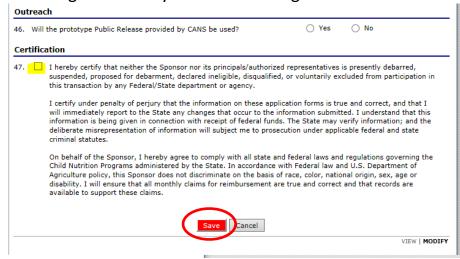
- Contacts include Summer Food Service Program Contact, Authorized Representative, Food Service Director FSD/Manager and the Claim Representative.
- Training Attendance in the event someone else attend the training besides the contacts listed above, enter their name and check training completion, and enter training date using the calendar icon.



- General Questions required for each sponsor on new agreement; those renewing – please refer to your permanent agreement on file if needed.
 - Question 45 requires an answer. If on any other Child Nutrition Program they can be entered here along with any other federal funding source. "None" is appropriate if this is the only federal program you are on.



- Outreach The prototypes are available on the CANS Summer Food Service Program website http://doe.sd.gov/cans/sfsp.aspx and in the iCAN SFSP Downloadable Forms.
- Certification read through thoroughly prior to checking this box.
 Checking this box is your electronic signature.



5) Click *Save*. See next page if you see errors or warnings.



6) Click Finish.

Errors and Warnings

Once saved, you may see that the application contains errors or warnings. You will need to *edit* your application before you are able to submit.



Errors in this instance are highlighted for your ease in locating the problem allowing you to modify prior saving.



Other times when SAVE, you may see that the application contains errors or warnings. You will need to *edit* your application before you are able to submit.



Make corrections and Click Save when you are finished

Examples of Errors and Warnings



TIP: The red errors must be corrected before you can submit the application. The blue warnings are indications that you may need to review a particular answer.



7) If you receive the following message, your application has been saved without errors or warnings. Click *Finish*.

APPLICATION PACKET



- Notice the Action View/Modify is available now.
- The green
 ✓ indicates the Sponsor Application is complete and see the version and status.
- The red arrows indicate ATTENTION is NEEDED, either area that haven't been started or has errors

The address of the new sponsor is now on the application packet since it was data entered in the Sponsor Application screen.

The Packet Status indicator is in the upper left corner and Packet refers to all materials needed prior sending or submitting to the State Agency for review and approval.

The sequence of entering information in the Summer Food Service Program Application Packet is best completed in the following order:

Step 1 Sponsor Application

Step 2 Management Plan

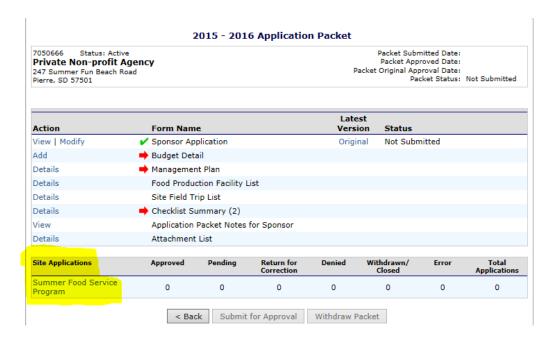
Step 3 Food Production Facility List (If use central kitchen or vendor)

<u>Step 4</u> Site Applications (<u>Summer Food Service Program</u> - listed at bottom) see figure below.

<u>Step 5</u> Checklist Summary (Both Sponsor and Site Checklists must be completed and Site Labor Budget form is required prior completing Budget Detail)

Step 6 Budget Detail

<u>Step 7</u> Attachment List (Optional – Documentation for a month since October which meets the area eligibility requirements is an example) <u>Step 8</u> SUBMIT FOR APPROVAL



Page **15** of **60**



8) STEP 2 - Select Details Management Plan.



Click Add Management Plan.

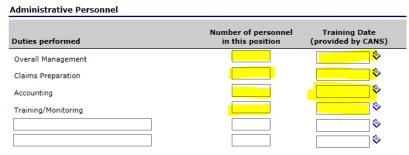


Private Non-profit Organizations must complete the Board Chairman section.

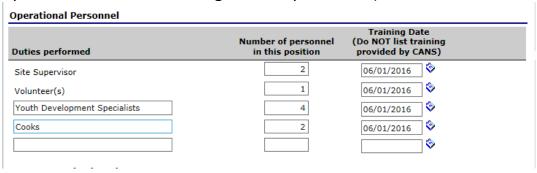
Administrative Staff must be entered and all questions answered on each.

Administrative Staff					
Name:	Position title:				
Has this person attended the mandatory SFSP	training provided by CANS	this program year?	O Yes	No	
If this is a returning Sponsor, is this person pe	erforming the same function	in SFSP as last year?	O Yes	○ No	○ N/A
Name:	Position title:				
Has this person attended the mandatory SFSP	training provided by CANS	this program year?	O Yes	No	
If this is a returning Sponsor, is this person pe	erforming the same function	in SFSP as last year?	O Yes	O No	O N/A
Name:	Position title:				
Has this person attended the mandatory SFSP	training provided by CANS	this program year?	O Yes	No	
If this is a returning Sponsor, is this person pe	erforming the same function	in SFSP as last year?	O Yes	O No	O N/A
Name:	Position title:				
Has this person attended the mandatory SFSP	training provided by CANS	this program year?	O Yes	No	
If this is a returning Sponsor, is this person pe	erforming the same function	in SFSP as last year?	O Yes	O No	O N/A
Name:	Position title:				
Has this person attended the mandatory SFSP	training provided by CANS	this program year?	O Yes	No	
If this is a returning Sponsor, is this person pe	erforming the same function	in SFSP as last year?	O Yes	O No	O N/A

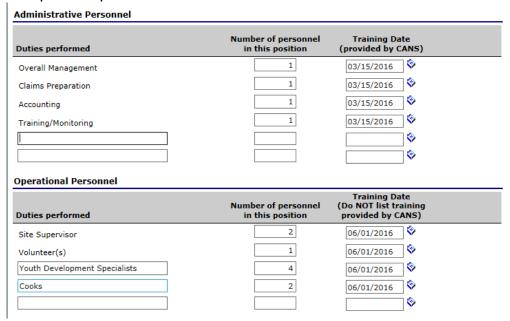
Administrative Personnel – Duties performed groups are listed and you must indicate how many people handle this task in your school or agency. It can be the same person doing multiple duties. This allows the Administrative Review team to know how many people they might be visiting with when doing the compliance checks. The blank boxes are available to write in any other duties not mentioned. The training date is to record the completion of the State Agency training. Required fields are highlighted.



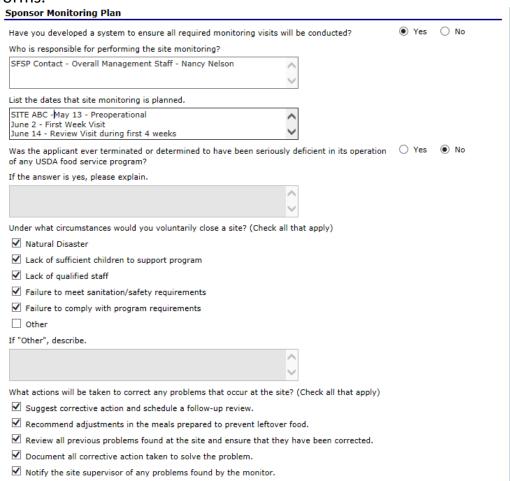
Then the Operational Staff must also be entered (They are the food service operation and site or feeding location personnel.)



Sample completed:



Then enter the required Sponsor Monitoring plan, see Monitor Handbook for forms.



Record	Person Collecting	Frequency (e.g., Daily, Weekly, Monthly End of Session)
Daily Meal Counts	Site Supervisor	Daily
Employee Time Sheets	SFSP Contact	Weekly
temized Invoices/Receipts	Nutritionist	Daily
roduction Records	Nutritionist	Weekly
enus	Nutritionist	Monthly

Click SAVE



If errors exist Edit; otherwise click Finish.

9) STEP 3 (OPTIONAL) Food Production Facility

If you are doing your own production/cooking on site then you will not be required to complete and can skip this section and move past this step. Food Production Facility will NOT have a red arrow – it is optional and not required to submit the Application Packet.

If your organization purchases meals from a vendor or you have a central kitchen where you prepare the meals and transport them out to other sites you will need to complete this screen.

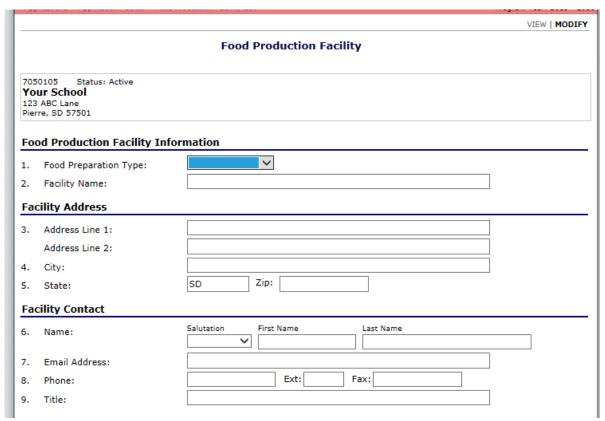
Food Production Facility is a section to complete before you do the Site Application because there is a question within it that asks to indicate who is preparing when using a vendor and where the food is prepared or if you have a central kitchen. This information will be in a dropdown for you to select from after you complete this form.



Select Details Food Production Facility List, see highlighted line above.



Click Add Facility



 First question asking you about food type – Dropdown asking central kitchen, vended, or other

What happens depends on the selection chosen; you will get fields that open allowing you to enter information in or it will gray out fields

If choose **CENTRAL KITCHEN** from the drop down Enter facility name, address and contact information
You will see there are grayed out questions if you selected Central Kitchen – they are not necessary and only relevant if you have a vended facility.

If choose **VENDED** from the drop down Enter facility name
Answer questions on contract forms
Food Service Management Company contract questions

If choose **OTHER** from the drop down – Answer questions

Vended Facility Information 10. If vended by a School Food Authority (SFA), another SFSP Sponsor, or a different entity enter the name. 11. If meals will be vended, indicate whether the Sponsor is using CANS-provided contract/agreement forms, approved alternate form or is exempt from competitive bidding and will use a simple written agreement. I will be using DOE's Request for Proposal and contract I am exempt from competitive bidding and will use a simple written agreement I have received DOE approval to use an alternate form 12. Is the Sponsor extending the Food Service Management Company (FSMC) contract for which it went out for bid? Yes ○ No ○ N/A ۹ 13. Contract Start Date: ٨ 14. Contract End Date: 15. Number of renewal years specified in the contract: 16. Current extension number: Cancel VIEW | MODIFY

Click SAVE



If errors exist then Edit; otherwise click **Finish**.

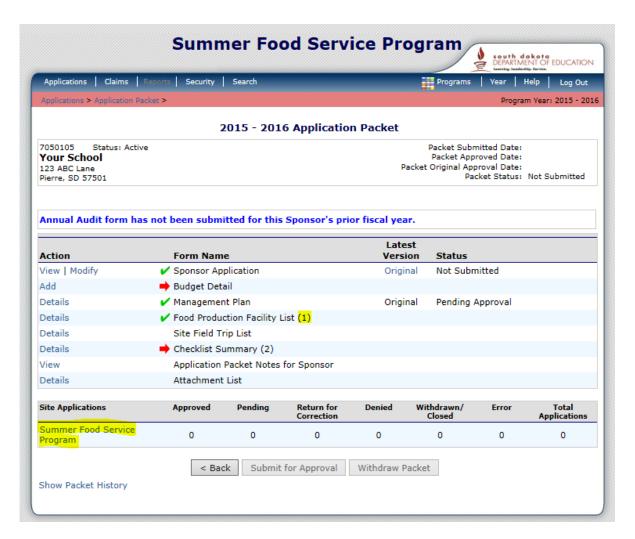
Multiple facilities (repeat steps)



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In SFSP there is the potential a sponsor could have a large enough operation or are located in multiple communities where they have multiple Food Production Facilities because they have more than one FSMC or more than one central kitchen. If that is the situation the sponsor will enter as many Facilities as needed and they will all appear in the dropdown list to select from when entering the site application information.

To add more just click on the Add Facility and repeat the steps for each needed. When you have all entered click on the *Back* button to return to the Application Packet and you will see there is a green check by the Food Production Facility List and a number in brackets indicating how many facilities are in the list.



STEP 4 Add Summer Food Service Program SITE APPLICATIONS

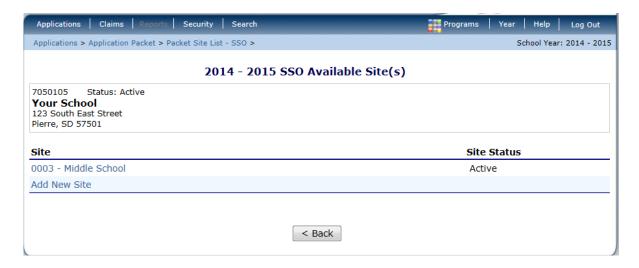
10) Click Summer Food Service Program under the Site Applications



Click Add Site Application

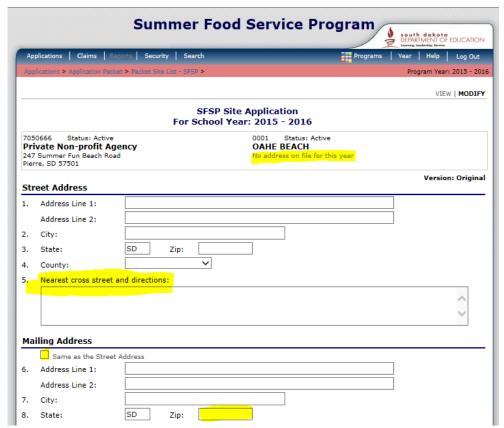
All the sites you have had in prior years will be listed here or that you have indicated to the State Agency will be on for this summer. Then they will appear in a list by site number and name for you to select from.

The "Add New Site" is grayed out since the State Agency needs to generate the new sites for you.



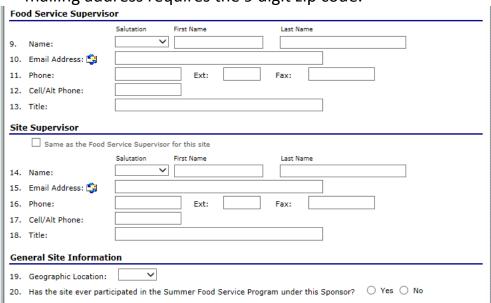
TIP: Renewing agencies will have some application information carried forward from the prior year. If you wish to Add New Site that is not in Site list, **please contact the CANS office**, we must assist in adding the additional site.

Select Site Desired from the List.



Complete all open boxes of the application.

Enter data specific to the site, physical address and mailing address, again if they are the same you may check the box to auto fill. The mailing address requires the 9 digit zip code.



There is auto fill if the Food Service Supervisor is the same as the Site Supervisor. The General Site Information – questions 19 is rural or urban.

Site	e Eligibility	
21.	Is this site a licensed child care facility?	○ Yes ○ No
22.	If this site is a licensed child care facility, will this site only serve children who are enrolled for care?	Yes No
23.	If this site will serve children who are enrolled for care and children from the community, will all children be served together and in a common area that is not licensed for child care?	Yes No
24.	Is this site open only to enrolled summer school students who receive academic credit?	O Yes O No
25.	Did this site operate last year? If no, enter pre-operational site visit date below.	O Yes O No
26.	Did this site have serious deficiency findings or significant operational deficiencies last program year? If yes, enter pre-operational site visit date below.	Yes No
27.	Has this site experienced significant SFSP staff turnover since last program year? If yes, enter pre-operational site visit date below.	Yes No
28.	Date of the Sponsor's pre-operational site visit, if applicable.	
29.	Are you requesting a waiver for the First Week Site Visit?	O Yes O No
30.	Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile?	n O Yes O No
	If yes, list the name of the Sponsor and the name of the site that is within one-fourth mile. (If the site is under your sponsorship, you may list only the site's name.)	
	Is the site within one-fourth mile under your sponsorship?	
	Sponsor Name:	
	Site Name:	
	Explain how the two or more sites will not serve the same group of children for the same type of meal	service.
		^
		· ·

Now answer questions on the Site Eligibility and operation.

Make sure you visit all new and problem sites prior they begin operations to ensure facilities are adequate for program you have planned and for the number of children expected to participate at the feeding location.

The new school sites are not required to have a preoperational visit as evidenced by the school year operation.

Answer question about other feeding sites in close proximity so they won't have to compete for the same group of children, if there are feeding sites close by; enter the information and the State Agency has a protocol they must follow in these situations'

Site	туре
	Indicate the Site Type, the Eligibility Method, and the Primary Service provided by this site.
31.	Site Type:
32.	Eligibility Method:
33.	Primary service provided by this site:
	If Service is Other, describe:
34.	If School Data is selected, provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.
	School District:
	School Name:
	Percentage of Enrollment Eligible for Free and Reduced-price Meals:
	For CEP - Percentage of Enrollment Eligible for Free Meals (ISP X Factor):
	Program Year of School Data:
****	Month:
	TE: if month other than October, upload documentation in ATTACHMENT LIST of the Application Packet. If this site is a public school site and another school's data was used to establish eligibility for this site, explain why
55.	another school's data was used.
	test
36.	If census data is the selected eligibility method, enter the following:
	Census Tract Number:
	Block Group Number:
	Percentage of Needy Children:
37.	If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.
	Ç
38.	If site type is Closed Enrolled, provide the following information:
	Projected Number of Enrolled Children:
	Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:
	Percentage of enrolled children:
39.	If site type is a camp, will there be a separate charge for meals served to non-eligible children? Yes No

The next fields ask you to define the type of site and document your eligibility. Restricted Open, is usually not selected at application time. Sites start at Open and then if a situation occurs requiring it to be restricted, you will *Modify* the site and make the selection of Restricted Open and will be required to provide a reason. The site type and eligibility will open up fields to complete as dictated by your selections. Some will gray out.

If unsure, please contact SFSP Program Specialist for assistance.

The FRAC map shows the areas in green and your SFSP Administrative Guidance for Sponsor has directions to make the determinations.

Site Type - You must choose one and complete all requested information for documentation.

<u>Site Type</u>: Open, Restricted Open, Closed Enrolled in Needy Area, Closed Enrolled in Non-needy area, Camp -Residential, Camp -Nonresidential, or National Youth Sports Program

<u>Eligibility Method</u>: based on site type – options available may be school data; school data CEP; census data; Housing Authority Information; Bureau of Indian Affairs; Migrant Operation; Income applications; Emergency Shelter Roster; Upward Bound Documentation; and NYSP certification

34. If School Data is selected, provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.

School District:

School Name:

Percentage of Enrollment Eligible for Free and Reduced-price Meals:

For CEP - Percentage of Enrollment Eligible for Free Meals (ISP X Factor):

Program Year of School Data:

School Data

- School District and School Name must be entered
- The percentage must be 50% or more.
- Enter the program year of the school data you are using to qualify
- Enter the month of the data (October or whatever other month used to qualify.)
- Question 35 for be used to enter information if another school is being used other than the site

School Data CEP

- School District and School Name must be entered
- The percentage must be the ISP x the factor of the site using to qualify.
- Enter the program year of the school data you qualified the
- CEP site and month of eligibility (October yyyy or whatever other month and year used to qualify.)

Census Data

- 36. If census data is the selected eligibility method, enter the following:

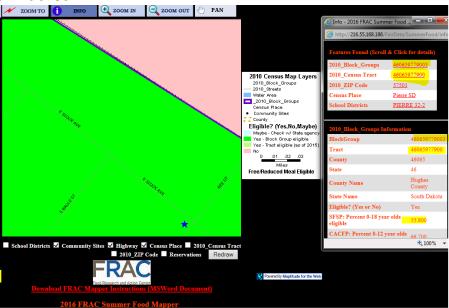
 Census Tract Number:

 Block Group Number:

 Percentage of Needy Children:

 %
- Census data requires documentation for the Block Group (12 digits),
 Census Tract (11 digits) or Adjacent Census Block Average
- Field to enter the area eligibility percentage

Census Data Documentation should be uploaded in the Attachment List in the Application Packet



If choosing the Closed Enrolled site type, you are required to answer the following questions.

If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.
~
If site type is Closed Enrolled, provide the following information:
Projected Number of Enrolled Children:
Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:
Percentage of enrolled children: %
If site type is a camp, will there be a separate charge for meals served to non-eligible children? Yes No

- Answer additional questions if Restricted Open or Closed Enrolled Site Type.
- Enter projected numbers.

Site	e Operation
40.	Enter the number of days the Site will operate each month:
	OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP 2015 2015 2016
41.	Operation Dates: Start: End:
42.	Check meal type(s) to be served at this site:
	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper
43.	If this is not a camp or a site whose primary service is migrant and if this site is serving supper instead of lunch, please explain why.
44.	Indicate you <mark>r system for serving meals</mark> to attending children:
	☐ Cafeteria Style
	☐ Unitized meal
	Family Style (for Closed Enrolled and Camp sites only)
	Other (provide explanation)
45.	Is this an outdoor or mobile site? ○ Yes ● No
46.	Does this site allow a grain, fruit or vegetable component to be consumed offsite? O Yes No

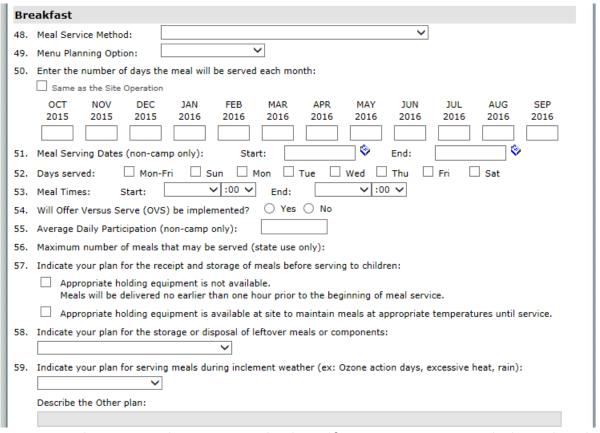
Include general site operation information starting with:

- Number of maximum days the site will operate each month
- Start date use the date icon to select
- End date the date icon allows you to select
- Click the box of each meal type you are feeding (two meals maximum, unless you are a Camp or Migrant then you may feed up to 3 meals)
 THIS IS CRITICAL and will open fields for each of these meals selected for you to complete for this site.
- 44 Indicate system for serving meals most will do Cafeteria and/or Unitized meals, Family Style meal service is allowed at Closed Enrolled or Camp sites who have adequate staffing to ensure minimum serving sizes of each component are taken for a reimbursable meal, if choosing Other, you must provide an explanation in space provided.
- 45 Outdoor or Mobile indications
- 46 Sponsor decision if you have adequate staff to allow a child to take a grain or a fruit/vegetable component to be taken off site and eaten later.
- 47 SKIP if Private Non Profit or agency that was not on the National School Lunch program or if you are a School and will be following the SFSP Meal Pattern for all meals this summer.

47.	Indicate the age/grade groups that will be used for menu planning: Note: SKIP unless you are a school using NSLP and/or SBP meal pattern(s) for summer meals; then indicate the age/grade group(s) that you will be using for menu planning.	
	☐ SBP/Snack Grades K-5, 6-8, and 9-12	l
	☐ SBP/Snack Grades K-8 and 9-12	l
	☐ SBP/Snack Grades K-12	l
	☐ NSLP Grades K-5, 6-8, and 9-12	l
	□ NSLP Grades K-8 and 9-12	l
	□ NSLP Grades K-8 waiver	l
	□ NSLP Grades 9-12 waiver	l
	☐ Snack K-12 (2 components and serving size appropriate to age/grade group 9-12)	l
	☐ CACFP Under Age 6	

47 - Only a school that is on NSLP/SBP has the option to use these meal options. Choose one with the waiver if one size serving is being requested at that OPEN site, this is not an option for Camps or Closed Enrolled sites using the NSLP/SBP. You must indicate the meal patterns for the ages being served (same as on NSLP).

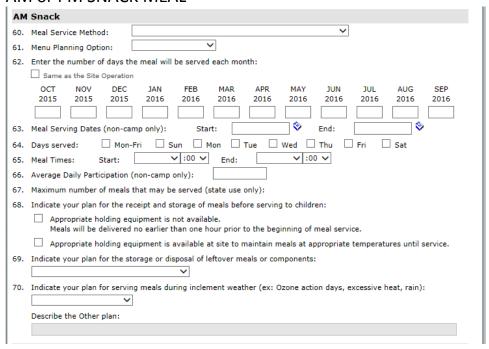
BREAKFAST MEAL



- Choose Meal Service Method Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
 - Self-preparation Receives meals (Central Kitchen)

- Self-preparation Prepares meals at the site
- Vended by School Food Authority (SFA)
- Vended by Food Service Management Company (FSMC)
- Vended by another SFSP Contracting Entity
- Menu Planning Option
 - SFSP Meal Pattern
 - Other (Doesn't apply at this time)
- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)
- Indicate if doing Offer versus Serve (Applicable to all meals except snacks)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans options to choose from include:
 - Donate to needy organization
 - Refrigerate and serve the following day
 - Return to vendor
 - Throw away at the site
- Bad weather plans options to choose from include:
 - Serve meal indoors
 - Cancel meal for the day
 - Other (Specify) Must explain in field provided

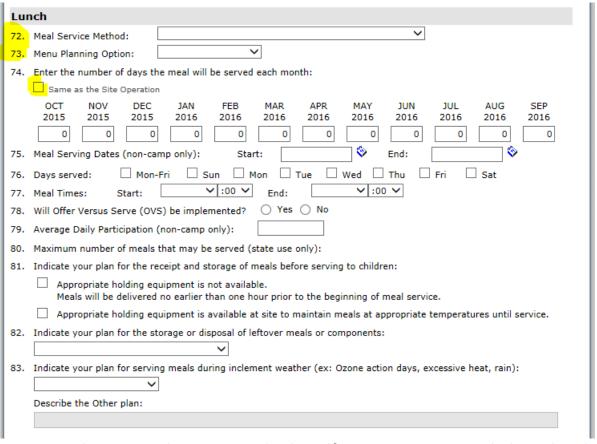
AM or PM SNACK MEAL



- Choose Meal Service Method Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
 - Self-preparation Receives meals (Central Kitchen)
 - Self-preparation Prepares meals at the site
 - Vended by School Food Authority (SFA)
 - Vended by Food Service Management Company (FSMC)
 - Vended by another SFSP Contracting Entity
- Menu Planning Option
 - SFSP Meal Pattern
 - Other (Doesn't apply at this time)
- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans options to choose from include:
 - Donate to needy organization
 - Refrigerate and serve the following day

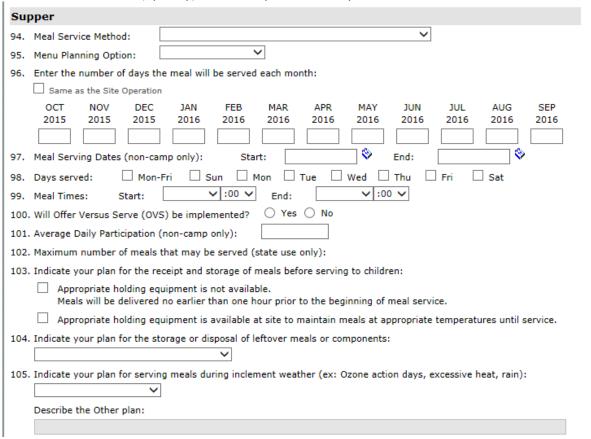
- Return to vendor
- Throw away at the site
- Bad weather plans options to choose from include:
 - Serve meal indoors
 - Cancel meal for the day
 - Other (Specify) Must explain in field provided

LUNCH or SUPPER MEAL



- Choose Meal Service Method Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
 - Self-preparation Receives meals (Central Kitchen)
 - Self-preparation Prepares meals at the site
 - Vended by School Food Authority (SFA)
 - Vended by Food Service Management Company (FSMC)
 - Vended by another SFSP Contracting Entity
- Menu Planning Option
 - SFSP Meal Pattern
 - Other (Doesn't apply at this time)

- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)
- Indicate if doing Offer versus Serve (Applicable to all meals except snacks)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans options to choose from include:
 - Donate to needy organization
 - Refrigerate and serve the following day
 - Return to vendor
 - Throw away at the site
- Bad weather plans options to choose from include:
 - Serve meal indoors
 - Cancel meal for the day
 - Other (Specify) Must explain in field provided



CAMP SESSIONS

np Sessio	ns						
		t be completed if S may need to be up		np - Residential or (claim submission.	Camp - Non-	Residential.	
Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	# of Children Enrolled	Estimated Eligible ADP	Actual Eligible ADP
1		~		~			
2		~		~			
3		~		~			
4		~		~			
5		~		~			
6		~		~			
7		~		~			
8		~		~			
9		~		~			
10		~		~			

Enter the information regarding your camp sessions, a sample follows:

					# of	Estimated	Actual
Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	Children Enrolled	Eligible ADP	Eligible ADP
1	3/14/2016	Breakfast	3/25/2016	Supper	35	35	
2	4/4/2016	Breakfast	4/22/2016	Supper	35	35	
3	5/2/2016	Breakfast	5/20/2016	Supper	35	35	
4	6/6/2016	Breakfast	6/24/2016	Supper	35	35	
5	7/11/2016	Breakfast	7/29/2016	Supper	35	35	
6	8/1/2016	Breakfast	8/19/2016	Supper	35	35	
7							
8							
9							
10							

Make sure the dates entered reflect the Operational days each month and fall between the Begin date and End date you entered in the questions 40 and 41.

Special Meal Pattern and Dietary Needs	
.07. Will this site be serving children under age 1 year (infants 0 to 12 months)? O Yes No	
.08. Does this site anticipate the need to plan and/or prepare special diets for children with disabilities?	○ No
.09. Is this site requesting to feed children under 6 a smaller serving size? O Yes No	
Food Production Facility Information	
10. If meals served at this site are prepared at another facility, identify the name of where meals are prepared. A Food Production Facility form, provided on the Application Packet screen, must be completed to populate th following fields.	e
Facility 1:	
Facility 2:	
11. Indicate how the site supervisor will communicate the number of meals that will be needed for the following of	lay:
▼	
Food Safety and Sanitation	
.12. Describe how your Sponsor will deliver and hold meals until the time of meal service according to the standar prescribed by State and local health department:	ds
	~

Special Meal Pattern and Dietary Needs

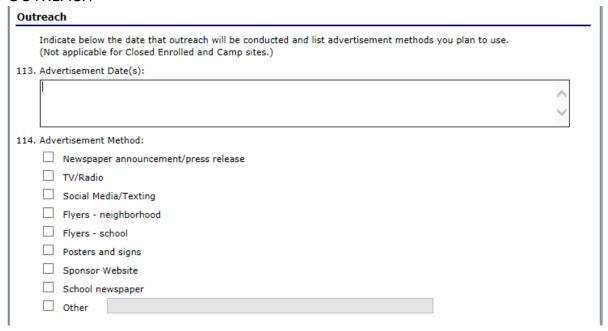
- 107 If you enter yes, an additional CACFP Production record for this age group must be maintained for each meal.
- 108 Numbered Memos on the Summer Food Service Program website http://doe.sd.gov/cans/sfsp.aspx has the form and instructions on this process. If note meets the requirement sponsor must follow doctor's orders and that modified meal is reimbursable.
- 109 If you enter yes, an additional CACFP Production record for this age group must be maintained for each meal.

SKIP 110 and 111 if Food Production Facility was not completed earlier in the Application Packet

- 110- Food Production Facility Information will display from the dropdown those entered earlier and be available for selection here.
- 111 Communication of number of meals for the following day options include:
 - Site staff will communicate directly with the production facility or vendor
 - Site staff will contact the Contracting Entity to order meals
- 112 All are Required to answer this question What is you plan for meal safety when receiving meals if applicable AND/OR if practicing self-

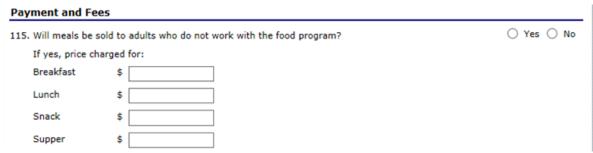
preparation describe types of equipment you are you using to maintain proper temperatures at your feeding location.

OUTREACH



- 113 Requests the dates you plan to advertise, which should include prior and during to maintain participation
- 114 Methods of getting the word out about your summer feeding program can be checked, if Other is indicated the explanation field will allow you to enter more information.

PAYMENT AND FEES



115 - If make yes the meals you are serving will require you enter the meal price for adults.

116. (ONLY FOR CA	AMPS/CLOSED ENROLLED SITES) Will meals be sold to children that are not-eligible?	O Yes O No
If yes, price cl		
Breakfast	\$	
Lunch	\$	
Snack	\$	
Supper	\$	

116 This field is grayed out for OPEN and Restricted Open Sites, otherwise answer and populate price in the meals you are serving.

117. Will you charge participants for th	e activity portion of the summer program?	○ Yes ○ No		
If yes:				
A) What does the Fee* cost?	\$			
If there is a tier pricing based on income for this fee please attach to the Attachment List section of the Application packet. *Fees must be reasonable and not restrict access for low income children and the access to the meal service sites must always be free.				
B) Explain what the activity fee covers:				
		^		
		~		
118. Will a la carte sales be made? This is allowed, but must be self-s	supportive pricing.	○ Yes ○ No		

- 117 Answer question on activity fees
- 118 Indicate if doing a la carte sales

CERTIFICATION



119 Mark the box for your electronic signature which is the same as signing the form.

Click Save

If Errors, then Edit and resolve
Then Save - If no errors the following will display:
The Site Application has been saved.
Click Finish



Site Applications show Pending until submitted for approval

STEP 5 Checklist Summary

Click *Details* of the Checklist Summary and (6) is the number to do.





The window displays Total Items the Sponsor and the Summer Food Service Program Site(s) must address based on sponsor and site application answers.

- Sponsor items 2 not started
- SFSP Sites items 4 not started

Click on Sponsor Name listed in light blue



1) Click on the TEMPLATE indicated by the blue font *SFSP Health Inspection Letter;* the form will download for you to complete or in this case a prototype to use to create the letter on the local agency / school

letterhead. This form provided in the Downloadable Forms is required by all sponsors.

Once you have it completed, SAVE in your computer files. If the form name displays in black font, such as *Vendor Contract*, then there is not a template/form available for download. You are still required to upload/attach your contract and submit it to CANS.

2) Click on the "paperclip" for the document you wish to upload.

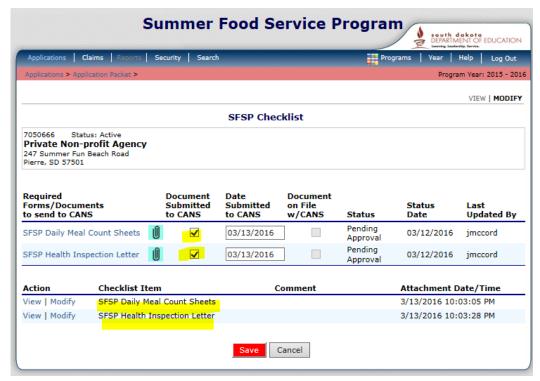
TIPS: -Your list of Required Forms/Documents will vary depending on your particular school or agency.

-In iCAN, if the words are printed in blue you can click them to go further in the system or to obtain additional information.

For example, if you click SFSP Health Inspection Letter it will open an instruction page for items to include in your attachment.

3) Select *Browse* so you can select the appropriate document from your computer. Type in any Comment – it will display on the SFSP Checklist. Upload your file and *Save*.

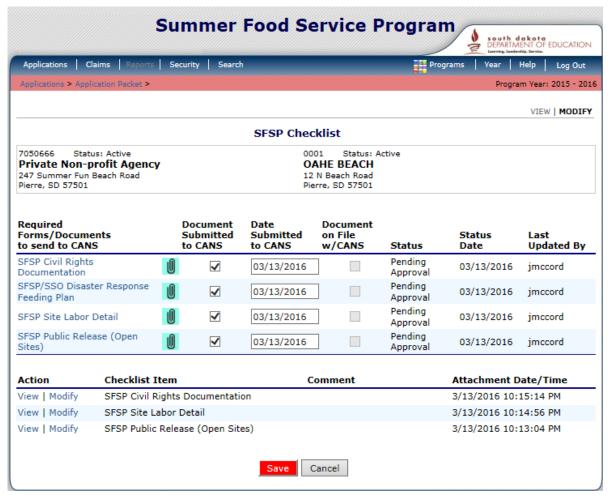




Uploaded attachments display on the lower portion of the SFSP Checklist Click *Document Submitted to CANS* when completed. The items will then display on the SFSP Checklist Summary as "Submitted Items"



Click on Site Name listed in light blue



4) Select each Required Form/Document to send to CANS complete and upload attachment. Check *Document Submitted to CANS* and the date will display. Click *Save*



5) When done the Checklist has been saved displays. Click Finish



SFSP Checklist indicates all items have been submitted on the Summary and a green arrow by Checklist Summary on the Application Packet indicates it is complete.



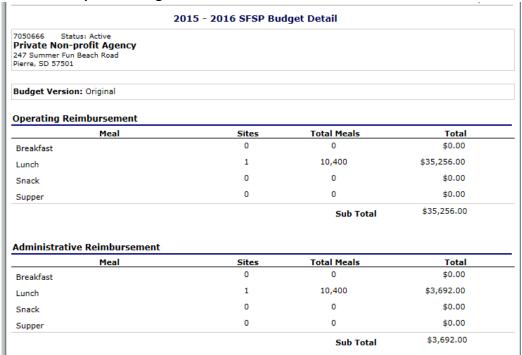
STEP 6 - Budget Detail - Click Add by the Budget Detail

Data pulls from site info so can't complete this step until all Site Applications and the Checklist items are complete.

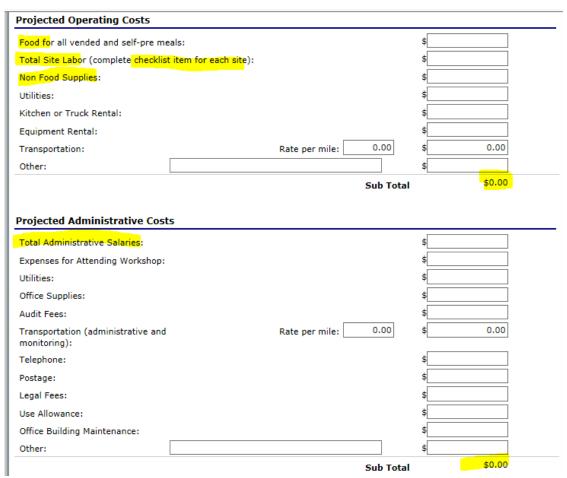
All sponsors must demonstrate adequate administrative and financial responsibility to manage an effective food service, demonstrated via submitted budget.

Allowed to waive Budget for public or PNP schools who participated in previous summer program so won't see budget next year but need the information in the system our first year.

Click *Add* by the Budget Detail



Reimbursement is calculated from information you entered in the site application for meals being served and the anticipated average daily participation question.



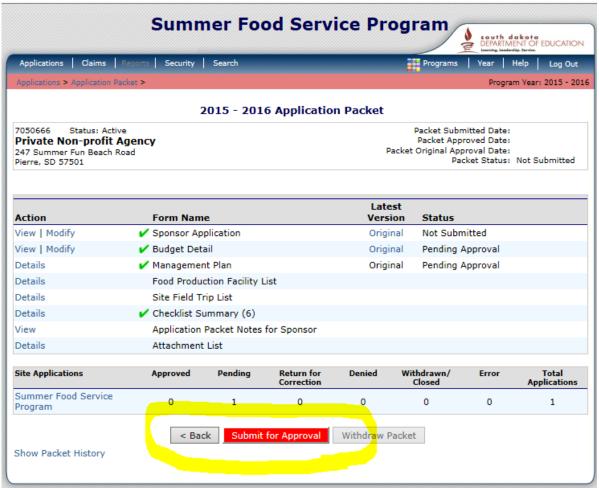
- Enter anticipated amount for food costs
- Use the amount from the site labor submitted in Checklist Item for each site and combine them for all sites, then enter the total on the Total Site Labor field
- Enter amount in any of the Projected Operating Costs fields needed to reflect costs which will combine for the Sub Total.
- Enter the Projected Administrative Costs which will Sub Total.

Cost Reimbursement Summary				
Total SFSP Costs	\$34,108.00			
Total SFSP Reimbursement	\$38,948.00			
Excess SFSP revenue amount from the prior program year or previous participation	on in SFSP \$ 0			
Amount from other funding resources (e.g. grant, donations)	\$			
Other funding resources				
	Balance \$4,840.00			
Additional Information				
Identify how excess funds will be used				
Used to improve the meal service or other aspects of the SFSP				
☐ Kept for next year's SFSP operations				
Pay for allowable costs of other child nutrition programs				
Will your organization expend and account for funds in accordance with the requir 7 CFR Part 225.17 and 2 CFR Part 200?	rements O Yes O No			
Certification				
I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Child and Adult Nutrition Services any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Child and Adult Nutrition Services may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.				
Document Attachments				
If the budget includes office building maintenance that includes contracted se	ervice <mark>s, attach a copy of the contract.</mark>			
Actions Notes	Version Uploaded By			
Add an attachment				
Created By: jmccord on: 3/13/2016 10:32:03 PM Modified By: jmccord on: 3/13/2016 10:32:03 PM Save Cancel				

- Cost Reimbursement Summary Reimbursement must exceed the cost and if not, additional funds and their sources must be entered.
- Additional Information must be entered
- Check Certification as your electronic signature.
- Document Attachments if applicable any contracts with budget information must be attached. Click Add an attachment

Click Save
Click Finish

Application Packet has no more red arrows and the *SUBMIT For APPROVAL* is highlighted.



When you see all green check and the button 'Submit for Approval' turns red, the Application Packet is ready to send to the State Agency – Child and Adult Nutrition Service CANS, once you click this you can't make any more changes so – make sure all is ready and then send.

If the button is not red – a step has been missed and is incomplete.

STEP 8 – Submit for Approval



Your application is now complete! Click the *Submit for Approval* button. A "pop-up" will appear asking you to verify that you wish to submit your application.

- If you are sure you are ready to submit your application, click OK.
 Once you click OK you will be unable to make changes to your application.
- If you do not wish to submit your application at this time, click *Cancel*. Your application will be saved and you can submit it at another time.

Forgot step 7 so went back and completed it.

STEP 7 - Attachment List



Click Details for the Attachment List

An example attachment could be the Census Data – FRAC Map displaying the data needed showing the site location eligibility documentation.



Click Add Attachment



File Name, Type, Date, Comment Display along with a Total Attachments, click *Back* when all attachments have been made. The Total Attachments displays on the Application Packet.



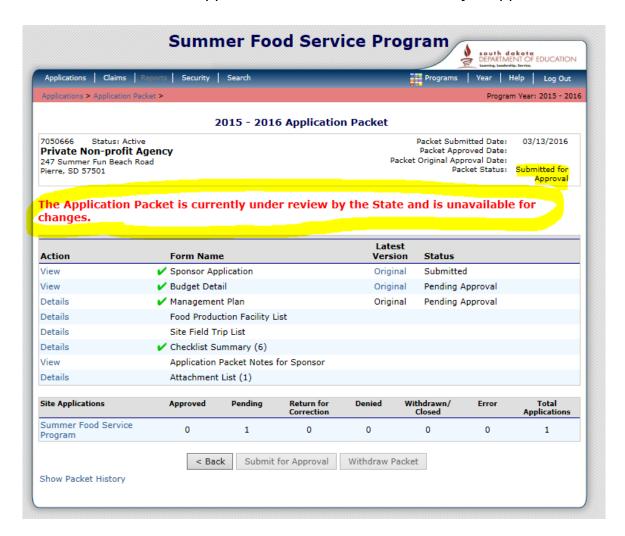
Your application is now complete! Click the Submit for Approval button.

A "pop-up" will appear asking you to verify that you wish to submit your application.

If you are sure you are ready to submit your application, click OK.

Once you click *OK* you will be unable to make changes to your application. If you do not wish to submit your application at this time, click *Cancel*. Your application will be saved and you can submit it at another time. Continue by clicking the *OK*; then "The Application Packet is currently under review by the State and is unavailable for changes."

- Red message the packet is unavailable for changes.
- Packet Status in upper left corner is now Submitted for Approval



 To modify anything you must email Julie at CANS and request it back to make changes before she starts the approval process.

Chapter 4 —Incomplete or Returned Applications

Upon reviewing your submitted application, the CANS office may have additional questions or require that you submit additional documents. In this event, you will receive an email notification from South Dakota Help Desk doe.icanhelp@state.sd.us advising you that your application has been returned to you for correction.

iCAN Application Packet Notification

South Dakota UAT Help Desk <doe.icanhelp@state.sd.us>
Sent: Fri 04/29/2016 11:46 AM
To: DOE ICAN Help

NOTIFICATION EMAIL FOR SFSP APPLICATION PACKET

South Dakota Unified Nutrition Programs System South Dakota Department of Education Child and Adult Nutrition Services

Thank you for submitting your Application Packet for the Summer Food Service Program. Your application packet has been RETURNED FOR CORRECTIONS.

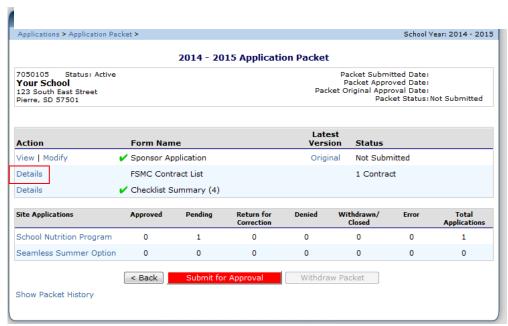
Sponsor Name: Your School Agreement Number: 7050105 Program Year: 2015/2016

Program: Summer Food Service Program (SFSP) Application Packet Status: Returned for Corrections

- **TIP**: The person listed as the Authorized Representative for your school or agency will receive the automated email notifications. If someone other than the Authorized Representative is completing this application, please make arrangements to have these emails forwarded to the appropriate person.
- Once you receive this email notification, log into iCAN and select your Application Packet. Notes regarding the corrections required can be found:
 - A) At the top section of the Sponsor Application page.



- B) Contained in the Application Packet
 If there are notes in the Application Packet, you will see a
 number next to the Application Packet Notes for Sponsor.
 Click View to read the notes.
- 2) Make the applicable corrections and click SAVE.
- 3) Resubmit your application by clicking the red *Submit for Approval* button.



You will see that the Packet Status now shows that it was Submitted for Approval. At this point you will be unable to make additional changes to your application.



Chapter 5 – Approved Applications

Once your application has been approved by the State you will see your Application Packet Status shows Approved. You will also receive an email notification advising you of this.



APPLICATION APPROVED / Application Packet Notes for Sponsor

- Application Packet Notes for Sponsor (1) indicates State Agency sent a note.
- Click on View Application Notes for Sponsor

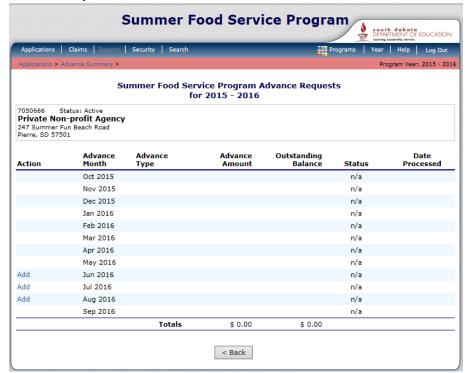


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Chapter 6 – Advance Requests



Select Applications from the blue menu bar. Click *Advance Requests* from the Item list.



Click Add under the Action to make the request.



Check the Operating and/or Administrative type of advance. In the Justification field – Enter the amount desired and the purpose. This is a required field and an Input Error will result without the information.

Send email to Finance Program Specialist and the SFSP Program Specialist to alert us an Advance Request Detail was submitted.

Written Justification for Start-up requests must be attached to the email for Jacquelynn Mattheis the Finance Program Specialist if the space provided is not sufficient.



Chapter 7 - Changing your Password

This feature only works once you are already logged in. If you have forgotten your password or are locked out of the system, you will need to send an email to DOE.iCANhelp@state.sd.us or contact 605-773-3413 and request a password reset. A confirmation with your temporary password will be sent to the email address we have on file for you. No password information will be provided to you over the phone.

1) Click on Security in the blue menu bar



2) Type a new password in both fields.



A password must contain a combination of the following:

- Be at least 10 characters long
- Contain at least one number
- Contain at least one special character (\$, %, ^, &, +, =, !)
- 3) Click Save