# **Combined Application**

**2014-2015**

One Copy

Due **August 29, 2014**

# **to State of South Dakota**

**Department of Education**

**Child & Adult Nutrition Services**

**for participation in**

# **Special Nutrition and Food Distribution Programs**

# **PART 1 - COMBINED APPLICATION**

# **A: LOCAL AGENCY(LA) DATA**

**Addresses and Phone Numbers**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local Agency (LA) Name: | | |  | | | | | |  | | LA Number: | | | | |  | |
|  | | | | | | | | | | | | | | | | | |
| LA Mailing Address: | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | |  |  | | |
| City | | | | | | |  | State | | | | | |  | Zip + 4 | | |
|  | | | | | | | | | | | | | | | | | |
| Phone + Ext.: |  | | |  | Fax: |  | | | | | | |  | | | | |
|  | | |  | | | | | | |  | |  | | | | |  |
| LA Package Delivery Address (must be a street Address, not PO Box): | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | |  |  | | |
| City | | | | | | |  | State | | | | | |  | Zip + 4 | | |

1. **Programs (**documents for SFSP and SSO will be mailed in the spring)

The Local Agency is applying to participate in (please check one or more):

National School Lunch Program (NSLP)  School Breakfast Program (SBP)  Seamless Summer Option (SSO)  Child and Adult Care Food Program (CACFP)

Afterschool Snacks  Special Milk Program (SMP)

Fresh Fruit and Vegetable Program  Summer Food Service Program (SFSP)

Food Distribution Program (FDP) (USDA Foods)

**C. MEAL/MILK COUNT METHOD**

1.  How are daily meal counts taken? (Check all that apply) See Attachments to provide additional information.

Point of service count is used                                               Alternate Point of Service

2.  How is the meal count recorded? (Check all that apply)

Count is taken manually

Computer Software is used: (software program name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Production Records**

**NSLP/SBP ONLY:** New daily production records are posted on the CANS website for use in SY14-15

The CANS SY 2014-15 daily production record template will be used.

SFA seeks permission from CANS to use a modified production record. Alternate form enclosed.

**CACFP ONLY: Do you need a new book?**  (circle) **No Yes** - if yes,how many? (one per site)      

Alternate form enclosed

**SFSP ONLY:**

The CANS daily production record template will be used.

Sponsor has obtained preapproval from CANS to use a modified production record.

**E. PERSONNEL** - Place a (✓) in the narrow column if the name or information is new. If address/phone/fax is the same as agency, as listed on page 1, it does not have to be repeated.

**Authorized Representative (person to receive mailings and authorized to enter into agreements on behalf of agency):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | National School Lunch/Breakfast | ✓ | Child and Adult Care Food | | ✓ | Summer Food Service | | ✓ | | | Special Milk | ✓ |
| Name |  |  |  | |  |  | |  | | |  |  |
| e-mail |  |  |  | |  |  | |  | | |  |  |
| Phone + Ext. |  |  |  | |  |  | |  | | |  |  |
| Fax |  |  |  | |  |  | |  | | |  |  |
| Mail |  |  |  | |  |  | |  | | |  |  |
| City/Zip + 4 |  |  |  | |  |  | |  | | |  |  |
| 2nd Contact Name |  |  |  | |  |  | |  | | |  |  |
| 2nd e-mail contact |  |  |  | |  |  | |  | | |  |  |
| **Claim Representative (person responsible for completing claims):** | | | | |  |  | |  | | |  |  |
|  | National School Lunch/Breakfast | ✓ | Child and Adult Care Food | | ✓ | Summer Food Service | | ✓ | | | Special Milk | ✓ |
| Name |  |  |  | |  |  | |  | | |  |  |
| Phone + Ext. |  |  |  | |  |  | |  | | |  |  |
| Fax |  |  |  | |  |  | |  | | |  |  |
| e-mail |  |  |  | |  |  | |  | | |  |  |
| **Food Service Director (person to receive nutrition/food service related information):** List address for food service director if it is different from that of the local agency. | | | | | | | | | | | |  |
|  | National School Lunch/Breakfast | ✓ | Child and Adult Care Food | | ✓ | Summer Food Service | | ✓ | | |  |  |
| Name |  |  |  | |  |  | |  | | |  |  |
| e-mail |  |  |  | |  |  | |  | | |  |  |
| Mail |  |  |  | |  |  | |  | | |  |  |
| City/Zip + 4 |  |  |  | |  |  | |  | | |  |  |
| Phone + Ext. |  |  |  | |  |  | |  | | |  |  |
| Fax |  |  |  | |  |  | |  | | |  |  |
| **USDA Foods (Commodities) (person who is authorized in iCAN to place orders)** | | | | | | | | | | | |  |
|  | NSLP/FDP– Ordering Contact | ✓ | NSLP/FDP Billing Contract | ✓ | | | **Delivery Address:** List physical delivery address (not PO address) for delivery of USDA Foods if address is different from that of the local agency | |  | The agency agrees to a $50 per site extra delivery fee if extra delivery sites are requested. 🞎  Contact CANS office to make arrangements. | | |
| Name |  |  |  |  | | |
| e-mail |  |  |  |  | | |
| Mail |  |  |  |  | | | Physical address & city: | |
| City/Zip + 4 |  |  |  |  | | |  | |
| Phone + Ext. |  |  |  |  | | |  | |
| Fax |  |  |  |  | | |  | |

**F. SITE SUMMARY** - Fill in the name and address of each attendance center for each program. Copy and attach additional sheets if necessary. Sponsors of day care homes should list each day care home along with mailing addresses and dates of birth for each provider.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Attendance Center #1 | Attendance Center #2 | Attendance Center #3 | Attendance Center #4 | Attendance Center #5 |
| **Name of Attendance Center** | |  |  |  |  |  |
|  | City |  |  |  |  |  |
|  | Type of Center |  |  |  |  |  |
|  | Check if this is a new center ✓ |  |  |  |  |  |
| **National School Lunch Program** | |  |  |  |  |  |
|  | Begin Date |  |  |  |  |  |
|  | End Date |  |  |  |  |  |
|  | Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
|  | Total number of operating days in year |  |  |  |  |  |
|  | Snack Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
| **School Breakfast Program** | |  |  |  |  |  |
|  | Begin Date |  |  |  |  |  |
|  | End Date |  |  |  |  |  |
|  | Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
|  | Total number of operating days in year |  |  |  |  |  |
| **Special Milk Program** | |  |  |  |  |  |
|  | Begin Date |  |  |  |  |  |
|  | End Date |  |  |  |  |  |
|  | Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
|  | Total number of operating days in year |  |  |  |  |  |
| **Child and Adult Care Food Program** | |  |  |  |  |  |
|  | Begin Date |  |  |  |  |  |
|  | End Date |  |  |  |  |  |
|  | Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
|  | Total number of operating days in year |  |  |  |  |  |
| **❑ Summer Food Service**  **❑ NSLP - Seamless Summer Option** | |  |  |  |  |  |
|  | Begin Date |  |  |  |  |  |
|  | End Date |  |  |  |  |  |
|  | Operating days per week | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S | S M T W T F S |
|  | Total number of operating days in year |  |  |  |  |  |

**G. CONTRACTS**

All contracts must be approved by the State Agency, except purchases under $25,000.

The State must approve all vended and management company contracts, regardless of amount.

Do any food service-related contracts exceed $25,000? YES NO

Does the LA have any arrangements for local processing of commodities? YES NO

Does the LA store food in facilities other than those it owns? YES NO

Does the LA prepare meals for other entities? YES NO

Does the LA have another entity prepare meals for any of its sites? YES NO

Does the LA have a Food Service Management Company contract? YES NO

If any of the answers are yes, list them below and attach a copy of the current agreement with the contractor.

|  |  |
| --- | --- |
| ORGANIZATION: |  |
|  |  |

**H. ATTACHMENTS** – The Local Agency has included the following applicable attachments:

1. All Agencies Contracts as listed above

2. All Agencies - Applicable attachments from the application packet

3. NSLP/SBP/SMP only- I have reviewed Application Parts 2 and 3, and either:

a) found no changes that need to be submitted; or

b) have made the needed changes, highlighted, and submitted them with this application renewal.

4. New Agencies/New Sites - Specific Program Application parts (Parts 2, 3)

5. New agencies submit proof of tax-exempt status. Contact CANS if this is a for-profit CACFP.

**I. AUTHORITY:** In order to effectuate the purpose of the following statutes: The National School Lunch Act (NSLA), as amended, (42 U.S.C. 1751-1760, 1761, 1762a, 1765, 1766, 1779), The Child Nutrition Act (CNA) of 1966, as amended, (42 U.S.C. 1771-1774, 1784, 1788, 5 U.S.C. 301), The Agricultural Act of 1949, as amended, (7 U.S.C. 1431), The Agricultural Act of 1956, as amended, (7 U.S.C. 1431nt), The Act of August 24, 1935, as amended, (7 U.S.C. 612c 15 U.S.C. 713c), The Mutual Security Act of 1954, as amended, (22 U.S.C. 1922), The Disaster Relief Act of 1974, as amended, (42 U.S.C. 5179, 5180), The Food and Agricultural Act of 1965, as amended, (7 U.S.C. 1446 a-1), the Older Americans Act of 1965, as amended, (42 U.S.C. 3030a, 3057c), The Agriculture and Consumer Protection Act of 1973, as amended (7 U.S.C. 612cnt), The Food and Agriculture Act of 1977, as amended, (7U.S.C. 2011-2027).

**J. ASSURANCES:** The Local Agency agrees to abide by federal regulations, state and federal instructions, guidance, policies, agreements, and amendments to agreements applicable to the programs approved for participation. Signature below signifies agreement with the changes in Parts 4 (Agreement), 5 (USDA Foods Agreement), and 6 (Policy Statement) of the respective applicable agreement packets. The Local Agency further agrees to use the attachments provided by the State for the applicable programs, (Letter to Parents, Application, and Current Income Guidelines) or to seek approval prior to using any modifications other than those noted. The applicant agency assumes responsibility for all sites/attendance centers listed in Part F of this application for the Nutrition Programs operated at these sites. This is to certify that the information supplied herein is true and correct to the best of my knowledge; and that the Board of Education/Governing Body is informed of, and in accord with all terms and conditions.

The Local agency certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If unable to certify to this statement, an explanation shall be attached to this application.

Child and Adult Nutrition Services (referred to as the "State Agency") and the Local Agency (LA) whose name and address appear in Part 1.A, acting on behalf of each site listed in Part 1.F attached hereto and incorporated by this reference covenant and agree as follows as set out in individual program applications, sections, and parts.

Local Agency

By:

Authorized Representative Signature

Name:

(Print or Type)

Title:

Date: \_\_\_\_\_\_\_

DOE – Child and Adult Nutrition Services

By:

Signature

Name: Sandra Kangas

Title: Office Administrator

Date: \_\_\_\_\_\_\_