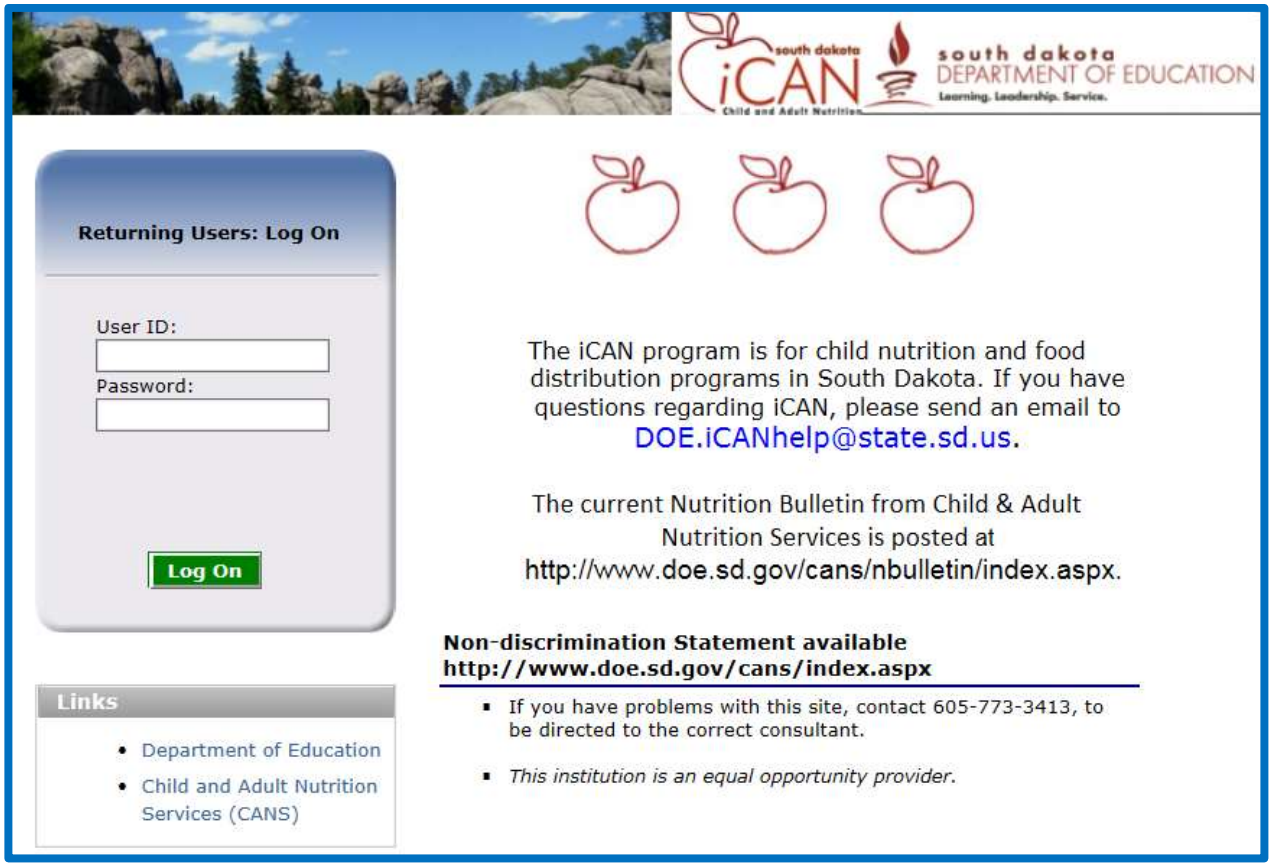
School Nutrition Programs iCAN Application Manual



National School Lunch, School Breakfast, and Special Milk Programs
Child and Adult Nutrition Services, SD Dept. of Education

Website: https://ican.sd.gov/ican/splash.aspx

Updated: May 2017

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Chapter 1 – Logging in to the iCAN 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 iCAN Programs page is displayed. Click on the specific tile you wish to access. In this instance the *School Nutrition Programs*.

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

SESSION CONFLICT ERROR

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

1) Click the *Activate* button.
   - In most instances this will take you directly to the iCAN Log On.
   - If clicking *Activate* does not work, close all open 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 iCAN page contains key elements that provide basic information about your location within the system.

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

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

3) 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.

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

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

6) **DO NOT** use your browser arrows to navigate iCAN.

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

8) Please make sure you **Log Out** to exit the iCAN system.

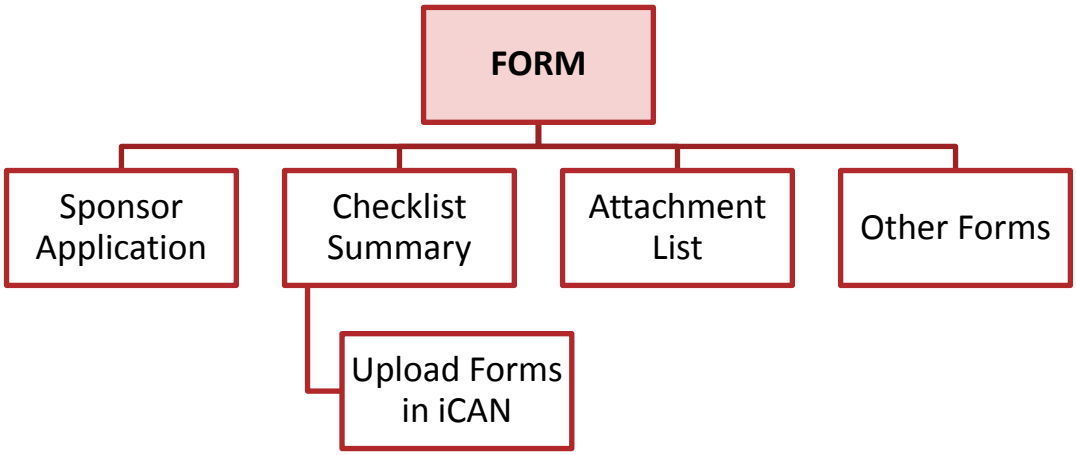
Tip: Action: View or Modify. Be careful once your application is approved to select View. Only select Modify if you need to make changes to the Site Application.

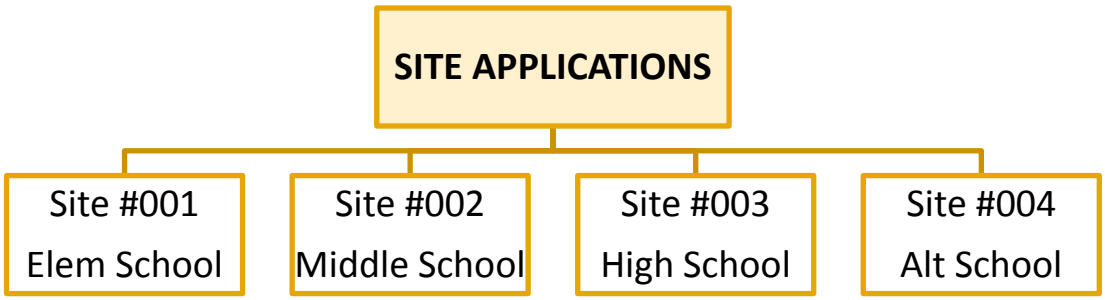
An Overview of the Application Process

The Application Packet consists of two main sections.

FORM: This contains the Sponsor Application, a Checklist Summary and an Attachment List. The list of forms will vary depending on your particular School/Agency.

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





Tip: Sequence is important!

Start with your Sponsor Application.
Complete the Site Applications next.
Complete the Checklist Summary and upload documents.
Complete any other required sections.

Chapter 3 – Application Packet

Completing a Sponsor Application

1) Select *Applications* in the Menu line.

2) Select *Application Packet*.

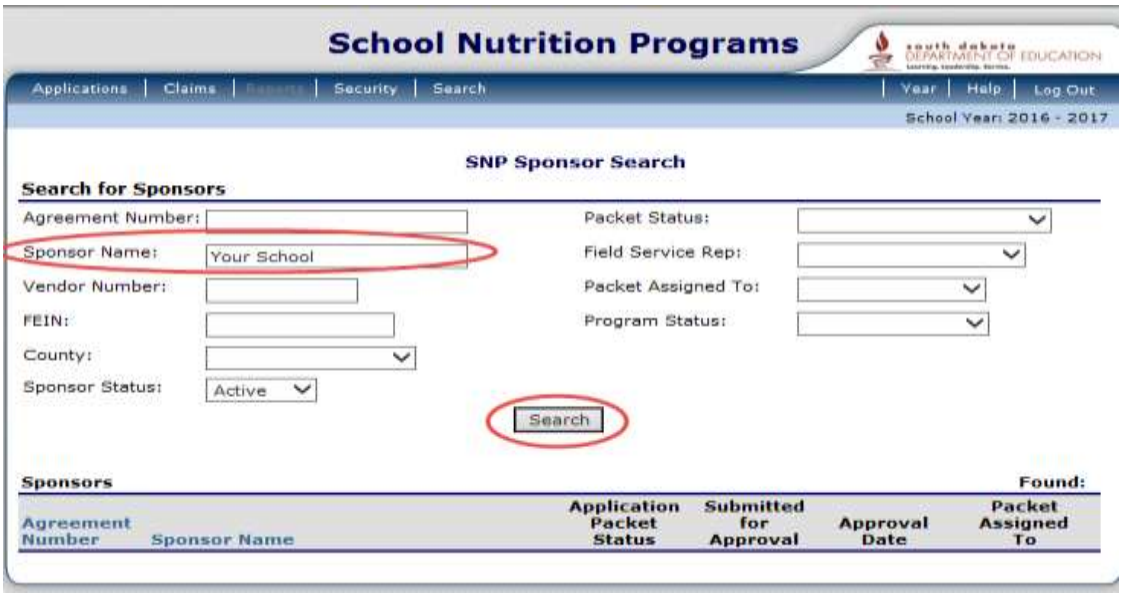
3) Your school or agency name should already be listed. Select the appropriate School Year.

4) If you see this screen choose *add*. This will take you to the *Sponsor Application*.

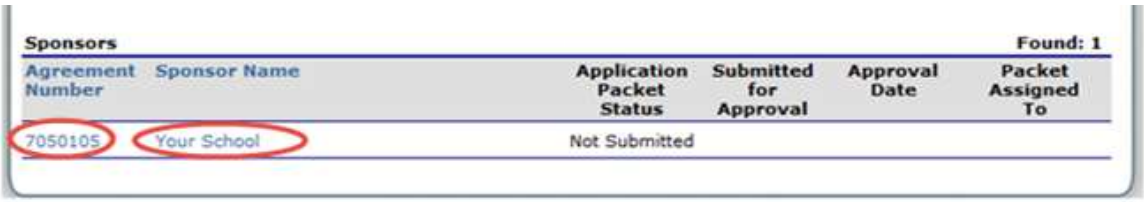
5) If you see the following screen, select *Enroll* to begin a renewal application. If you do not wish to complete an application at this time, select *Cancel*.

6) If you selected *Enroll*, Click *OK* to continue.

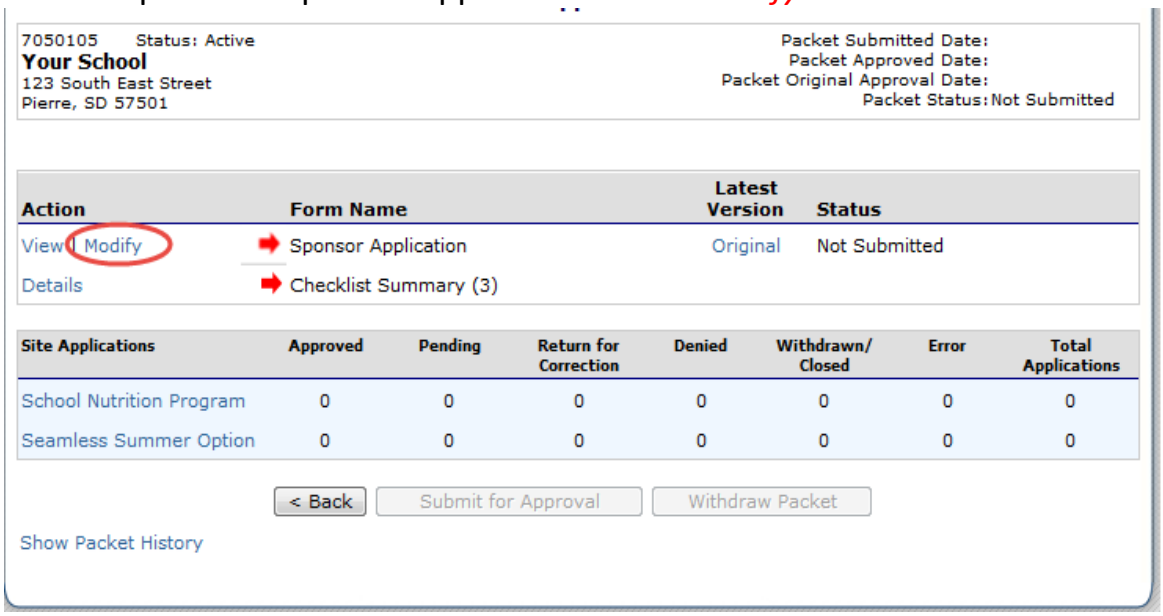
Tip: If you work with multiple Sponsor Agencies (such as a Food Service Management Company), you must first search for the Sponsor. Fill in the Sponsor's name and select Search.



- The Sponsor name will appear at the bottom of the screen.
- Select either the Agreement Number or the Sponsor name.



7) To complete the Sponsor Application select *Modify*



8) Complete all open boxes of the application.

- Renewing agencies will have some prior year information roll forward. Review and update as necessary.

Tip: The salutation drop-down box (Mr., Mrs., etc.) is a required field.

- Question #2, Operational Dates, will automatically default to July 1 to June 30.

Tip: Update with your actual dates of operation. This is your school start and end dates.

Authorized Representative

		Salutation	First Name	Last Name
3.	Name:			
4.	Email Address:			
5.	Phone:		Ext:	Fax:
6.	Cell/Alt Phone:			
7.	Title:			
8.	New Contact?	☐		

The Authorized Rep is the person at the SFA responsible for the program

Street Address

9.	Address Line 1:	
	Address Line 2:	
10.	City:	
11.	State:	SD Zip:
12.	County:	

Street Address is your physical location address

Mailing Address

☐ Same as the Street Address

13.	Address Line 1:	
	Address Line 2:	
14.	City:	
15.	State:	SD Zip:
16.	County:	

Mailing Address is your postal mailing address

Food Service Director (FSD) / Manager

☐ Same as the Authorized Representative

		Salutation	First Name	Last
17.	Name:			
18.	Email Address:			
19.	Phone:		Ext:	Fax:
20.	Cell/Alt Phone:			
21.	Title:			
22.	New Contact?	☐		

Food Service Director/Mgr is the person responsible for the Food Service portion of the program

Claim Representative

☐ Same as the Food Service Director (FSD) / Manager

		Salutation	First Name	Last Name
23.	Name:			
24.	Email Address:			
25.	Phone:		Ext:	Fax:
26.	Cell/Alt Phone:			
27.	Title:			
28.	New Contact?	☐		

Claim Rep is the person that submits the monthly claim for reimbursement

Second Contact

Alternate contact at this site, if needed

☐ Same as the Food Service Director (FSD) / Manager

	Salutation	First Name
29. Name:		
30. Email Address:		
31. Phone:		Ext:
32. Cell/Alt Phone:		
33. Title:		
34. New Contact?	☐	

Second Contact is a back up program contact. All programs must have at least two contact people listed on the application

Tip: Correct email addresses for the Authorized Representative, Claim Representative and Food Service Director are very important. These addresses are used by the CANS office for email lists and standard communications with your school/agency.

- Complete all open boxes.

Determining Official

35. This person processes applications and makes eligibility determinations.

Name/Title:

Name can not be the same as Verifying Official.

Hearing Official

36. This person shall ensure that all required provisions of the appeal process are followed as outlined on the Letter to Households of Approval/Denial of Benefits. The Hearing Official must be someone not involved in making the determination under appeal or any previous conference and hold a position at a higher administrative level than the reviewing and verifying official(s).

Name/Title:

*Hearing Official must be in a position higher than the Determining Official and Verifying Official.

Verifying Official

37. This person verifies the eligibility of applicant households in accordance with program regulations, and, if needed, completes the independent review of applications when required.

Name/Title:

Name can not be the same as Determining Official.

Tip For RCCIs, CEP, and Provision schools only: Verification is not required but Questions #35-37 must be answered.

- **Determining Official is the person that establishes eligibility (when applicable), completes Direct Certification (when applicable), and/or the person that files your claims for reimbursement.**
- **The Hearing Official is the person that handles grievances.**
- **The Verifying Official is the person that completes the 742 Verification Report.**

Meal Count and Collection Procedures

38. Have your meal count procedures and/or your billing and payment colle at any of your sites been revised? ◯ Yes ◯ No

Defaults to YES, Change if your procuredures have **not changed**

Food Distribution Program (Commodities)

Note: The renewal of NSLP will renew your FND Commodity Agreement. Therefore, you are eligible fo of food donated by USDA.

39. Do you wish to accept distributions of USDA donated food? ◯ Yes ◯ No

Eligibility Information

40. Does your organization use the Current State prototype household application? ◯ Yes ◯ No
41. Does your organization use a software system to read information from scanned applications? ◯ Yes ◯ No

    If yes, what is the name of your scanned application system?
42. Does your organization use online applications? ◯ Yes ◯ No

    If yes, what is the name of your online application system?
43. Are you using an electronic system for processing free and reduced applications? ◯ Yes ◯ No

    If Yes, what is the name of your electronic system?

44. Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program?

Answer YES if you are on CEP

Tip: Answer Yes to Question # 44 if any of your sites will be operating a Community Eligibility Provision (CEP). This will trigger the CEP Schedule to your Application Packet.

- If your school/agency contains any RCCI sites, complete questions 45 – 48.
- If your school/agency does not have any RCCI sites this area will be grayed out and you will not be able to enter any information into this area.

Licensed Residential Child Care Institution (RCCI) only

45. Is the site licensed as an RCCI site for the care of children? ◉ Yes ○ No

46. What is the student population type?
- ○ Day only
- ○ Residential only
- ○ Residential and day students

47. What documentation is used to qualify residential students for free meals?
- ○ Roster
- ○ Other

If Other, please describe:

48. What documentation is used to qualify day students for free and reduced price meals?

(Check all that apply.)
- ☐ Free and Reduced Price Application
- ☐ Direct Certification
- ☐ Homeless Liaison
- ☐ Other

If Other, please describe:

- If your school/agency contracts with a Food Service Management Company (FSMC), complete questions 49 – 53. Complete the section for FSMC Contract.
- If your school/agency does not contract with an FSMC, select No.

Food Service Management Company (FSMC)

49. Will the school nutrition program be managed by a Food Service Management Company (FSMC)? ◉ Yes ○ No

Sponsor Contact for FSMC Contract

☐ Same as Authorized Representative

	Salutation	First Name	Last Name
50. Name:			

51. Email Address:

52. Phone: Ext: Fax:

53. Title:

- **Vended Meals:** Complete this section if you have a contract to puchase or sell food in your food service program.
  - Q. 54: Do you purchase meals through a **Vended Meal Contract** with another school/agency that also operates the School Nutrition Programs?
    - List the SFA name.
  - Q. 55: Do you purchase meals through a **Vended Meal Contract** with a company that does not operate the School Nutrition Programs? For example: a grocery store or college.
    - List the vendor's name.
  - Q. 56: Do you sell or provide reimbursable meals to another school/agency that operates the School Nutrition Programs and **your SFA claims the meals** for reimbursement?
  - Q. 57: Do you provide reimbursable meals to another school/agency that operates the School Nutrition Programs and **your SFA does not claim** the meals for reimbursement?
    - List the SFA name.
  - Q. 58: Do you have any other contracts not listed in a. through d. that run through your food service department? For example, a senior meal program.
    - List each contract.

Vended Meals

54. Does your organization purchase meals from a School Food Authority (SFA)? ○ Yes ◉ No

    If Yes, please list the School Food Authority (SFA) name(s):

    Do you have a contract? ○ Yes ○ No

55. Does your organization purchase meals/snacks from a vendor other than a School Food Authority (SFA)? ○ Yes ◉ No

    List the vendor name(s):

    Do you have a contract? ○ Yes ○ No

56. Does your organization claim reimbursement for meals provided to a School Food Authority (SFA)? ○ Yes ◉ No

    Do you have a contract? ○ Yes ○ No

57. Does your organization vend meals to a School Food Authority (SFA)? ○ Yes ◉ No

    If Yes, please list the School Food Authority (SFA) name(s):

58. Does your organization have any other contracts related to food service? ○ Yes ○ No

    If Yes, please describe additional contracts.

- **Specially Need Lunch -** This section automatically populates using the second prior school year claimed lunch counts for your school/agency.
  - *Yes* = Your school/agency served 60% or more of the lunches during the second preceding school year at the free or reduced price rate.
  - *No* = Your school/agency did not serve 60% or more of the lunches during the second preceding school year at the free or reduced price rate.

Specially Needy Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2015 - 2016)

Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra $.02 reimbursement rate
4,214	3,843	18,264	44.11 %	No

- **Comments -** If there is any additional information you wish to provide? If so, please add your notes and comments to this box.

Comments from Sponsor

9) Make sure to check the certification box, or you will receive an error.

10) Click Save.

Certification

☑ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

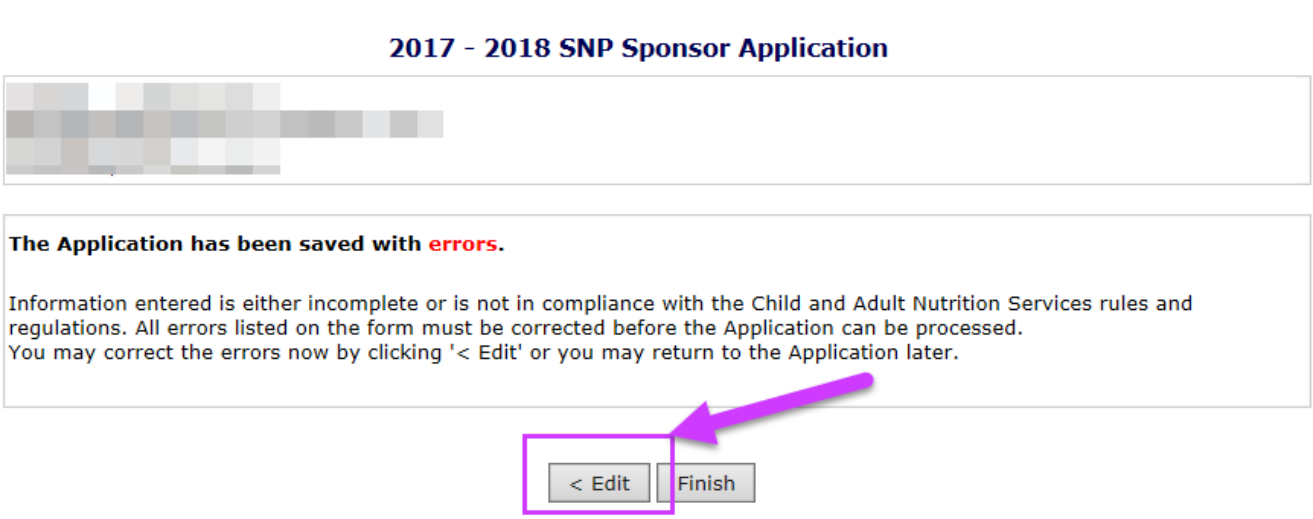
I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Save Cancel

Errors and Warnings

Once saved, you may see the application contains errors. You will need to *edit* your application before you are able to submit. Click the *edit* button to see what your errors are and to make corrections.

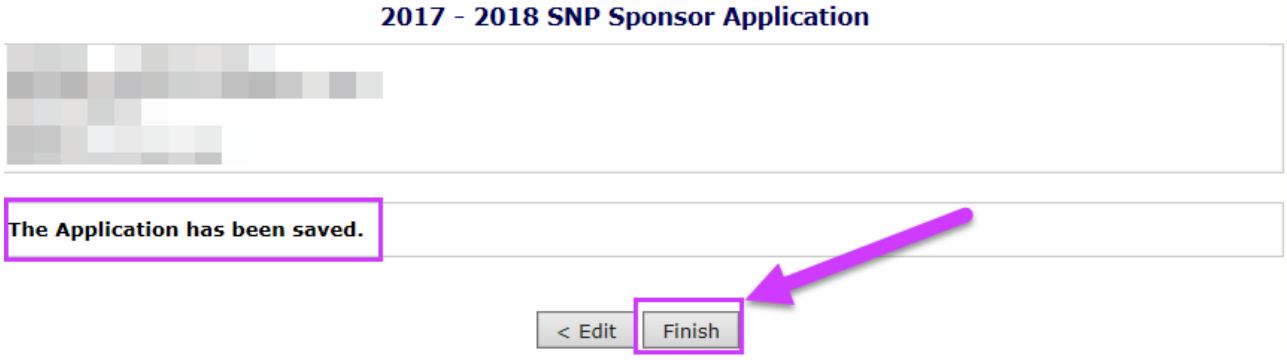


1) Make corrections and Click *Save* when you are finished

Examples of Errors

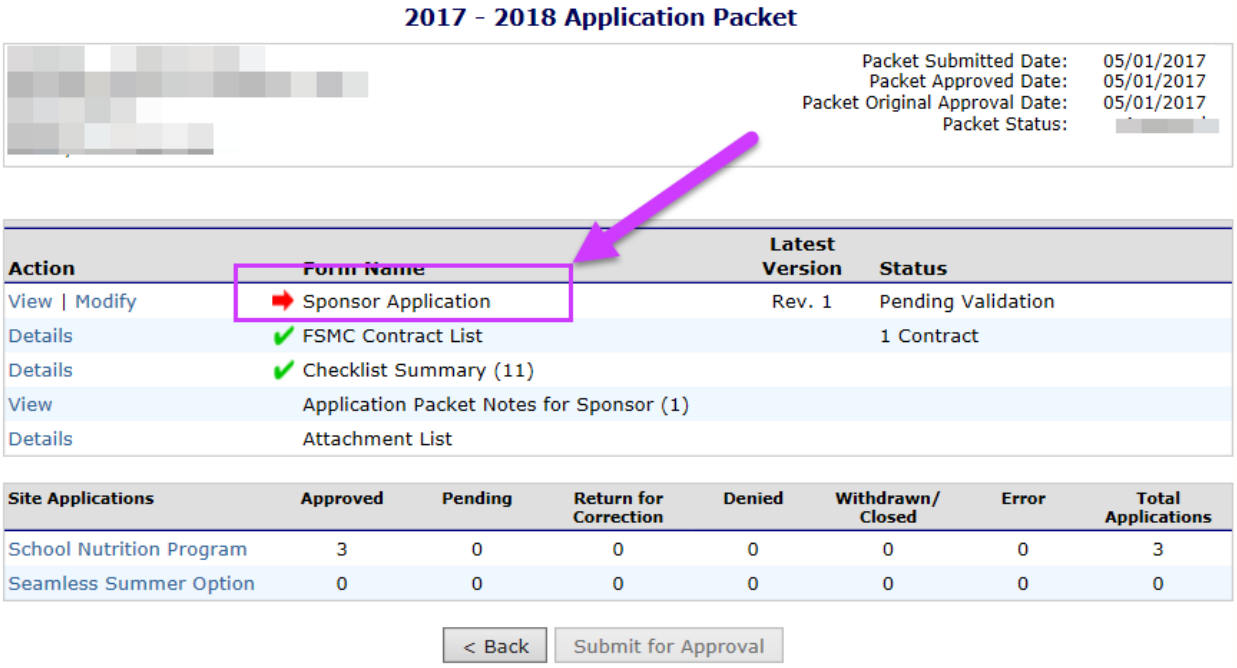
Code	Error Description
1100	Street Address must be completed. Address Line 2 may be blank.
1400	The question 'Student population type must selected' must be answered.
1515	If the school nutrition program is managed by an FSMC, the Sponsor Contact for FSMC Contract is required.
1529	If your organization has any other contracts related to food service, Additional contracts description must be provided.
1001	The certification checkbox must be checked.

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



3) You will be taken back to the Application Packet Menu.

4) This section is now complete! Notice the **green checkmark**!



2017 - 2018 Application Packet

Packet Submitted Date: 05/01/2017
Packet Approved Date: 05/01/2017
Packet Original Approval Date: 05/01/2017
Packet Status:

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Rev. 1	Pending Validation
Details	FSMC Contract List		1 Contract
Details	Checklist Summary (11)		
View	Application Packet Notes for Sponsor (1)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	3	0	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

< Back | Submit for Approval

Tip: If you have a red arrow instead of a green checkmark that means there is an error. The error indicates the section is not complete and your Application Packet cannot be submitted for approval until all errors are corrected.

Site Applications

To complete the Site Applications click on the blue *School Nutrition Program* link.

2017 - 2018 Application Packet

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Original	Not Submitted
Details	Checklist Summary (10)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Appr	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

< Back | Submit for Approval | Withdraw Packet

1) Click *modify*

2017 - 2018 Application Packet - SNP Site List

Action	Site ID / Site Name	NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig.%
	Totals	3	0	0	0	0		
View | Modify	0001 HI SCH	X					Original / Not Submitted	0.0000
View | Modify	ELEM	X					Original / Not Submitted	0.0000
View | Modify	JR HI	X					Original / Not Submitted	0.0000

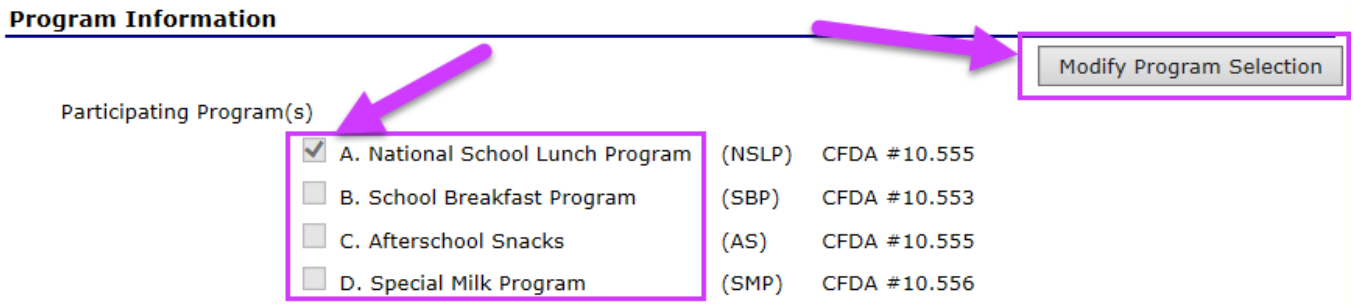
Add Site Application

Total Sites Enrolled: 3

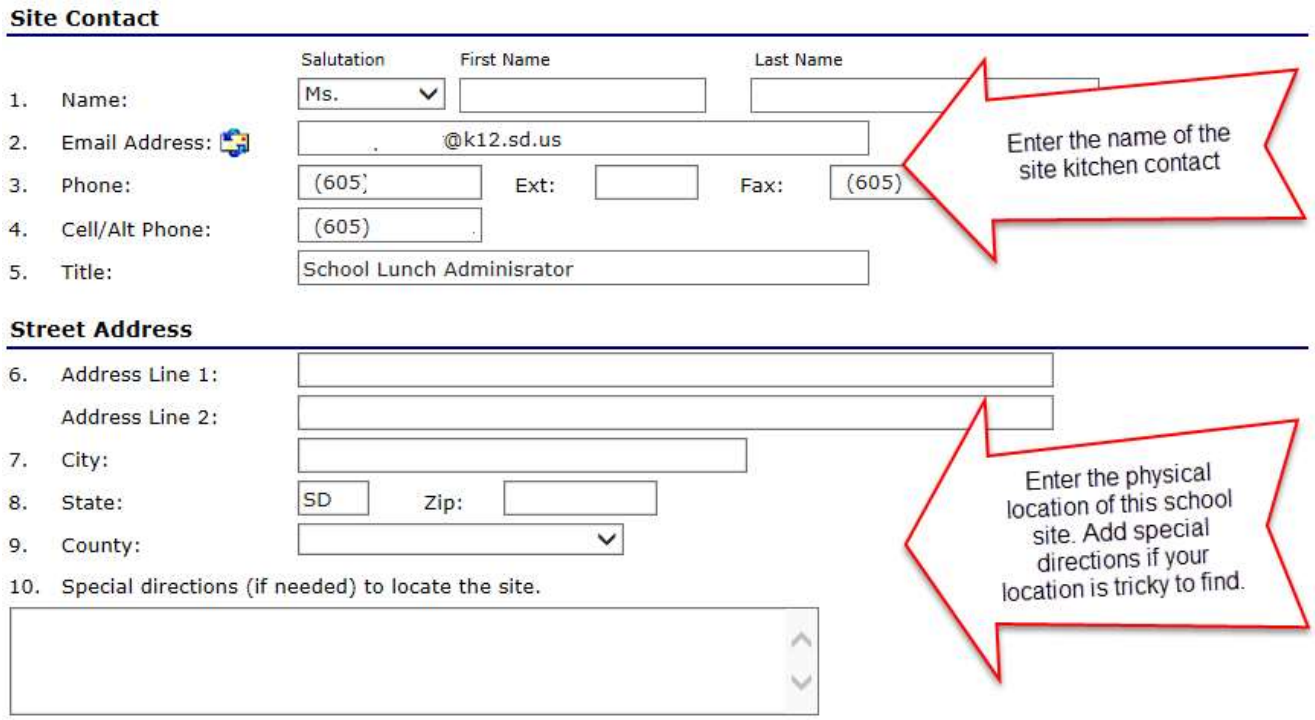
- **Renewing school/agency sites:** Much of the prior year program information will roll forward into the site application. Please review make changes and additions as needed. Complete any unanswered questions.
- **New school/agency sites:** Your new site will be blank. Please complete all unanswered questions.

2) **Modify Program Selection:** To add or drop a program at this site, first select Modify Program Selection and then make your selection under Participating Program(s) then click Save and Continue.

TIP: Make sure you select Modify Program Selection first, or you will lose your work.



3) Starting with Site Contact complete the SNP Site Application.



4) **Site Type:**

- Traditional Public School: Select if this site is a Public School
- Charter School: There are no charter schools in SD
- Non-Public School: Select if this site is not a Public School or an RCCI.
- Residential Child Care Institution (RCCI): Select if this site is a licensed RCCI or a State run Residential Child Care Institution

Participation Information

11. Site Type: Traditional Public School

5) **New Site:**

- If Yes, contact CANS to ensure you complete Q# 12 with the correct lunch data.

  If this is a new site and there are no lunch counts for the second prior year. This site may operate 3 months and the SFA may apply for Severe Need Breakfast Reimbursement Rate. There is an allowance to make the SNB reimbursement rate retroactive for 3 months of operation.

- If No is selected the data should prepopulate from the second preceding school year claim data for this site.

12. Is this a new site with a majority of the students transferred from severe need schools? ○ Yes ◉ No

If yes, enter the number of lunches for the first 3 months of operation in question 13.

6) Severe Need Breakfast Reimbursement Rate Determination:

- *Yes* = 40% or more lunches were served at the free or reduced price rate in the school year noted on the site application.
- *No* = less than 40% of lunches were served at the free or reduced price rate in the school year noted on the site application.

13. Lunches claimed for School Year (2015 - 2016) - Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Severe Need Breakfast Reimb. Rate
857	640	3,094	4,591	32.60%	No

14. Select Grades at this site: (Check all that apply)

Early Education: ☐	1st grade: ☐	5th grade: ☐	9th grade: ☑
Head Start: ☐	2nd grade: ☐	6th grade: ☐	10th grade: ☑
Pre-Kindergarten: ☐	3rd grade: ☐	7th grade: ☐	11th grade: ☑
Kindergarten: ☐	4th grade: ☐	8th grade: ☐	12th grade: ☑
Other: ☐			

7. **Kitchen Type:**
   - **On-Site Prep**: Food is prepped and served at this site.
   - **Walking**: Students walk from one site to another feeding site.
   - **Pre-Packaged Satellite:** Individually portioned and trayed food is sent to this location.
   - **Bulk Satellite:** Bulk food is sent to this location.
   - **Central Kitchen:** This is a food preparation location only. No feeding occurs at this site.
   - **Vended Meals:** Meals are purchased from another SFA and are not prepared at this location.
   - **Vending Machine Meal Service:** Students are served meals from a vending machine at this site.
   - **Combination:** Any combination of the above locations. Please make note of what types of meal service/prep occurs at this site and where food is shipped, when applicable.

     Examples:
     - This site serves food and also prepares meals to satellite to another location.
     - This site serves food and also prepares meals for a vended contract for meal service elsewhere.

15. Kitchen Type: On-site Prep

    If Combination, identify which types:

8. **Adult Meal Price:** Must be set high enough to cover the federal free reimbursement rate, the performance reimbursement, and the value of USDA Foods used in the meal, when applicable.

   See CANS NSLP Memo # 56.2 Meal Pricing: Adult Meals for more information about setting proper adult meal prices.

Pricing Information

16. **PRICING:** Insert prices charged for each program in which this site will participate (e.g. if the full price for lunch is $2.00, insert 2.00 under NSLP and in the column next to Paid).

    NON-PRICING: Select if students will not be charged for meals.

    REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

    NOTE: The maximum charge for reduced-price meals is $0.40 for lunch, $0.30 for breakfast, and $0.15 cents for snacks. Do not enter dollar signs in the meal pricing fields.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)	Pricing	3.75	0.40	4.50
School Breakfast Program (SBP)	Non-Pricing - Universal Free			3.50
Afterschool Snack (AS)	Non-Pricing			.75

Tip: Selecting Pricing Information will trigger different checklist items. Selecting a Provision will trigger Provision status and checklist items. Selecting Non-Pricing - CEP will trigger Questions 17-19 and will pull information from your prior school year CEP Site List.

Community Eligibility Provision (CEP)

17. Identified Students: 122
18. Enrollment: 208
19. This Site's Identified Student Percentage (ISP): 58.65 %

National School Lunch Program Site Applications

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

A1. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☑ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑

Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☐

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☐ Mon: ☑ Tue: ☑ Wed: ☑ Thu: ☑ Fri: ☐ Sat: ☐ Sun: ☐

Tip: Carefully check mark each month and day of the week this site is in operation. If you miss a check mark for a month you will not be able to submit a claim for reimbursement that month. If you miss a day of the week, you will only be able to claim for the number of days checked.

Tip: 4-day schools: If your site occasionally through the school year operate 5-days per week, please check 5-days (Mon-Fri) to ensure you are able to claim your occasional 5-days per week. Please add a comment to your packet that this site typically operates a 4-day per week program.

A2. Meal Service Times Begin Time: 11:00 AM End Time: 12:00 PM

Additional Meal Service Times

A3. Will Offer versus Serve (OVS) be implemented for Lunch? ◉ Yes ○ No

A4. What grades are utilizing Offer vs. Server (OVS) for Lunch?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☑

Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☑

Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☑

Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☑

Other: ☐

9. **Points of Service (POS):** Please record all points of service at this school. Examples: If you have two POS computer terminals, record 2. If you have classroom meal service, record the number of all the classrooms plus your cafeteria POS.

10. **Alternate Points of Service:** An alternate point of service is when the meal count is taken before all the food is served. Be sure to describe all alternate

points of service in the checklist item called: Meal Count Method. Note each Alternate POS in the comment box.

A5. How many Points of Service? 1

A6. Are alternate points of service used? ○ Yes ◉ No

Describe your alternate points of service, if used:

School Breakfast Program Site Applications

Section B - SCHOOL BREAKFAST PROGRAM (SBP)

B1. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☑ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑

Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☐

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☐ Mon: ☑ Tue: ☑ Wed: ☑ Thu: ☑ Fri: ☑ Sat: ☐ Sun: ☐

Tip: Carefully check mark each month and day of the week this site is in operation. If you miss a check mark for a month you will not be able to submit a claim for reimbursement that month. If you miss a day of the week, you will only be able to claim for the number of days checked.

Tip: 4-day schools: If your site occasionally through the school year operate 5-days per week, please check 5-days (Mon-Fri) to ensure you are able to claim your occasional 5-days per week. Please add a comment to your packet that this site typically operates a 4-day per week program.

B2. Meal Service Times Begin Time: 8:00 AM End Time: 8:30 AM

Additional Meal Service Times

B3. Will Offer versus Serve (OVS) be implemented for Breakfast? ◉ Yes ○ No

B4. What grades are utilizing Offer vs. Server (OVS) for Breakfast?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☑

Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☑

Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☑

Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☑

Other: ☐

1. **Points of Service (POS):** Please record all points of service at this school. Examples: If you have two POS computer terminals, record 2. If you have classroom meal service, record the number of all the classrooms plus your cafeteria POS.

2. **Alternate Points of Service:** An alternate point of service is when the meal count is taken before all the food is served. Be sure to describe all alternate points of service in the checklist item called: Meal Count Method. Note each Alternate POS in the comment box.

B5. How many Points of Service? 1

B6. Are alternate points of service used? ○ Yes ◉ No

Describe your alternate points of service, if used:

Afterschool Snacks Site Applications

Section C - AFTERSCHOOL SNACKS (AS)

C1. A. Months of Operation: (Check all that apply)

All: ☑ Jul: ☐ Aug: ☑ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑

Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☐

B. Days of the week snacks served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☑ Mon: ☑ Tue: ☑ Wed: ☑ Thu: ☑ Fri: ☑ Sat: ☐ Sun: ☐

Tip: Carefully check mark each month and day of the week this site is in operation. If you miss a check mark for a month you will not be able to submit a claim for reimbursement that month. If you miss a day of the week, you will only be able to claim for the number of days checked.

1. Snack Service Times must begin after school.

C2. Snack Service Times Begin Time: 4 PM :00 End Time: 4 PM :15

Alternate Service Times

C3. What time does the normal school day end? 4 AM :00

C4. Describe the Snack Count Method:

Explain how this program records each eligible student that receives one snack per day. This count must be taken during snack service.

C5. Describe educational or enrichment activities.

The snack program must have an educational or enrichment activity. For example, homework assistance, cooking class, learning about native foods, etc.

2. Site License: If Yes is selected, you will be asked up upload a copy of the license in the Checklist Items.

C6. Is the site licensed? ○ Yes ○ No

3. Free and Reduced Enrollment Percentage:
   - Site Eligible = Prior October claim data must indicate at least 50% of the enrolled children are eligible for free and reduced price meals.

C7. Free and Reduced Enrollment Percentage: 65.3 %

Site is:
- (●) Attendance Area Eligible - Eligible based on this site (claim all snacks free).
- ( ) Attendance Area Eligible – Eligible based on another site (claim all snacks free).
- ( ) Non-Area Eligible (claim all snacks free, reduced and full price).

Select the qualifying site for the Afterschool Snack Program:

Other:

AFTERSCHOOL SNACKS (AS) Contact

☐ Same as the Site Contact

	Salutation	First Name	Last Name
C8. Name:			

C9. Email Address:

C10. Phone: Ext: Fax:

C11. Title:

Special Milk Program Site Applications

This section applies for sites that have SMP in addition to other programs or for SMP only sites.

Tip: Children that have access to a meal through the National School Lunch Program or School Breakfast Program are not eligible for milk through the Special Milk Program.

- **Site Type:**
  - School (no meals): Is a school site where no lunch or breakfast meals are offered to the students.
  - School (split session kindergarten): Is a school site and children are in school partial days. They do not have access to the lunch or breakfast meal service.
  - Residential Summer Camp: A camp where students spend the night at the camp site.
  - Other: Any other eligible child care institution. A nonprofit nursery school, child care center, settlement house, summer camp, service institution participating in the Summer Food Program for Children, an institution participating in the Child and Adult Care Food Program, or similar nonprofit institution devoted to the care and training of children. This site cannot also offer participants a lunch or breakfast meal program.

Section D - SPECIAL MILK PROGRAM (SMP)

Students participating in Special Milk are not eligibile to also participate in NSLP or SBP.

D1. Site Type: School (no meals)

D2. A. Months of Operation: (Check all that apply)

All: ☑ Jul: ☑ Aug: ☑ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑

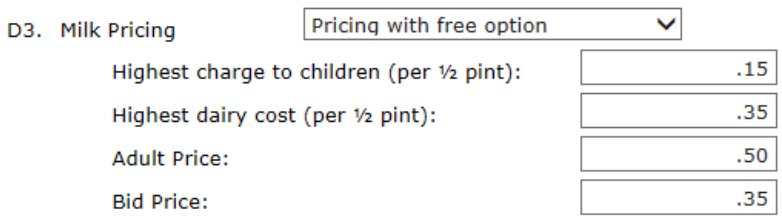
Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☑

B. Days of the week milk served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☑ Mon: ☑ Tue: ☑ Wed: ☑ Thu: ☑ Fri: ☑ Sat: ☐ Sun: ☐

- **Milk Pricing:**
  - Pricing with Free Option:
    - Milk is sold to children and families can apply for free milk using a household application.

        - School receives standard rate for “paid milk” and an average cost of “free milk.”
        - Reimbursement payments must be used to lower the cost of “paid milk.” The cost must be reduced to zero if “paid milk” reimbursement is higher than the avg. cost of a half pint of milk purchase price.
    - Pricing without Free Option:
        - All families pay the same price for milk.
        - No household application for free milk is collected.
        - School receives standard rate of reimbursement for all milk.
    - Nonpricing:
        - No families pay for milk.
        - No household application for free milk is collected.
        - School receives standard rate of reimbursement for all milk.



Tip: The milk price charged to students must be decreased by the milk reimbursement. Students cannot be charged more than 25 cents.

Site Application Certification Statement

1) Make sure to check the certification box, or you will receive an error.

2) Click *Save* when finished.

Certification

☑ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the South Dakota Department of Education any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The South Dakota Department of Education may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the South Dakota Department of Education. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: cherieewatterson on: 4/27/2017 9:43:39 AM Modified By: cwatt on: 4/27/2017 5:47:47 PM

Save Cancel

Site Application Errors and Warnings

Once saved, you may see the Site Application contains errors or warnings. You will need to *Edit* your Site Application before you are able to submit.

1) Click the *Edit* button to see what your errors are and to make corrections.

2017 - 2018 SNP Site Application

The Site Application has been saved with errors.

Information entered is either incomplete or is not in compliance with the Child and Adult Nutrition Services rules and regulations. All errors listed on the form must be corrected before the Site Application can be processed.
You may correct the errors now by clicking '< Edit' or you may return to the Site Application later.

< Edit Finish

Examples of Errors

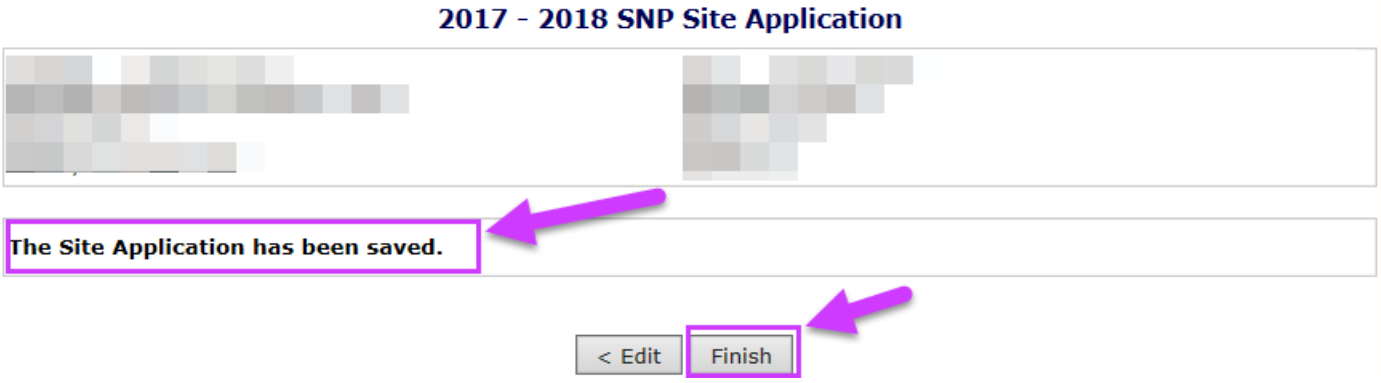
Code	Error Description
3060	Pricing information is required for each Participating Program selected.
3001	The certification checkbox must be checked.
3110	A2 - Meal Service Begin Time must be prior to End Time.
3222	B4 - Offer vs. Serve was answered yes. You must answer the 'which grade(s)' question.
3322	C5 - If the program AS is selected, the Educational or Enrichment component must be entered.

Code	Warning Description
3065	Pricing information - If NSLP 'Pricing Information' = 'Pricing', then NSLP Adult Price must be greater than zero.
3075	Pricing information - If SBP 'Pricing Information' = 'Pricing' then SBP Adult Price must be greater than zero.
3085	Pricing information - If AS 'Pricing Information' = 'Pricing' then AS Adult Price must be greater than zero.

Tip: The red Errors must be corrected before you can submit the application. The blue warnings indicate you may need to review and change an application selection or response.

2) Make corrections and Click *Save* when you are finished

3) Click *Finish.* If you do not have any more errors or warnings.



4) If you have multiple sites, you will need to complete a Site Application for **each** location.

5) Once all your sites have been saved successfully, you will see a green check mark next to each. Click the *Back* button to return to the Application Packet (do not use your browser arrow).

2017 - 2018 Application Packet - SNP Site List

Action	Site ID / Site Name	NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig.%
	Totals	3	1	0	1	0		
View | Modify ✔	0001 HI SCH	X	X		X		Original / Not Submitted	0.0000
View | Modify ✔	ELEM	X					Original / Not Submitted	0.0000
View | Modify ✔	JR HI	X					Original / Not Submitted	0.0000
Add Site Application								

Total Sites Enrolled: 3

< Back

Tip: Action: View or Modify. Be careful once your application is approved to select View. Only select Modify if you need to make changes to the Site Application.

2017 - 2018 Application Packet - SNP Site List

Action	Site ID / Site Name	NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig.%
	Totals	3	1	0	1	0		
View | Modify ✔	0001 HI SCH	X	X		X		Original / Not Submitted	0.0000
View | Modify ✔	ELEM	X					Original / Not Submitted	0.0000
View | Modify ✔	JR HI	X					Original / Not Submitted	0.0000

Forms and Additional Documents

There will be a list of Forms that need to be completed or documents you will need to attach. The list will vary with each school or agency.

1) Click on the blue *Details* for the form you wish to complete.

2017 - 2018 Application Packet

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	Checklist Summary (11)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

< Back | Submit for Approval | Withdraw Packet

2) To complete a *Food Service Management Company Contract.* Click on the blue *Details* next to FSMC Contract List.

2017 - 2018 Application Packet

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	Checklist Summary (11)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

< Back | Submit for Approval | Withdraw Packet

3) Click *Create New Contract*

Food Service Management Company Contracts

Action	Company Name	Initial Year	Final Year	Status
No data to display.				

< Back | Create New Contract

4) Complete all open fields.

- #4-The most current renewal date should be entered. DO NOT enter future renewal dates. Add any additional information in the comments box #7.

Food Service Management Company Contract
For School Year: 2016 - 2017

5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888

Contract Information

1. Company Name:
2. Initial Year: 2016-2017

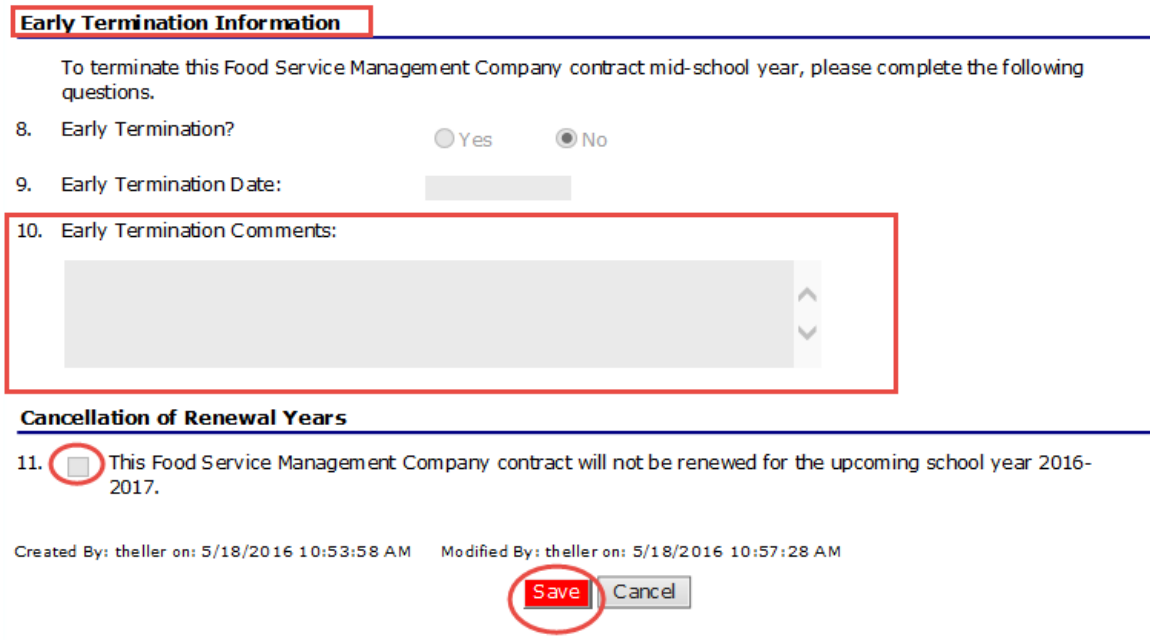
Company Contact Information

Additional Contract Information

3. Contract Date
   Begin Date:
   End Date:
4. Number of Optional Renewal Years: 0
   1st Renewal Date: Begin Date: End Date:
   2nd Renewal Date: Begin Date: End Date:
   3rd Renewal Date: Begin Date: End Date:
   4th Renewal Date: Begin Date: End Date:
5. Final Year of Contract: 2017
6. Was the CANS FSMC prototype used? Yes No
7. Comments:

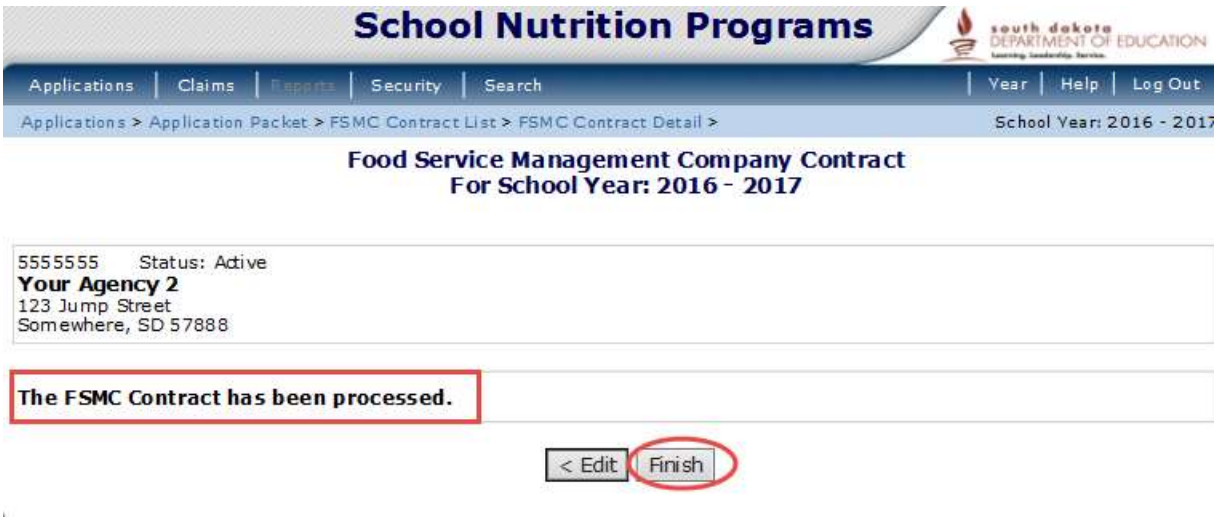
If you terminate one contract before the school year is done, complete #8-10 and explain the early termination. If you choose not to renew the contract for the upcoming school year, check box #11. You will then either have a new contract beginning with the new current year, or you returned to self-operating and will have no additional contracts, or you have other vended meal arrangements.

5) When finished click *Save*.

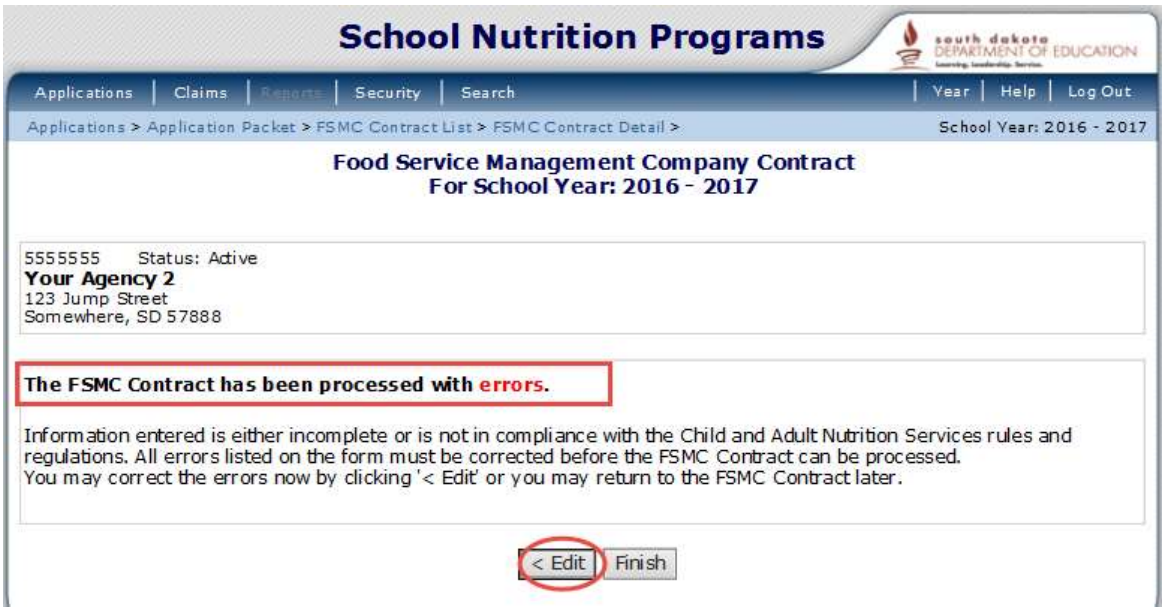


If your contract page has been completed correctly you will see *The FSMC Contract has been processed.*

6) Click *Finish*.

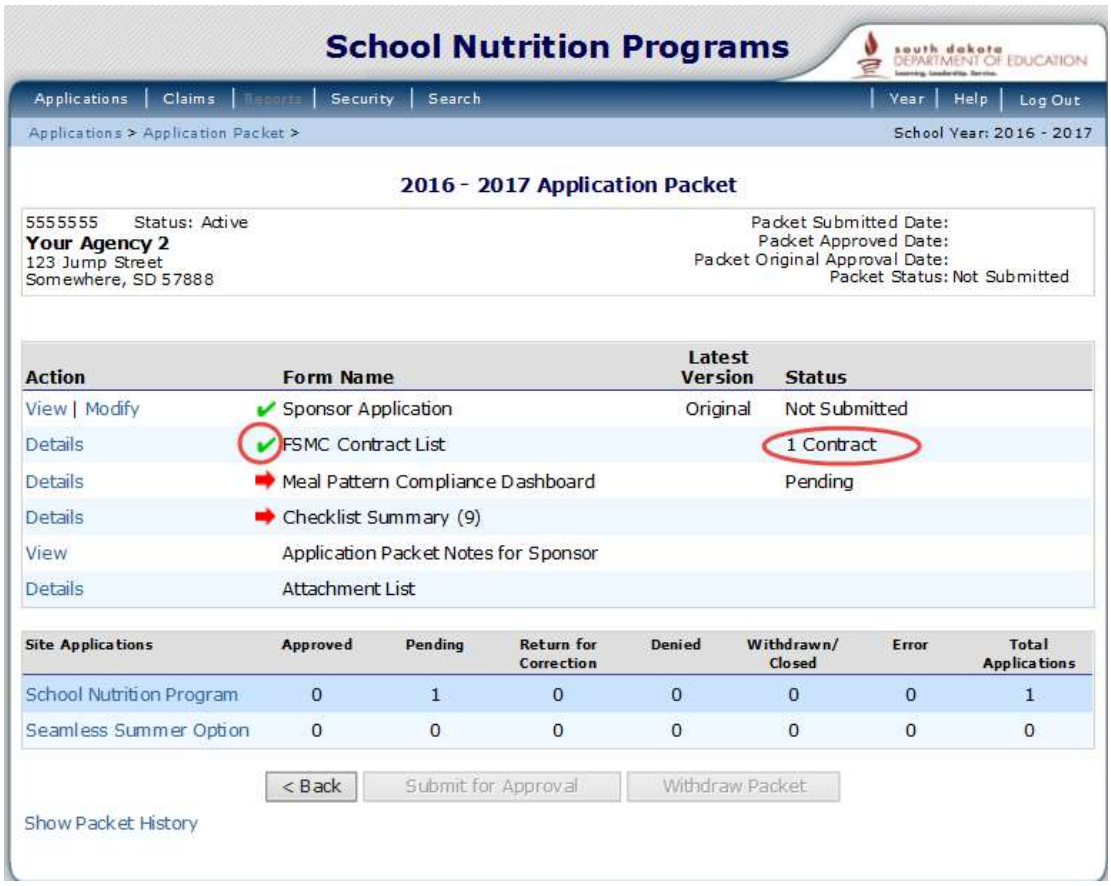


7) If there are errors you will see this image. Click *edit*, make required changes, *save and finish.*



8) Click the *back* button to return to the application packet.

Notice the status next to the FSMC Contract List shows *1 Contract* entered and a green check mark has appeared.



9) Click *details* to open FSMC Contract list.

10) Click *view to review information*

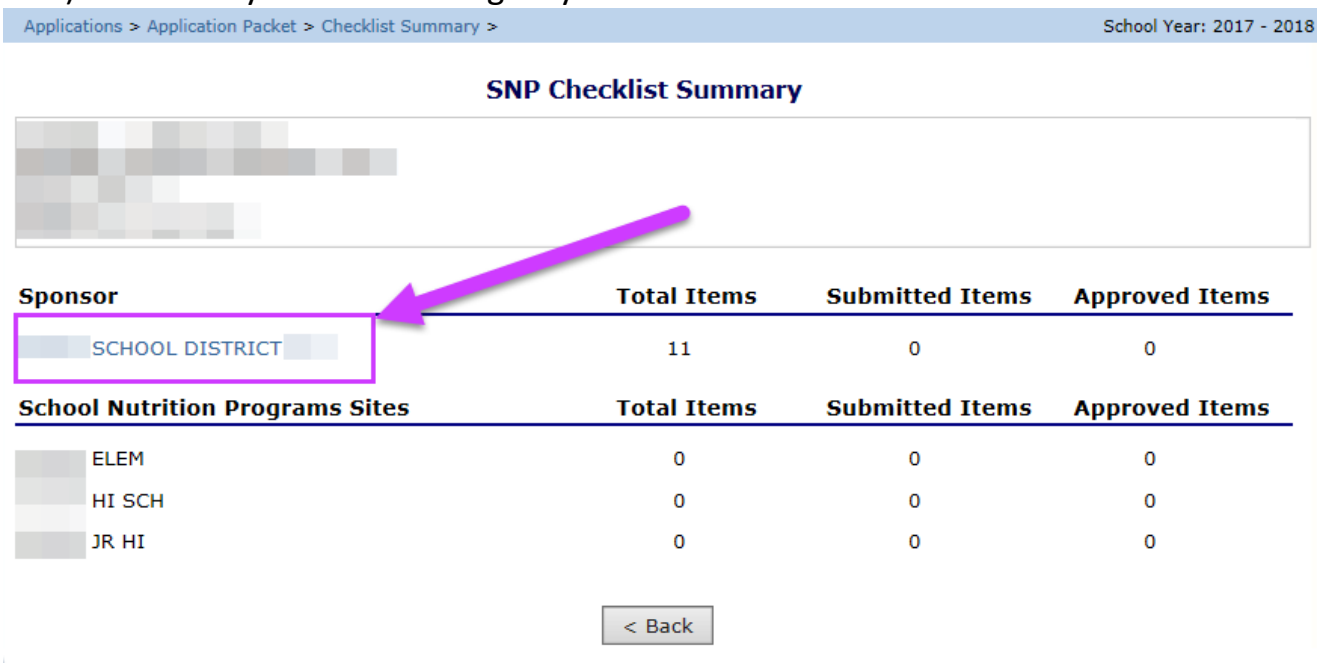
School Nutrition Programs
south dakota DEPARTMENT OF EDUCATION
Applications | Claims | Reports | Security | Search
Year | Help | Log Out
Applications > Application Packet > FSMC Contract List >
School Year: 2016 - 2017
Food Service Management Company Contracts
5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888
Action
Company Name
Initial Year
Final Year
Status
View | Modify
Pending Approval
< Back
Create New Contract

Checklist Summary

Tip: If you operate a Community Eligibility Provision (CEP) or Provision 2 or 3 School or Agency and it is not a district wide provision approval, please contact the CANS office for a specific non-district Provision or CEP checklist.

1) Click on *Details* next to Checklist Summary

2) Click on your school or agency name.



3) A list of SNP Checklist items will populate. This list is tailored based on your responses in the Sponsor Application and Site Applications.

SNP Checklist

Required Forms/Documents to send to CANS		Document Submitted to CANS	Date Submitted to CANS	Document on File w/CANS	Status	Status Date	Last Updated By
Audit Requirements		☐			Pending Approval	04/27/2017	
Meal Count Method		☐			Pending Approval	04/27/2017	
Verification & Monitoring		☐			Pending Approval	04/27/2017	
Notification Letters		☐			Pending Approval	04/27/2017	
Civil Rights Form		☐			Pending Approval	04/27/2017	
FS Management Company Contract		☐			Pending Approval	04/27/2017	
Annual Information Update		☐			Pending Approval	04/27/2017	
Paid Lunch Equity Tool - Excel		☐			Pending Approval	04/27/2017	
Parent Packet		☐			Pending Approval	04/27/2017	
Production Records		☐			Pending Approval	04/27/2017	
SD Attestation (mail in original signature)		☐			Pending Approval	05/01/2017	

Action	Checklist Item	Comment	Attachment Date/Time
There are no attachments			

Save Cancel

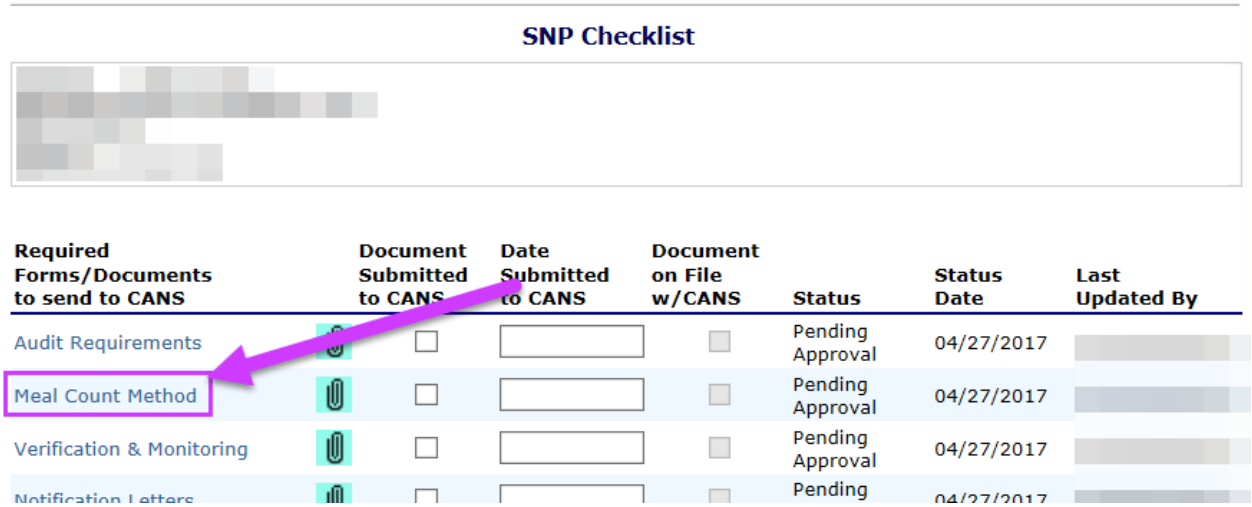
Tip: Your list of required forms/documents will vary depending on your particular school or agency.

Tip: In iCAN, if the words are printed in blue you can click them to jump around in the iCAN system or get more information. The blue names listed in the Checklist items will jump you to the templates or forms to complete and then attach the completed form to your Checklist Item.

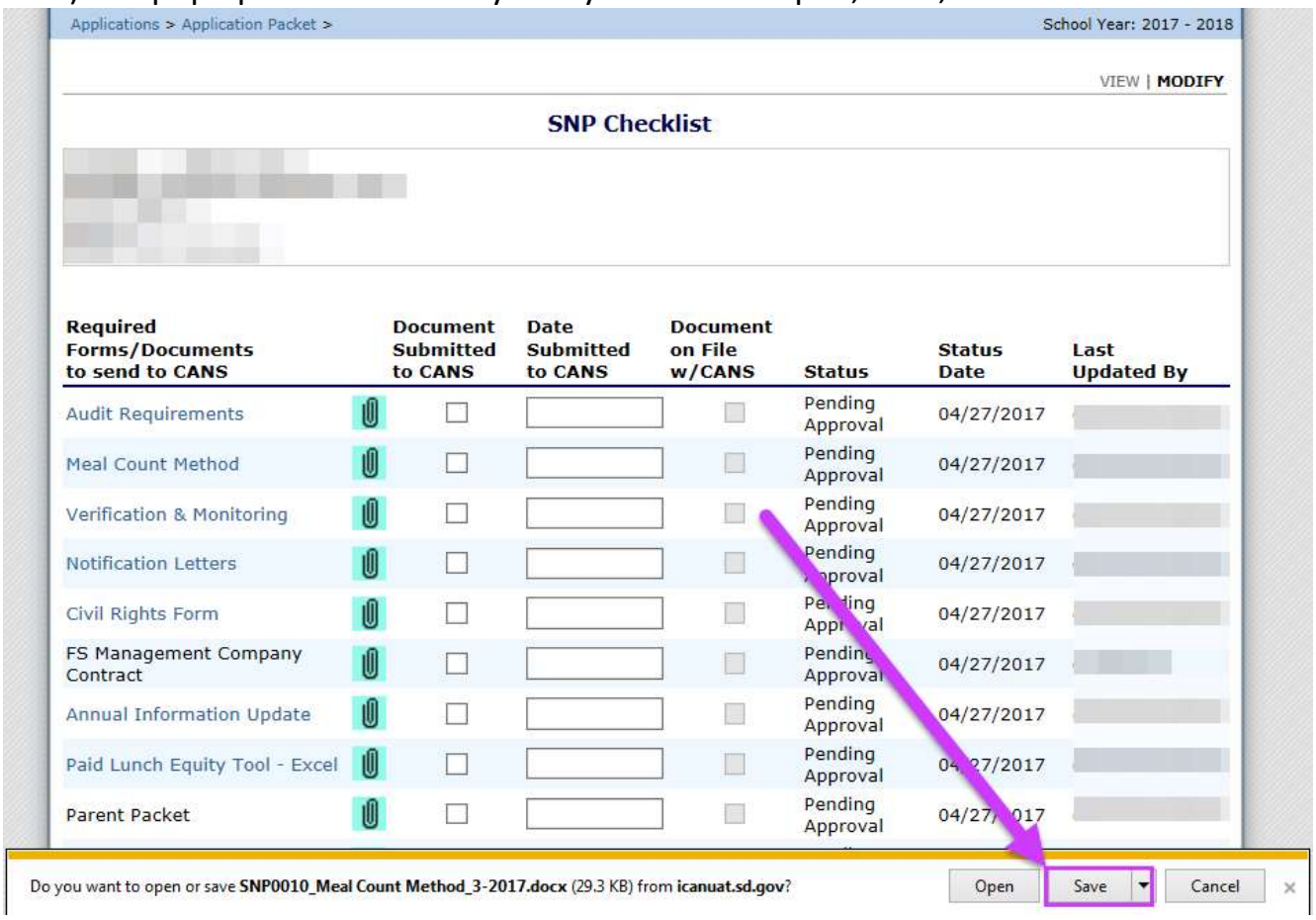
All Checklist Items: *Highlighted rows indicate a document required for all SFAs*

Form ID	Form Download Form Title	Checklist or Download	Use
SNP0001	Income Eligibility Guidelines SY17-18	Download only	Use to calculate household eligibility determination
SNP0002	Meal Attestation Statement - Only for NEW Sponsors	Download only	New SFAs only. Attestation to comply with program meal pattern requirements.
SNP0003	Parent Packets	Checklist Item	For NSLP, SBP, &/or SMP. 3 different parent packets - the notification and free and reduced application packet.
SNP0004	Notification Letters	Checklist Item	For NSLP, SBP, &/or SMP. Notification letters for household applications and direct certification of student meal eligibility.
SNP0005	SD Attestation	Checklist Item	For all SFAs. SD Codified Law requires this attestation for conflict of interest and proper use and oversight of federal funding.
SNP0006	RCCI Prototype Roster	Checklist Item	For RCCI's. Please upload the roster in use. This template contains all required info.
SNP0007	Verification & Monitoring	Checklist Item	For all SFAs. Verification and monitoring info.
SNP0008	Annual Information Update	Checklist Item	For all SFAs. Annual program information.
SNP0009	Paid Lunch Equity Tool - Excel	Checklist Item	For all pricing SFAs. PLE tool to set student paid lunch prices.
SNP0010	Meal Count Method	Checklist Item	For all SFAs. Meal count method & payment collection.
SNP0011	On-Site Monitoring Memo #52.1	Download only	For all SFAs with more than one feeding location. This is the annual monitoring form and instruction. This is an annual requirement.
SNP0012	Public Release	Download only	Media release for the program.
SNP0013	CANS Prototype Breakfast Production Record	Download only	Standard Breakfast production record. Upload the breakfast PR template you actually use.
SNP0014	CANS Prototype Lunch Production Record	Download only	Standard Lunch production record. Upload the lunch PR template you actually use.
SNP0015	Afterschool Snack Monitoring #36	Download only	For all SFAs with the Afterschool Snack program. This is the twice annual monitoring form with instruction.
SNP0017	Audit Requirements	Checklist Item	For all SFAs. Annual audit requirements.
SNP0018	Civil Rights	Checklist Item	For all SFAs. Annual civil rights training and information requirements.
SNP0019	Free & Reduced Application - SY17-18 (PDF)	Download only	For NSLP, SBP, and/or SMP. The Free and Reduced Application to add to your parent packet. PDF file.
SNP0020	Free & Reduced Application - SY17-18 (WORD DOC)	Download only	For NSLP, SBP, and/or SMP. The Free and Reduced Application to add to your parent packet. Word document.

4) First click on the BLUE words (this is called a hyperlink). This will bring up a form or document.



5) A pop up screen will ask you if you want to Open, Save, or Cancel.

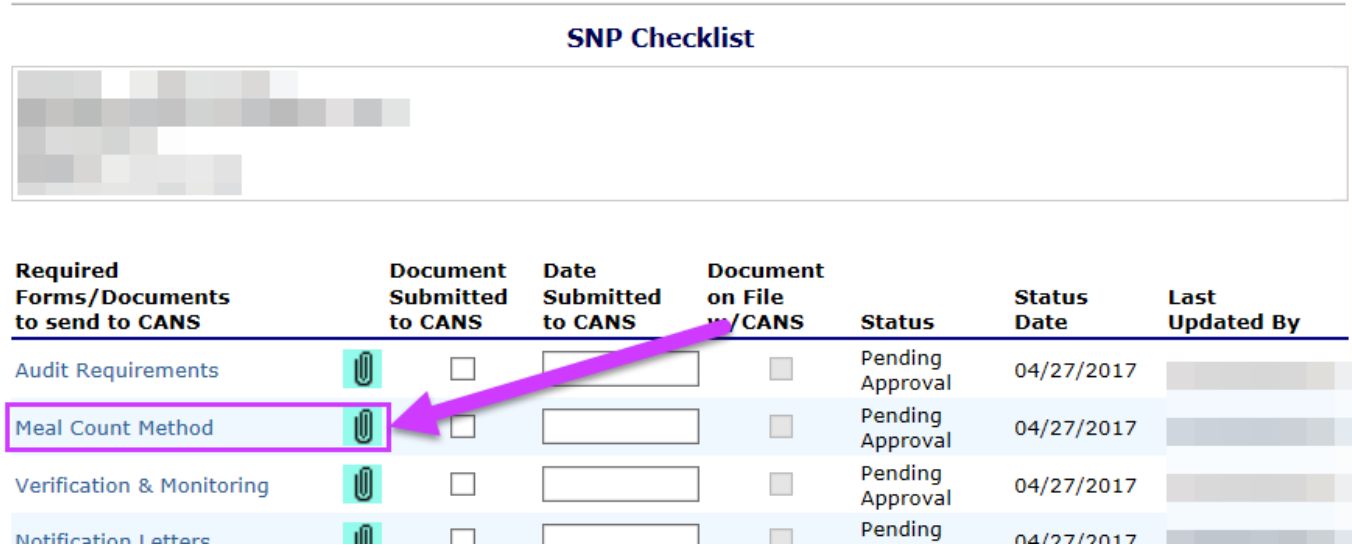


6) Click Save.

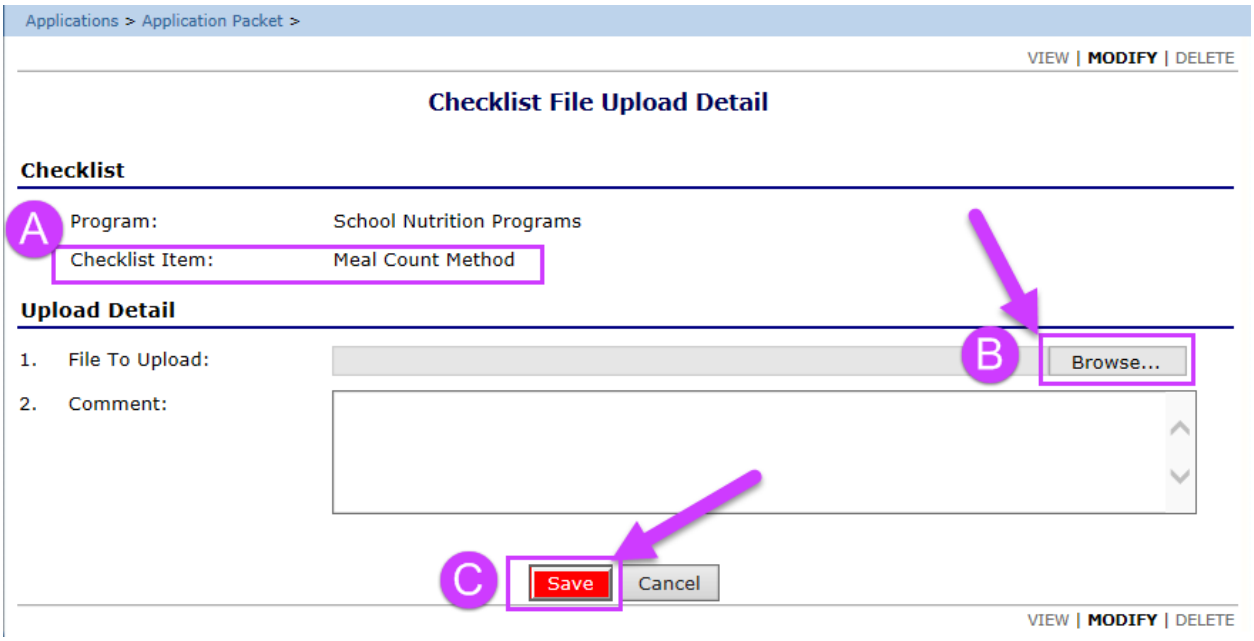
Tip: <u>Save</u> the document on your school server or computer. Remember where you saved the document! You can work on any saved file on your school server or computer without having to log into iCAN.

7) When you have completed the corresponding form and are ready to attach the file. Click on the correct "paperclip" for the document you wish to upload.

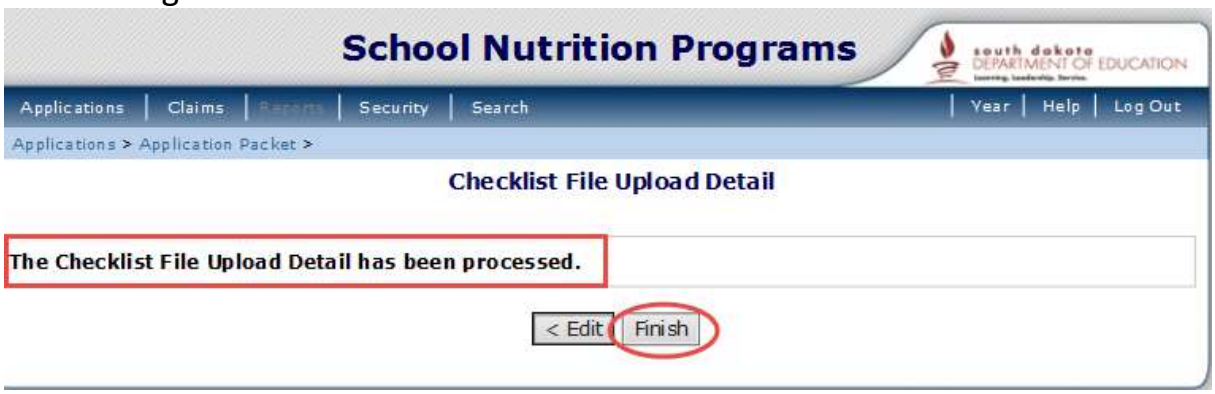
For the example below, we are using *Meal Count Method*.
"Save as" and name your chosen document (ex. Meal Ct. Method) to your computer, in a locatable, named file (ex. SNP App Forms or something you can remember and search for). Once the forms are completed and saved, you will need to attach them to the appropriate checklist item.



8) The Checklist File Upload Detail window will open.
   a. Confirm you selected the correct Checklist Item.
   b. Select *Browse* so you can select the appropriate file (that you named) from your computer. This will upload your document
   c. Click *Save*.

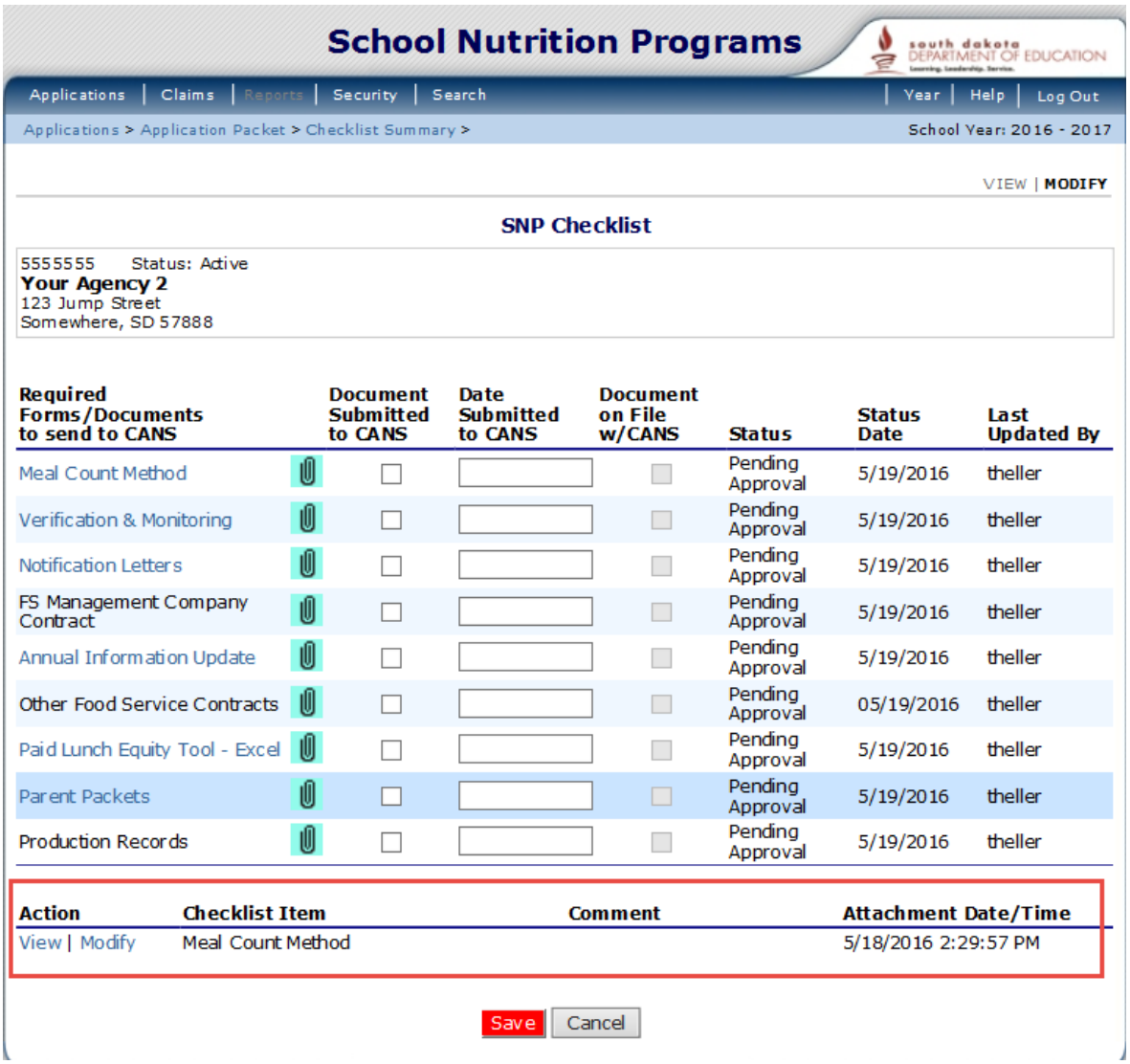


9) If your document was successfully uploaded, you will see the following message.



10) Click *Finish.*

11) You will be taken back to the SNP Checklist screen and you will see that the attachment *Meal Count Method* was attached at the very bottom of the screen.



12) Repeat the steps in this section to help you complete all the required checklist items.

Tip: If you have a Colony or any other food service contract that deals with preparing or claiming meals that is not a Food Service Management Contract please attach a <u>copy of the signed</u> Colony Contract, Vended Meal Contract, or Multiple School Addendum to your iCAN SNP Application.

13) Once a document has been uploaded, make sure to check the corresponding box "Document Submitted to CANS."

- Once you check the *Document Submitted to CANS* box, the current date will automatically fill in *the Date Submitted to CANS*.

SNP Checklist

Required Forms/Documents to send to CANS		Document Submitted to CANS	Date Submitted to CANS	Document on File w/CANS	Status	Status Date	Last Updated By
Audit Requirements		☐		☐	Pending Approval	5/1/2017	
Meal Count Method		☑	05/01/2017	☐	Pending Approval	04/27/2017	
Verification & Monitoring		☐		☐	Pending Approval	04/27/2017	
Notification Letters		☐		☐	Pending Approval	04/27/2017	
Civil Rights Form		☐		☐	Pending Approval	04/27/2017	
FS Management Company Contract		☐		☐	Pending Approval	04/27/2017	
Annual Information Update		☐		☐	Pending Approval	04/27/2017	
Paid Lunch Equity Tool - Excel		☐		☐	Pending Approval	04/27/2017	
Parent Packet		☐		☐	Pending Approval	04/27/2017	
Production Records		☐		☐	Pending Approval	04/27/2017	
SD Attestation (mail in original signature)		☐		☐	Pending Approval	05/01/2017	

Action	Checklist Item	Comment	Attachment Date/Time
View | Modify	Meal Count Method		5/1/2017 3:47:18 PM

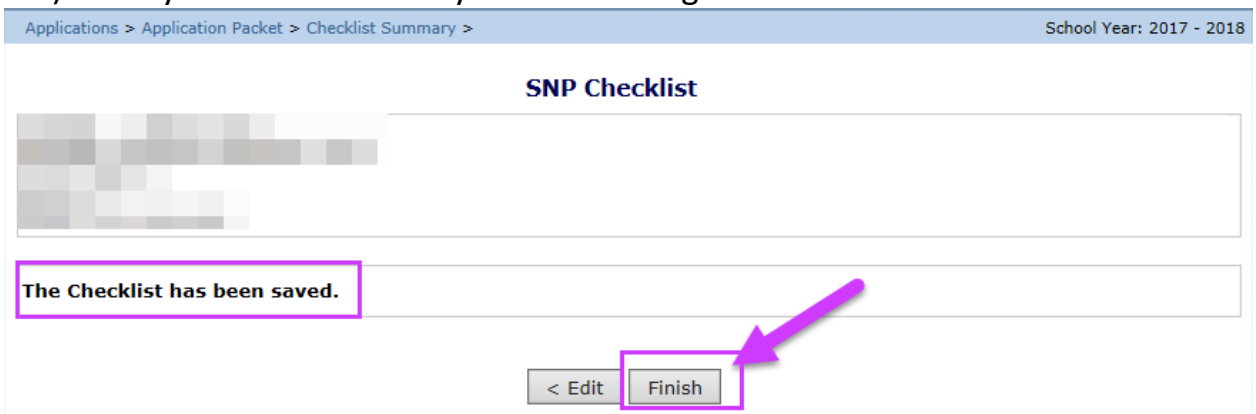
Save Cancel

14) Always click Save at the bottom of the page after you make changes.

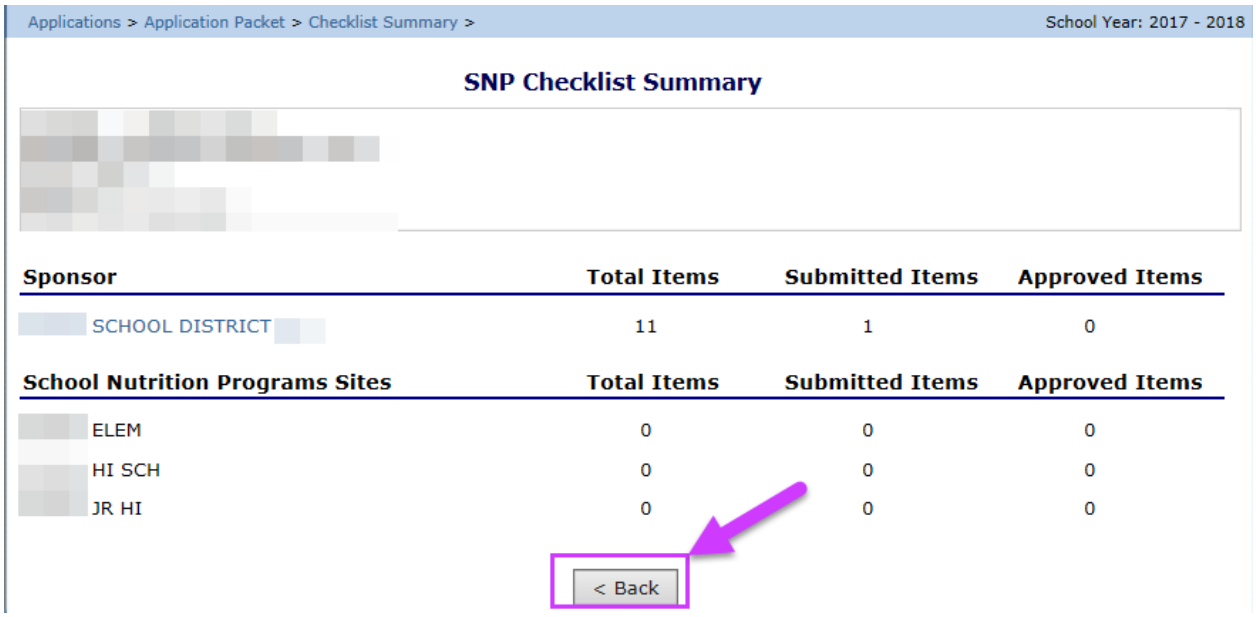
Action	Checklist Item	Comment	Attachment Date/Time
View | Modify	Meal Count Method		5/18/2016 2:29:57 PM

Save Cancel

15) Always click *Finish* after you make changes.



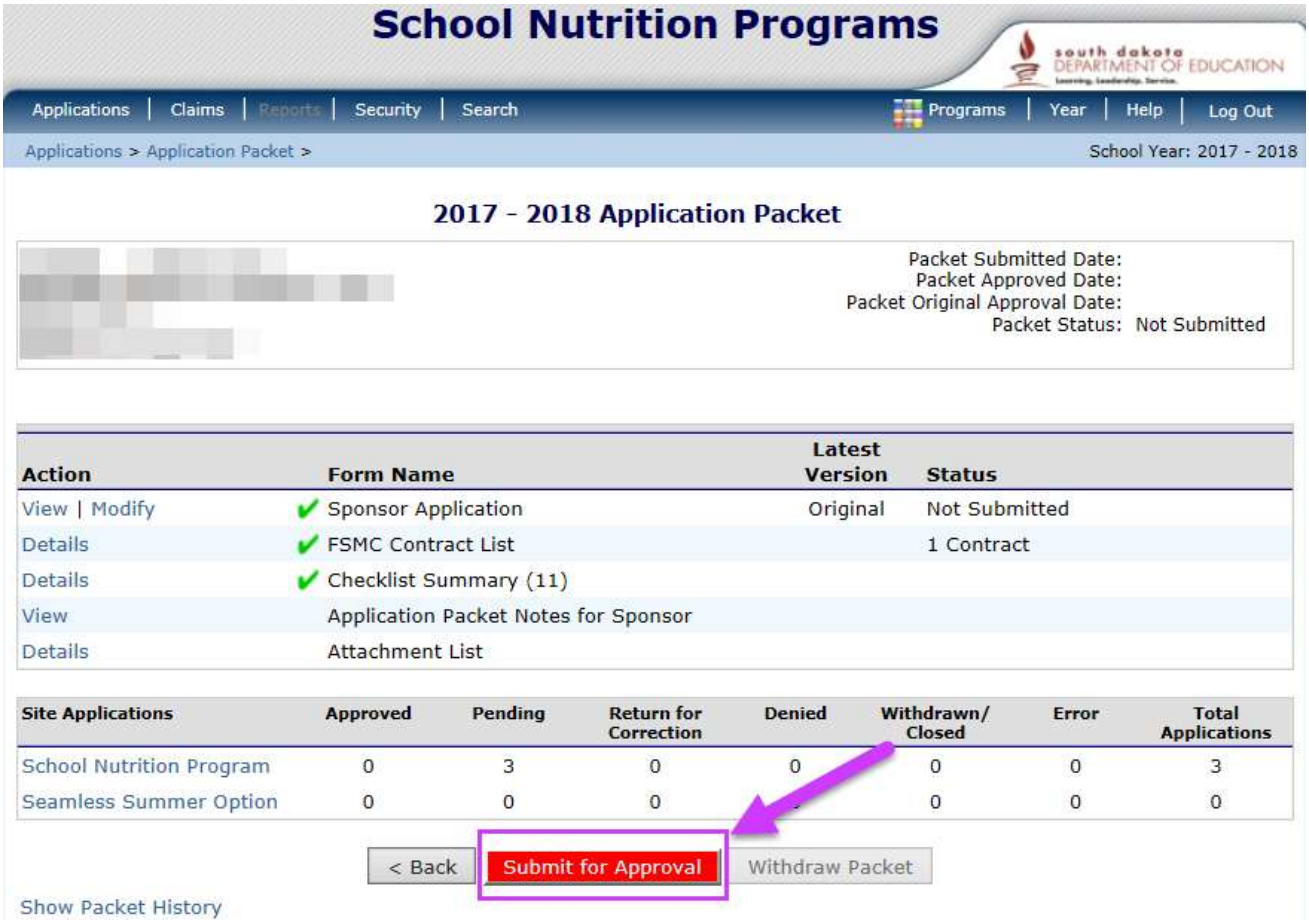
16) Click the *Back* button to return to your Application Packet.



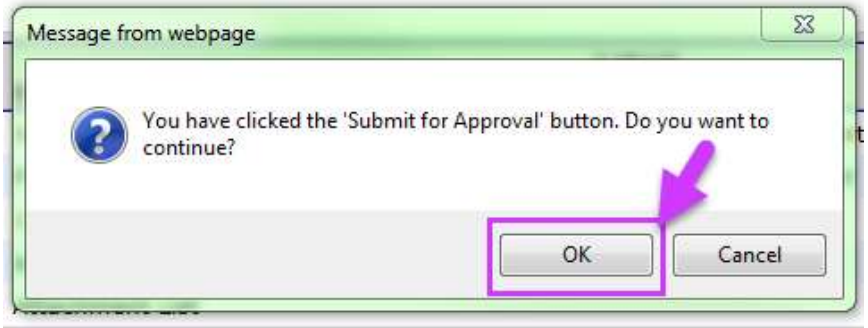
Tip: Do NOT click your back browser arrow on your computer! Your internet browser may error and you may lose work. We suggest that you always use a navigation button (Back, Save, Finish, etc.) when moving through your iCAN application.

17) If you completed each step your application should now complete! Click the ***Submit for Approval*** button.

- If your red ***Submit for Approval*** button does not show up, please review your iCAN SNP application looking for areas that do not have a green checkmark, including all of your Site Applications. Any one area that has an "error" status will prevent the red button from showing up.

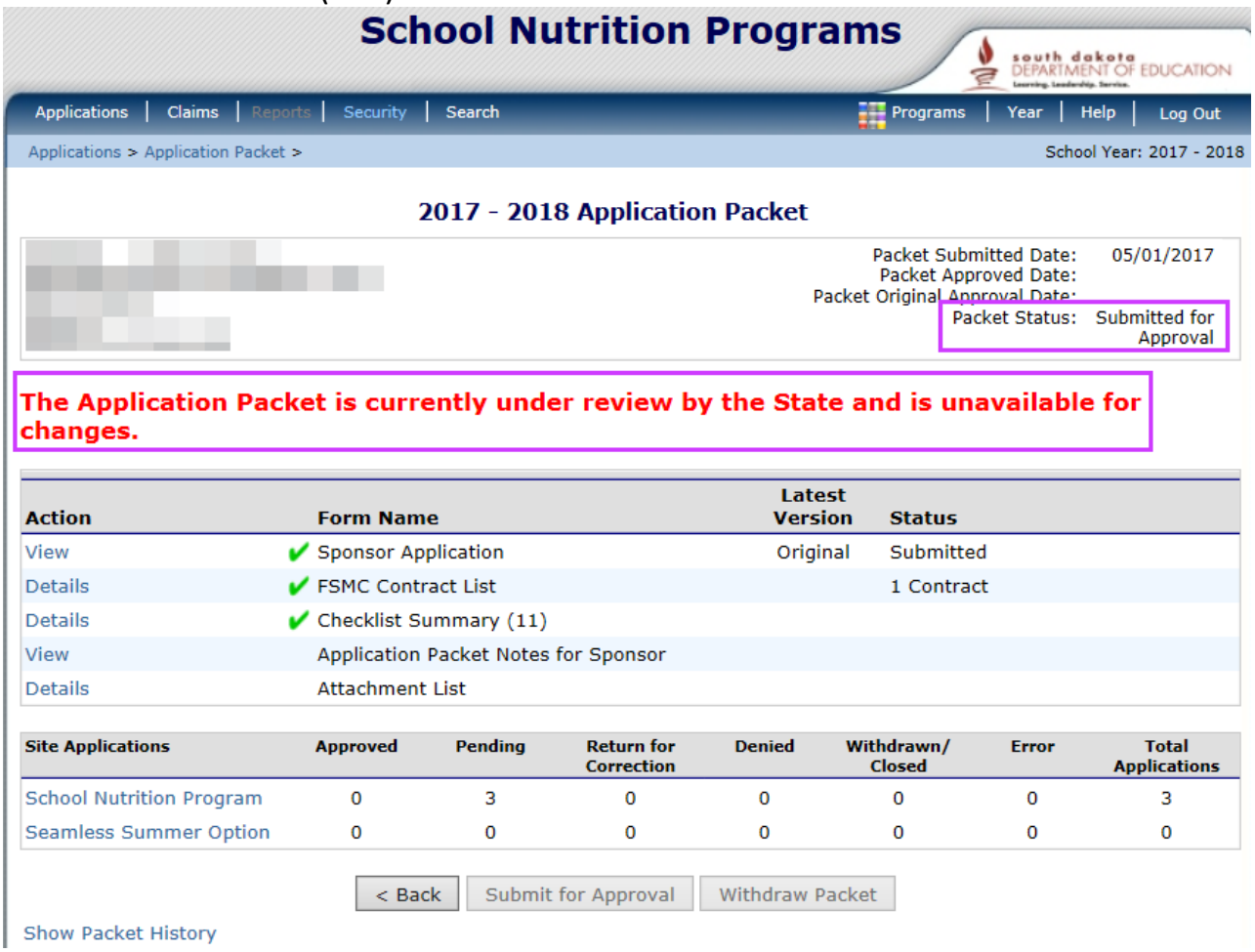


18) A "pop-up" message will appear asking you to verify that you wish to submit your application. If you are ready to submit your application, click ***OK.***



Tip: Once you click OK to submit your SNP application for approval you will not be able to make changes to your application until the state reviews the application and either sends it back for corrections or makes the approval.
If you do not wish to submit your application at this time, click Cancel and your application will be saved. You can submit the application at a later date.

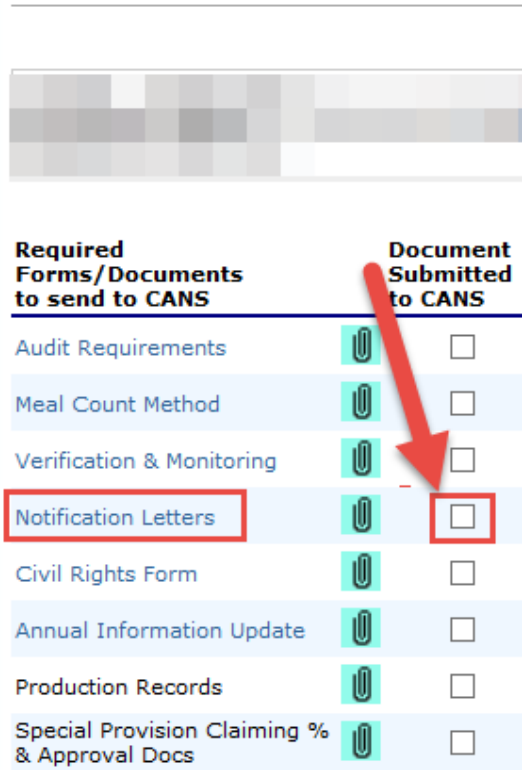
19) Once your application has been submitted, you will be unable to make changes. The Packet Status now shows *Submitted for Approval.* If you submitted your application in error, please contact the CANS office for instructions at (605) 773-3413.



Checklist Summary – Special Provision 2, 3, and District Wide Community Eligibility Provision Extra Instructions

Notification Letters: The Checklist Summary **is** triggering the request to attach your Notification Letters.

- **This document is not required**, however in order to submit your Application Packet you will still need to check the box under *Document Submitted to CANS*.
- Do not attach any documents to the paperclip icon.



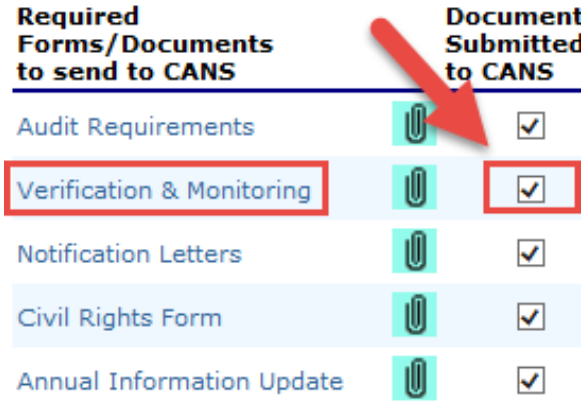
Required Forms/Documents to send to CANS		Document Submitted to CANS
Audit Requirements		☐
Meal Count Method		☐
Verification & Monitoring		☐
Notification Letters		☐
Civil Rights Form		☐
Annual Information Update		☐
Production Records		☐
Special Provision Claiming % & Approval Docs		☐

Checklist Summary – Special Milk Programs Only Extra Instructions

These instructions are only if your SFA does not participate in the National School Lunch or Breakfast Programs.

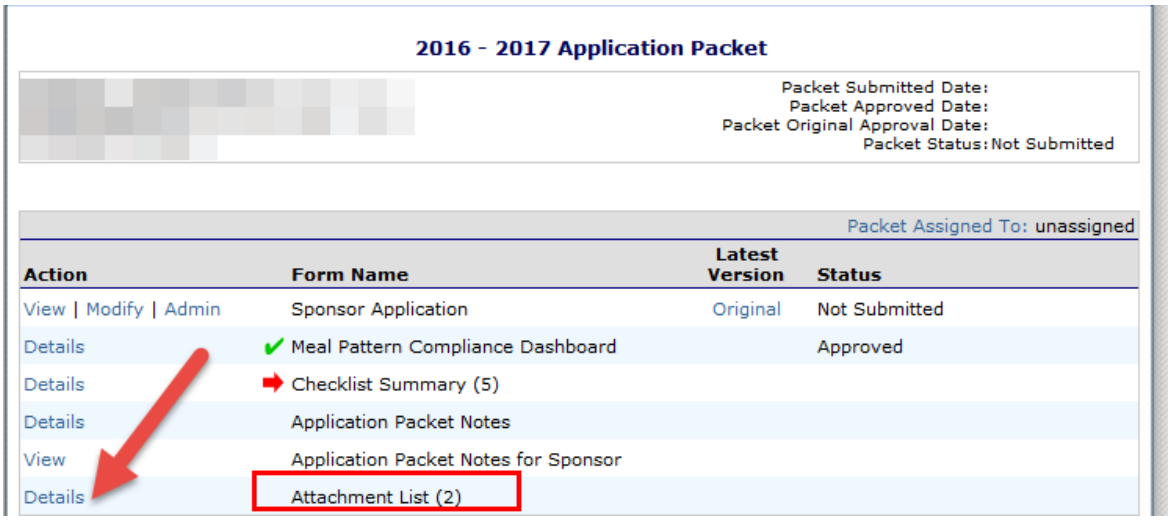
Verification & Onsite Monitoring:

- The Checklist Summary is triggering the Verification & Onsite Monitoring Checklist.
- **This document is not required,** however in order to submit your Application Packet you will still need to check the box under *Document Submitted to CANS*.
- Do not attach any documents to the paperclip icon.

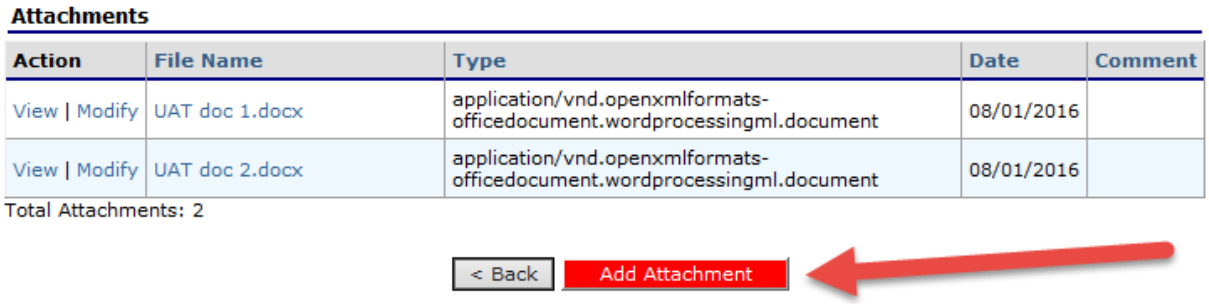


Meal Count Method

- The Checklist Summary <u>is not</u> triggering the Meal Count Method.
- **This document <u>is</u> required**.
- Please attach your Meal Count Method to the miscellaneous *Attachment List* that can be found under the Forms.
- Click *Details.*



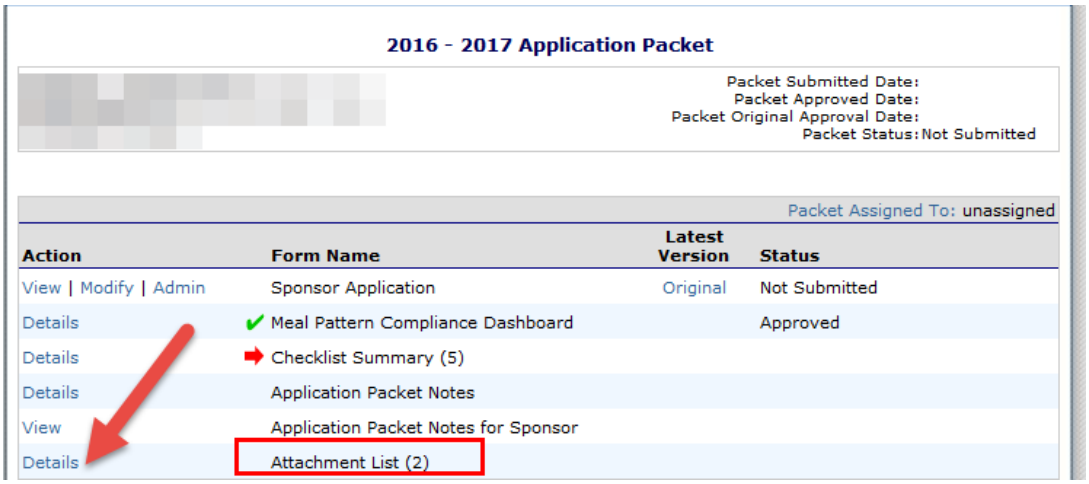
- When the Attachment screen opens, Click *Add Attachment*



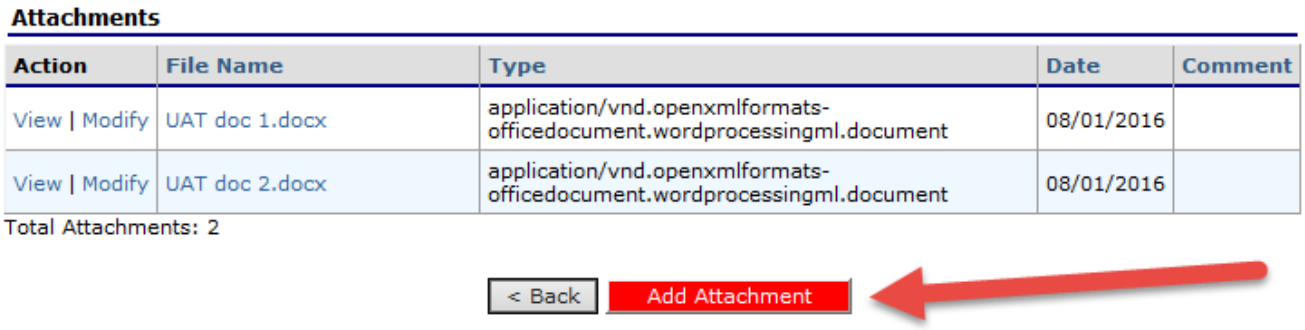
For SFAs that are Special Milk ONLY Programs <u>and</u> are Pricing with Free Option

Parent Packet

- The Checklist Summary <u>is not</u> triggering the Parent Packet.
- **This is a required document.**
- Please attach your Parent Packet to the miscellaneous *Attachment List* that is located under the Forms.
- Click *Details*.

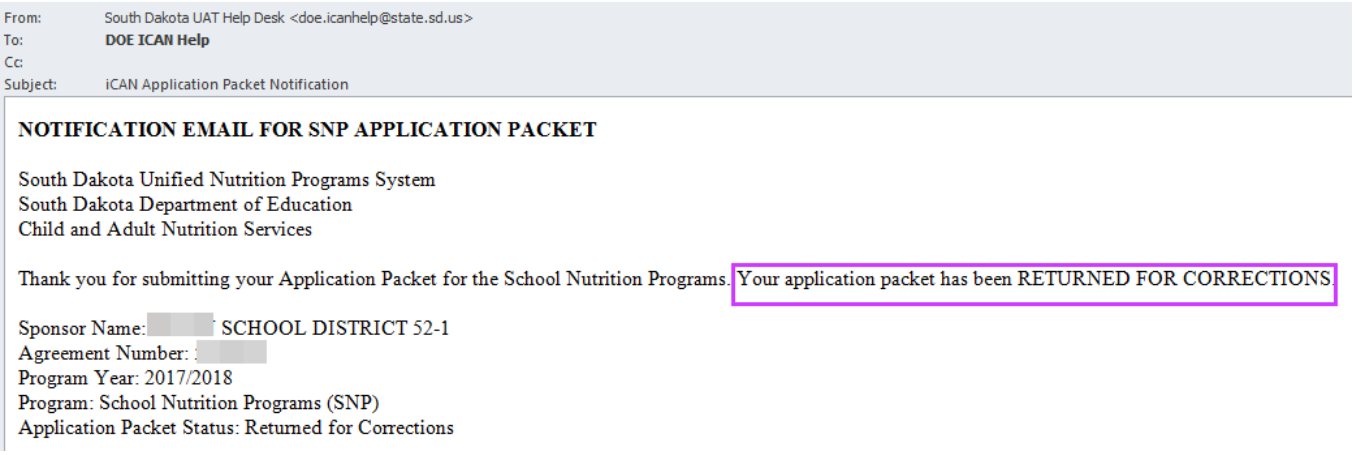


- When the Attachment screen opens, Click *Add Attachment*.



Chapter 4 –Incomplete or Returned Applications

Upon reviewing the submitted application, the CANS office may have additional questions or require additional documents be submitted. If this happens 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.


From: South Dakota UAT Help Desk <doe.icanhelp@state.sd.us>
To: **DOE ICAN Help**
Cc:
Subject: iCAN Application Packet Notification

NOTIFICATION EMAIL FOR SNP 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 School Nutrition Programs. Your application packet has been RETURNED FOR CORRECTIONS.

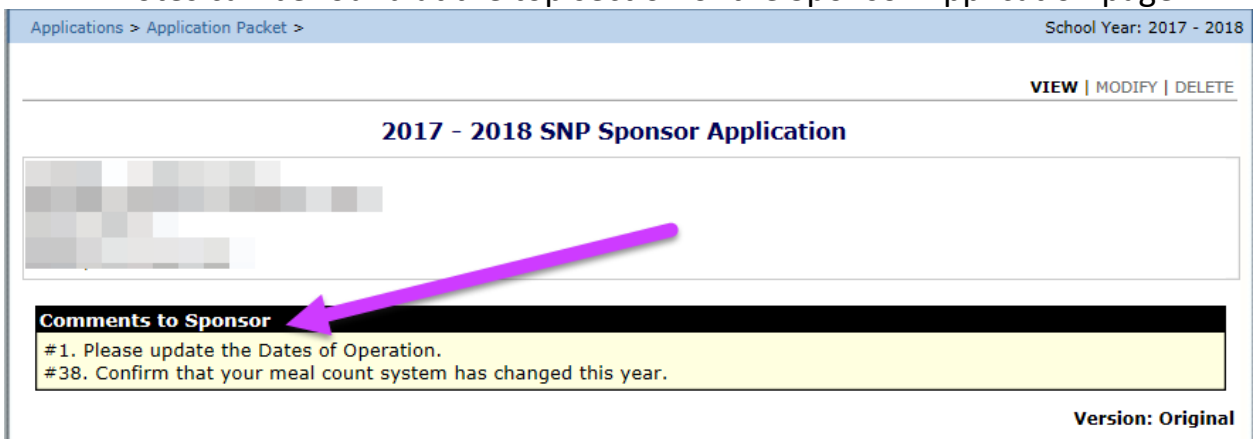
Sponsor Name: SCHOOL DISTRICT 52-1
Agreement Number:
Program Year: 2017/2018
Program: School Nutrition Programs (SNP)
Application Packet Status: Returned for Corrections

Tip: The person listed as the Authorized Representative (AR) in your iCAN SNP Sponsor Application will receive the automated iCAN email notifications. If someone other than the AR is completing your iCAN SNP application, please make arrangements to ensure that your AR is forwarding these very important emails to the appropriate person.

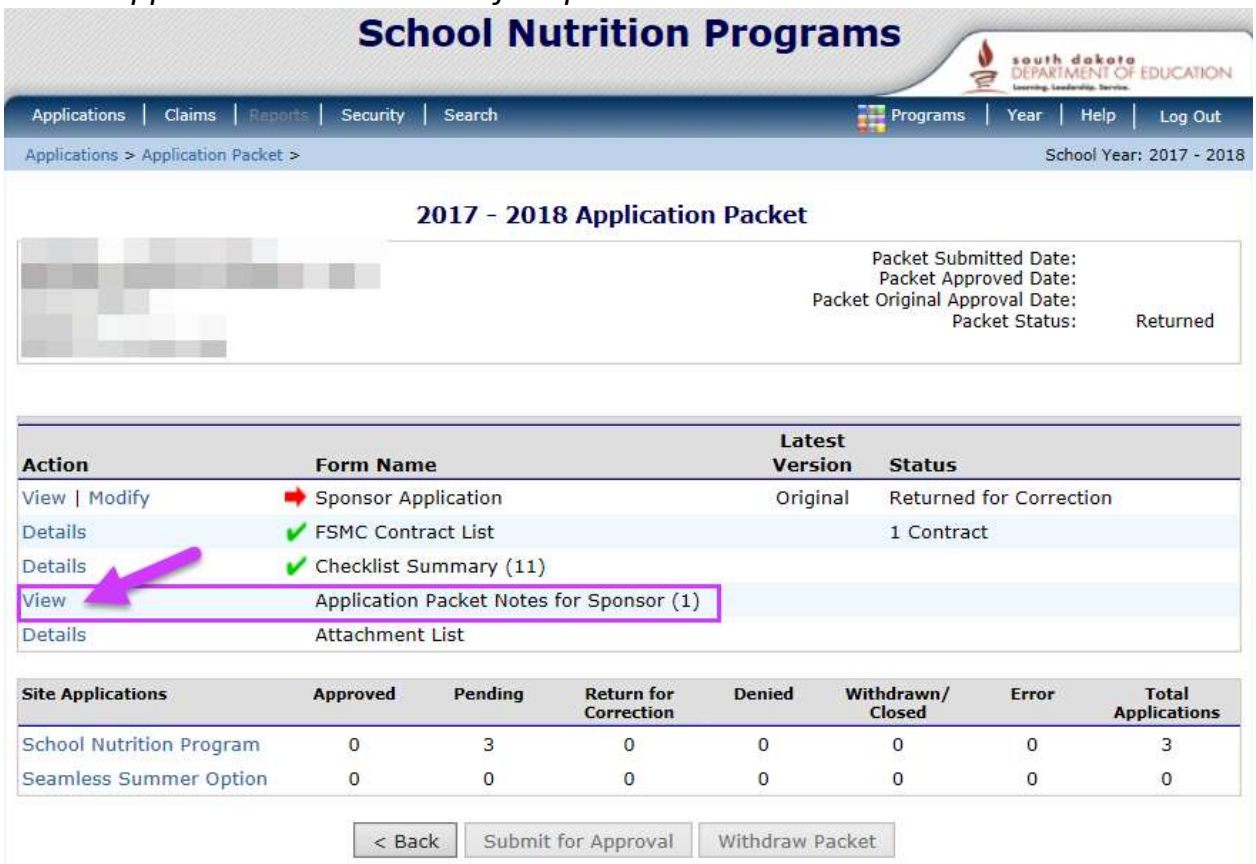
If you receive this email notification,

1) Log into iCAN SNP and select your Application Packet.

2) Look for Notes from your CANS Program Specialist or **red arrows**.
   - Notes can be found at the top section of the Sponsor Application page.



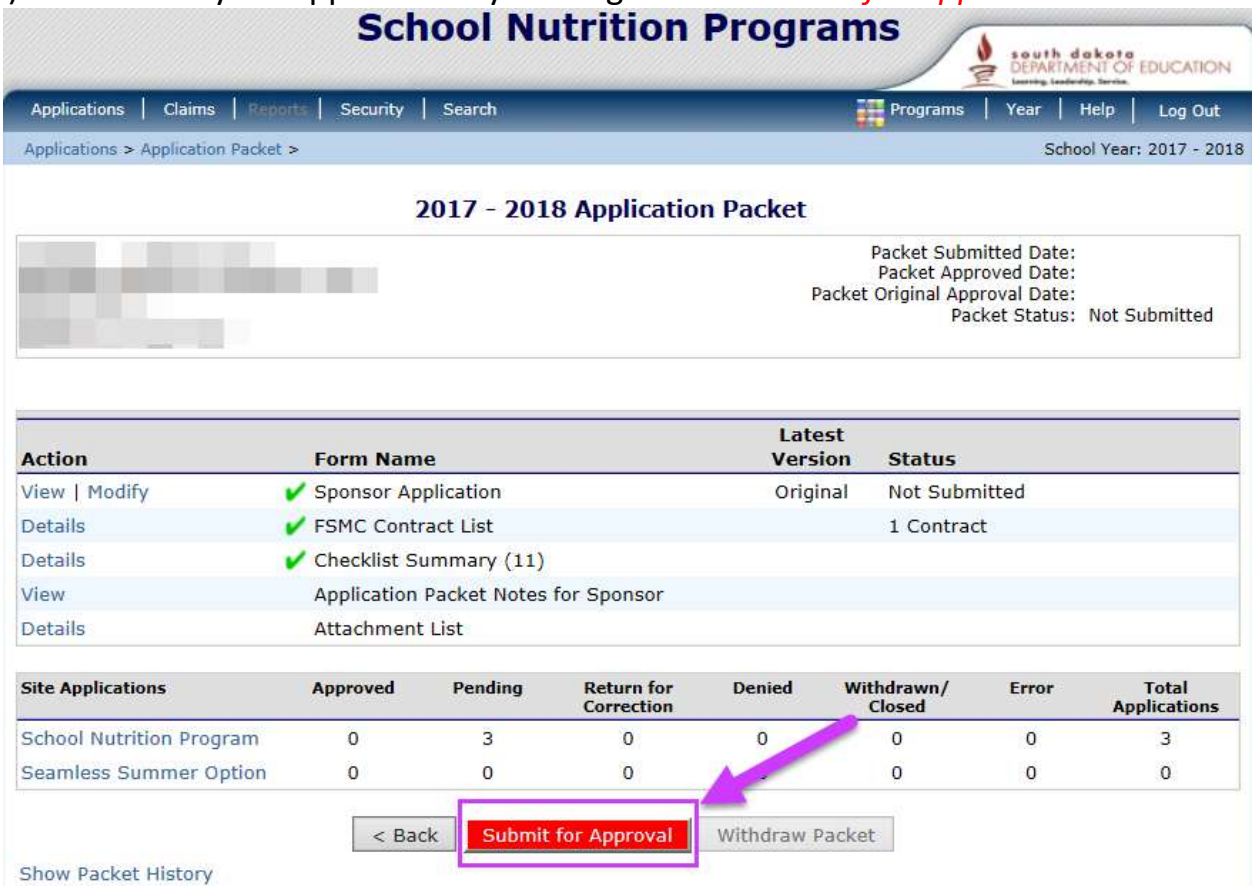
- If there are notes in the Application Packet, you will see a number next to the *Application Packet Notes for Sponsor*. Click ***View*** to read the notes.



3) Make all required changes

4) Click *SAVE*

5) Resubmit your application by clicking the red *Submit for Approval* button.

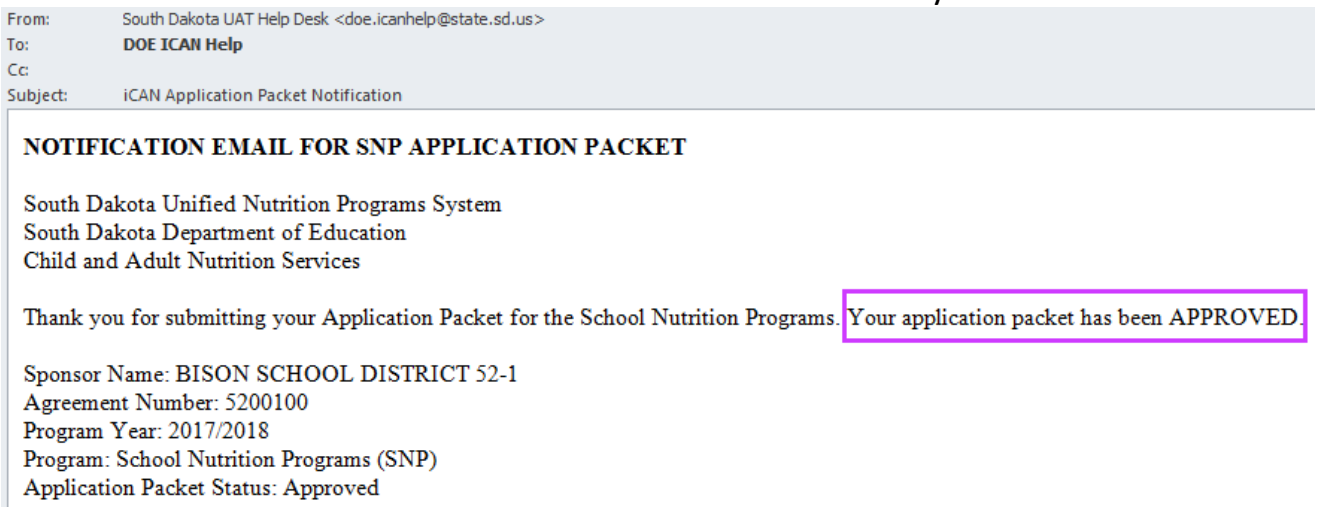


Tip: It is worth carefully reviewing your complete application before submitting to avoid several application returns for edit before approval.

Chapter 5 – Approved Applications

Once your application has been approved by the State, you will see your Application Packet Status shows *Approved*.

Your AR will also receive an email notification from the iCAN system.



From: South Dakota UAT Help Desk <doe.icanhelp@state.sd.us>
To: **DOE ICAN Help**
Cc:
Subject: iCAN Application Packet Notification

NOTIFICATION EMAIL FOR SNP 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 School Nutrition Programs. Your application packet has been APPROVED.

Sponsor Name: BISON SCHOOL DISTRICT 52-1
Agreement Number: 5200100
Program Year: 2017/2018
Program: School Nutrition Programs (SNP)
Application Packet Status: Approved

Chapter 6 –Adding a New Site

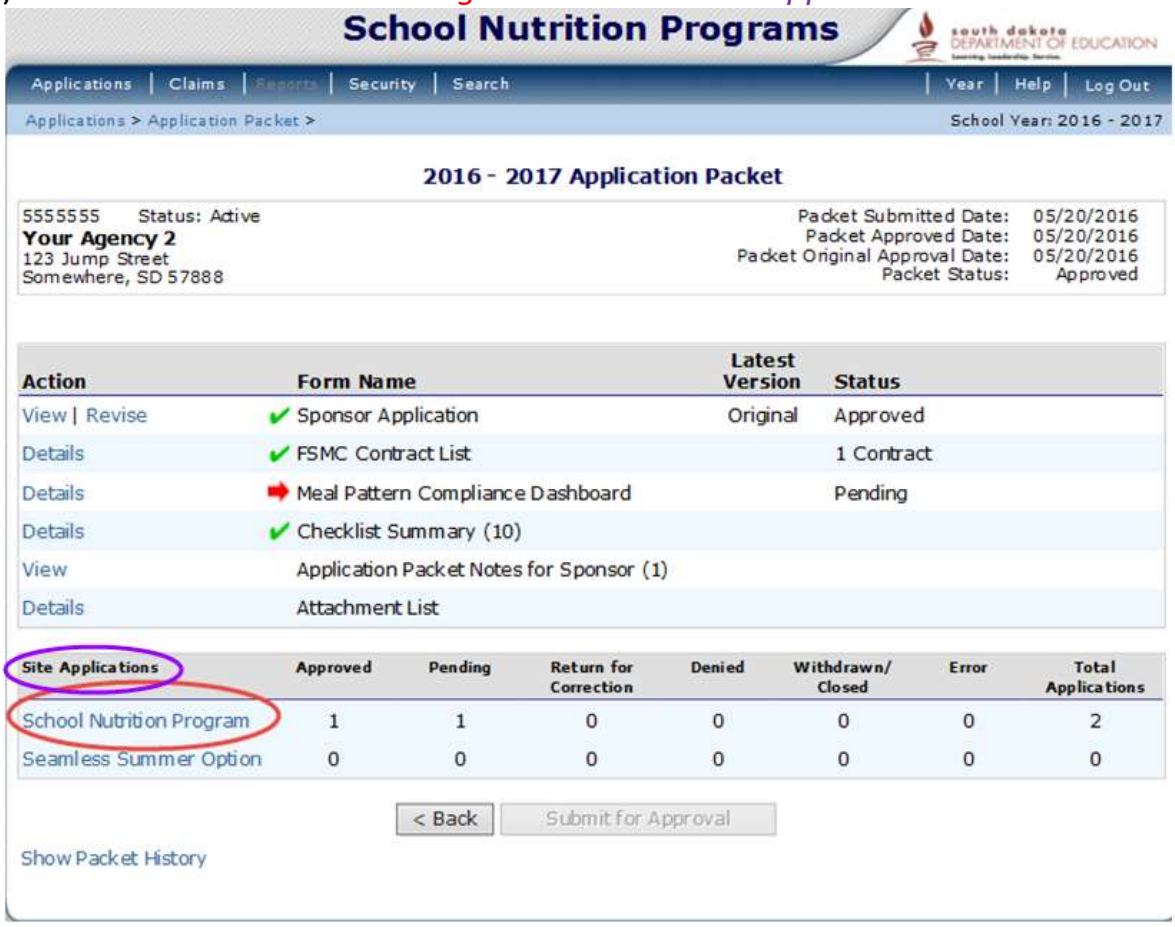
1) If you have a new site, please contact the CANS office to have the site location added to your Application Packet at DOE.SchoolLunch@state.sd.us or (605) 773-3413.

2) Once your site location has been added, you will complete the Site Application. Select *Applications* in the menu line

3) Select *Application Packet*

4) Select the current school year

5) Select *School Nutrition Program* *under the* *Site Applications*



6) Select *Modify* for the applicable site. In this example, site City Kid Kamp.

7) Complete the SNP Site Application following the instructions in the Site Application section of this manual.

Chapter 7 –Community Eligibility Provision (CEP) Site List

Tip: The CEP Site List will be completed once during the <u>prior school year</u>. The data will report April 1st student data.

Completing Community Eligibility Provision (CEP) Site List

1) Log into the iCAN system

2) Click *Applications* in the blue bar at the top of the screen.

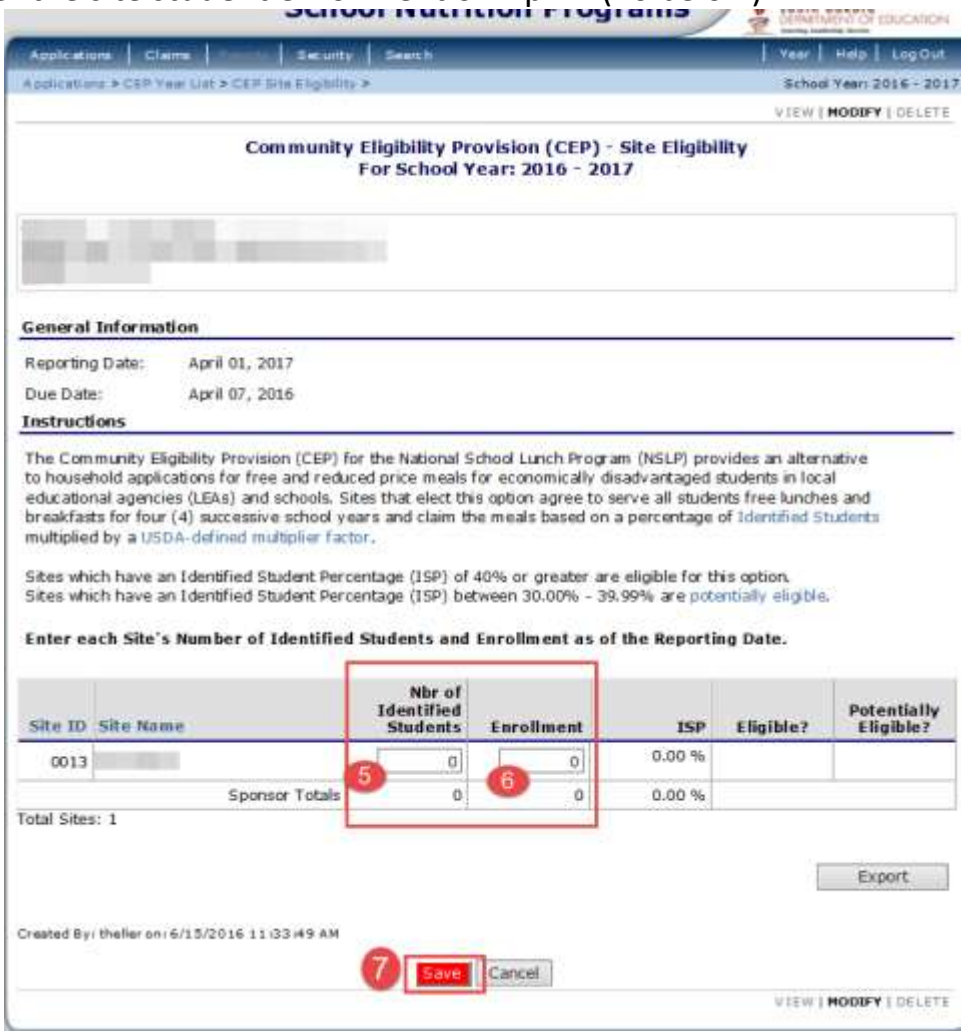
3) Click *Community Eligibility Provision*

Tip: This CEP Site List is outside of your Application Packet. Do not confuse this with the CEP Schedule <u>inside</u> your Application Packet.

4) Click *Add* to work with the current school year

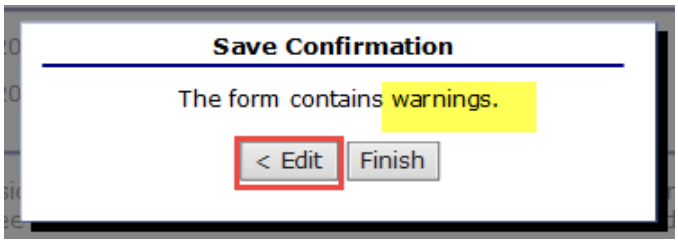
5) For **each site:**

- Enter the number of identified students eligible for CEP on April 1 (#5 below)
- Enter the site student enrollment on April 1(#6 below)

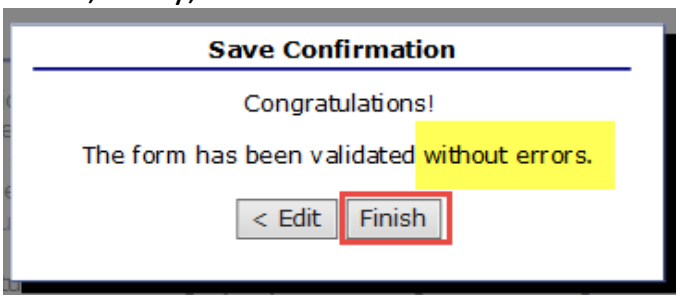


Tip: If you are <u>currently participating in CEP</u> or are <u>interested in applying for CEP</u>, complete the CEP Site List using the current year April 1st data. If you are <u>not interested in participating in CEP</u>, complete the CEP Site List using the data from your current year Verification Report. The Verification report data is called proxy data.

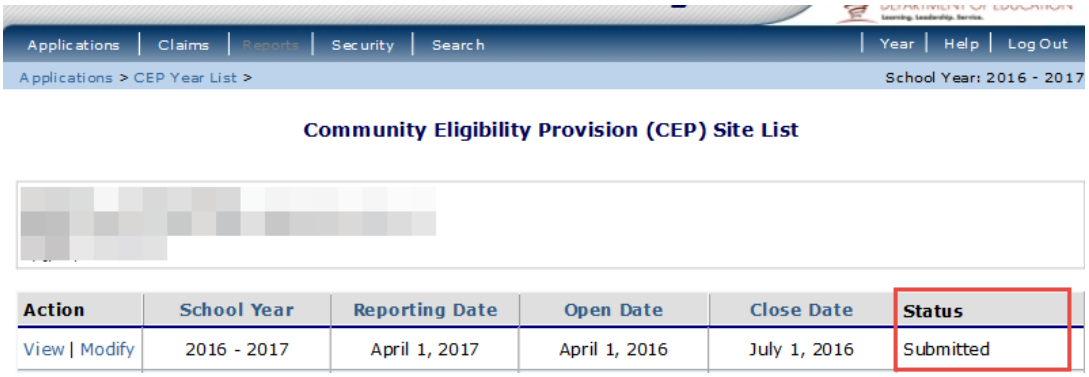
6) Click *Save.* A pop up will appear. If you receive a warning, click edit to correct your errors



7) Correct your errors, if any, and click *Finish*

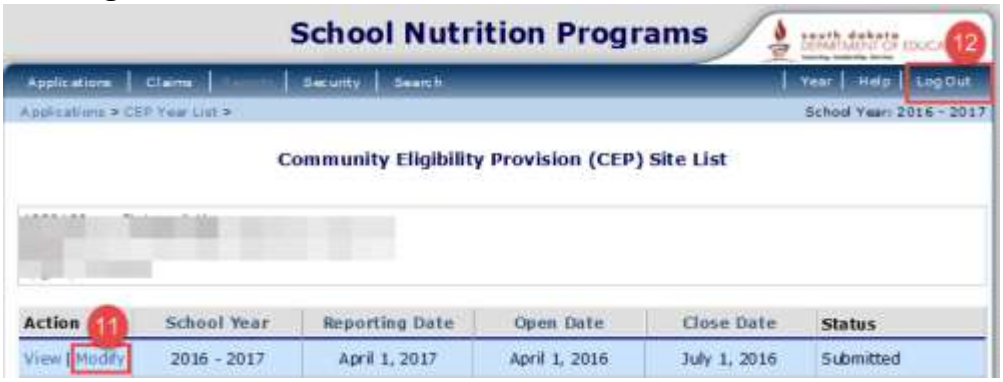


8) You will then see the site list Status-*Submitted*



9) You will be able to *Modify* your information until approximately April 8th.

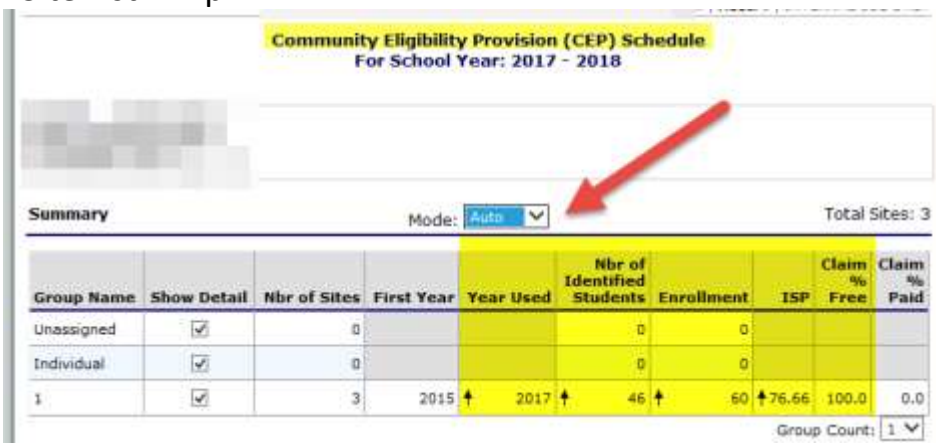
- To make changes to your site information click *Modify*
- When done making changes click *Save*
- Then Log Out



Completing Community Eligibility Provision (CEP) Schedule

Tip: The CEP Schedule <u>inside</u> your Application Packet. The CEP Site List (discussed in the prior section) is <u>outside</u> of your Application Packet.

The **CEP Schedule** will default to **Auto Mode** and will pull the current data you entered into your CEP Site List in April.

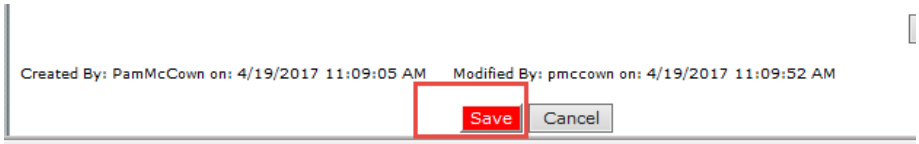


The <u>CANS office will need to change</u> the **Mode** from **Auto** to **Manual** so that your approved CEP data pulls correctly into the CEP Schedule.

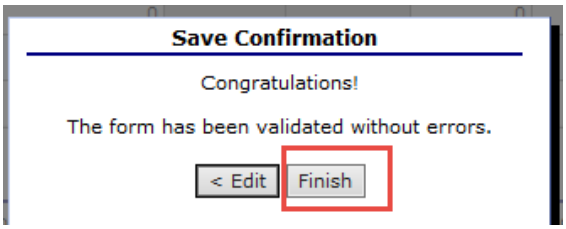
1) Once you have submitted your application packet for approval, CANS will change the ***Mode*** from ***Auto*** to ***Manual*** and return the Application Packet back to you.

2) You will need to click ***Modify*** for your CEP Schedule.

3) Click ***Save***



4) Click ***Finish***



5) Click ***Submit for Approval***

Once you have resubmitted your Application Packet the CANS Program Specialist assigned to your school/agency will continue to work with you on the approval.

Chapter 8 –Changing your Password

If you have forgotten your password or are locked out of the system, please send an email to DOE.iCANhelp@state.sd.us or calling (605) 773-3413. Please request an iCAN password reset. A confirmation with your temporary password will be sent to the email address on file. **No password information will be provided to you over the phone.**

To change your password after you have already logged into iCAN:

1) Click on *Security* in the blue menu bar

2) Type a new password in both fields.

Tip: 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*. Your password has been changed. Please write down your iCAN password and save in a secure location for future reference.