**Return 1 Copy to Child and Adult Nutrition Services**

**2015 SUMMER FOOD SERVICE PROGRAM APPLICATION/AGREEMENT**

**PART 2 - APPLICATION**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of Sponsor** |       |
|  |
| 2. | Did the applicant participate in any of the summer food programs in the prior year? |  | [ ]  | Yes | [ ]  | No |
|  |
| 3. | Does the applicant provide an ongoing year-round service to the community that would be served by the Summer Food Service Program? If “yes” check all which apply. |  | [ ]  | Yes | [ ]  | No |
|  |
|  | [ ]  | cultural |
|  | [ ]  | educational |
|  | [ ]  | recreational |
|  | [ ]  | other (explain) |       |
|  |
| 4. | Was the applicant ever terminated or determined to have been seriously deficient in its operation of any USDA food service program? (If the answer is yes, please explain below.) |  | [ ]  | Yes | [ ]  | No |
|  |  |
| 5. | Under what circumstances would you voluntarily close a site? (Check all that apply) |
|  |
|  | [ ]  | natural disaster |
|  | [ ]  | lack of sufficient children to support program |
|  | [ ]  | lack of qualified staff |
|  | [ ]  | failure to meet sanitation/safety requirements |
|  | [ ]  | failure to comply with program requirements |
|  | [ ]  | other (explain) |       |
|  |
| 6. | What actions will be taken to correct any problems that occur at the site? (Check all that apply) |
|  |
|  | [ ]  | Suggest corrective action and schedule a follow-up review. |
|  | [ ]  | Recommend adjustments in the meals prepared to prevent leftover food. |
|  | [ ]  | Review all previous problems found at the site and ensure that they have been corrected. |
|  | [ ]  | Document all corrective action taken to solve the problem. |
|  | [ ]  | Notify the site supervisor of any problems found by the monitor. |
|  |
| 7. | Who will be responsible for collecting the following records and when will the records be submitted to the person doing the claim?      |
|  | **Check under term indicating** |
|  | **how often they are submitted** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Record | Person Collecting | Daily | Weekly | Monthly | End of |
|  |  |  |  |  | Session |
|  |  |  |  |  |  |
| \*\* daily meal counts \*\* |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| employee time sheets |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| itemized invoices/receipts |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| production records |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| menus |       | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| other (explain)  |       |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **\*\*Attach a copy of the daily meal count sheets that are used.\*\*** |  |

|  |  |
| --- | --- |
| 8. | **ESTIMATE REIMBURSEMENT** |
|  |  |
|  | Multiply the expected ADP for each meal by the number of days that meal will be offered. Multiply this estimated meal count by the 2014 reimbursement rate. If your program is not a rural or self-prep site, put in the *othe*r rate. |

|  |  |
| --- | --- |
| **BREAKFAST:** | **REIMBURSMENT RATE** |
|  |
|       | X |       | = |       |  | X | **$2.0775** | = |       |  |
| ADP |  | DAYS |  | MEALS |  |  | RATE |  |  |  |
|  |
| **LUNCH:** |
|  |
|       | X |       | = |       |  | X | **$3.6450** | = |       |  |
| ADP |  | DAYS |  | MEALS |  |  | RATE |  |  |  |
|  |
| **SUPPER:** |
|  |
|       | X |       | = |       |  | X | **$3.6450** | = |       |  |
| ADP |  | DAYS |  | MEALS |  |  | RATE |  |  |  |
|  |
| **SNACKS:** |
|  |
|       | X |       | = |       |  | X | **$0.8650** | = |       |  |
| ADP |  | DAYS |  | MEALS |  |  | RATE |  |  |  |
|  |
|  |  |  |  |  |  |  |       |  |
|  |  | **TOTALS** |  | **REIMBURSMENT** |  |
|  |  |  |  |  |  |  |
| **Did you have excess funds, revenue received less expenditures at the end of the 2013 program? If yes, indicate the amount.**     \_\_ Yes      \_\_\_ No $     \_\_\_\_\_\_\_\_ |  |
|  |
| 9a. **START-UP PAYMENTS**, if approved, are provided to begin the administration of the Summer Food Service Program. At the State Agency's discretion, the advance may be up to 20% of the sponsor's approved administrative budget. Advances are available up to two months before the sponsor is scheduled to begin food service operations. The amount of the start-up advance payment shall be deducted from the first advance payment for administrative costs. An example of start-ups would be for the sponsor administrator for summer, if one had to be hired especially for this project. ***Start-up requests must have a written justification attached.*** |
|  | [ ]  | No Start-up Payments are requested. |  | CANS USE ONLY |
|  |  |  |  |
|  | [ ]  | Start-up Payments are requested. |  |  | approved |  | amount |  |  |
|  |  |  |  |
|  | [ ]  | A justification for Start-up Payments is attached. |  |  | not approved |  | reason |  |  |
|  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 9b. **ADVANCE PAYMENTS**, if approved, are to assist sponsors in meeting operating and/or administrative expenses. A sponsor shall not receive advance payments for any month in which it operates 10 days or less. Advances will be deducted from each month's claim for reimbursement. |
|  | [ ]  | No Advance Payments are requested. |  | CANS use only |
|  |  |
|  | [ ]  | We hereby request Advance Payments for operating and/or administrative expenses for the first month. |  |  | approved |  | amount |  |  |
|  |  |
|  | [ ]  | We are hereby requesting a second advance to be sent in: |  |  | not approved |  | reason |  |  |
|  |  |  (check one) [ ]  July or [ ]  August. |  |
|  |  |  |  |
|  | [ ]  | We are hereby requesting a third advance to be sent in August. |  |
|  |
|  | *The second and third advances must be requested in writing, and must be substantiated by meal counts. If you know you will request an additional advance/s, checking the appropriate line above will fulfill the requirement for a written request.* |
|  |  | *If you are not sure of your need for an additional advance/s at this time, you may submit a written request after you begin operation. The request must be made 30 days in advance of the anticipated payment.* |
|  | *An approved agreement must be on file before payment will be made for either Start-up or Advance Payments.* |
|  |
| 10. | **OPERATING BUDGET** |

|  |  |  |
| --- | --- | --- |
| **ESTIMATED OPERATING COSTS FOR** | **SPONSOR AMOUNT** | CANS APPROVED AMOUNT |
| **FOOD** |       |  |
| ---**SITE LABOR---**(Supervision, service, etc. should equal total listed in Part 3 site(s), P.12, #24 for all sites) |       |  |
| **NON-FOOD SUPPLIES** |       |  |
| **UTILITIES** |       |  |
| **KITCHEN OR TRUCK RENTAL** (attach contract) |       |  |
| **EQUIPMENT RENTA**L (attach contract) |       |  |
| **OTHER (specify)** |       |  |
| **SUB-TOTAL** |       |  |

|  |  |
| --- | --- |
| 11. | If your total expenses exceed the estimated reimbursement., show the projected income from all sources other than USDA that will be used to help finance the SFSP. Indicate whether the money is specifically food service income or if it is other income. This section must be completed if projected expenses exceed the projected reimbursement. |

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME SOURCE** |  **INCOME AMOUNT** |  **INCOME TYPE** **(FS or other)** | **DESCRIBE THE COSTS FOR WHICH THIS****INCOME WILL BE USED** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| 12. | **List the Sponsor Level Personnel who will be responsible for administering the Summer Food Service Program**. |
| **TITLE OF POSITION** | **NUMBER OF PERSONNEL IN THAT POSITION** | **HOURS PER WEEK ON SFSP** | **SALARY PER HOUR (VOLUNTEER USE "V")** | **NUMBER OF WEEKS** | **TOTAL SALARY (inc. benefits) FOR PROGRAM** | **SPECIFIC DUTIES****\* see below** | **CANS APPROVED AMOUNT** |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
| **TOTAL ADMINISTRATIVE SALARIES** | **xxxxx** | **xxxxx** | **xxxxx** | **xxxxx** |  | **xxxxx** |  |

|  |  |
| --- | --- |
| 13a. | **ADMINISTRATIVE BUDGET: All costs that will be claimed must be listed on the administrative budget.** |
| **ESTIMATED ADMINISTRATIVE COSTS** |  **SPONSOR AMOUNT** |  **CANS APPROVED AMOUNT** | **\* Indicate the responsibilities of each of the above positions by placing the number of each task performed in the appropriate box under “specific duties”** |
| **TOTAL ADMINISTRATIVE SALARIES (see 12 above)** |       |  | 1. hire/select personnel | 8. maintain financial records |
| **EXPENSES FOR ATTENDING WORKSHOP** |       |  | 2. train personnel | 9. process payroll |
| **UTILITIES** |       |  | 3. schedule personnel | 10. prepare claims |
| **OFFICE SUPPLIES** |       |  | 4. supervise personnel | 11. type |
| **AUDIT FEES (attach letter)** |       |  | 5. select sites | 12. file |
| **TRANSPORTATION (administrative and monitors)** |       |  | 6. monitor sites | 13. other (explain) |
| **TELEPHONE** |       |  | 7. perform outreach |  |
| **POSTAGE** |       |  |  |  |
| **LEGAL FEES** |       |  |  |  |
| **USE ALLOWANCE** |       |  | 13b. **Estimated total costs** |  |
| **OFFICE BUILDING MAINTENANCE** |       |  |  Operating cost (#10 subtotal) |       |
| **OTHER (specify)** |       |  |  Administrative costs (#13a subtotal) |       |
| **SUB-TOTAL** |       |  |  |  |
|  |  |  |  **Total** |  |

14. **If the totals of costs listed in 13b. exceed the projected income shown in 8 through 11; briefly explain how the costs will be covered:**

## Plan for Summer Food Service Program (SFSP) Training

**Administrative Training**

(Administrative training through attendance at the state workshop the webinar training is mandatory.)

15. The following person/s attended the SFSP Administrative Workshop conducted by the state agency **or** reviewed the SFSP Live Meeting training provided by the state agency:

|  |  |
| --- | --- |
| Name(s) |       |
|  |  |
| Date |       |

|  |  |
| --- | --- |
| Name(s) |       |
|  |  |
| Date |       |

1. Who is responsible for handling the following responsibilities?

|  |  |
| --- | --- |
| Completing the SFSP application |       |
|  |  |
| Preparation of the SFSP worksheets and claim |       |
|  |  |
| Site monitoring |       |

17. The people listed in item 16 will be trained on SFSP regulations and procedures needed to complete the above tasks by (check all that apply):

|  |  |
| --- | --- |
| [ ]  | The same person who received the Administrative training is responsible for these tasks. |
|  |  |
| [ ]  | The person who attended the administrative all day workshop .training \_\_\_/\_\_\_\_/\_\_\_ and/or |
|  |  |
| [ ]  | The person who reviewed the webinar administrative training on \_\_\_/\_\_\_\_/\_\_\_ |
|  |  |

# Operational Training

**(All site personnel must be trained before any claims can be paid.)**

18a. The following person/s will be trained on (date) April 29, 20154 at Pierre by attending SFSP Operational Workshop conducted by the state agency: (Must sign up for training by emailing julie.mccord@state.sd.us –This training is optional and not required.

Name(s) attending Pierre training:

18b. The agency staff attending 15 and/or18a will train local site personnel on Training Checklist for Monitors and Site Staff Attachment 15 of Sponsor Handbook. My agency food service staff will be trained on (date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ on the following: (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | program regulations | [ ]  | menus and production records |
| [ ]  | site responsibilities | [ ]  | compliance with civil rights requirements |
| [ ]  | time restrictions | [ ]  | inventory systems |
| [ ]  | meal pattern requirements | [ ]  | collection of required records |
| [ ]  | creditable foods | [ ]  | health and sanitation procedures |
| [ ]  | meal counts | [ ]  | emergency training (site specific) |

 **(FOR ALL SPONSORS)**

19. **APPLICATION AND AGREEMENT SIGNATURE** This is to certify that the information is true and correct and is submitted as part of the Local Agency's combined application:

|  |
| --- |
| SPONSORING AGENCY |
|  |  |  |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE |  | DATE |
|       |       |
| PRINTED NAME (OR TYPED) | TITLE |

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