**2015 SUMMER FOOD SERVICE PROGRAM AGREEMENT RENEWAL**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency name) wishes to update the      \_\_\_ (First year of renewal, 2011 or later) Summer Food Service Program agreement for the summer 2015. Our local agency 7-digit number is      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**AGENCY INFORMATION – PART 1 - *For sponsors who only operate SFSP complete Part 1 is required annually***. Sponsors who operate other Child Nutrition Programs should refer to the 2013-14 Combined Application submitted last fall.

All Part 1 information is still current. No copy required

***Some items of the 2014-15 Part 1 Combined Application are updated and highlighted on an enclosed copy.***

**SPONSOR INFORMATION – PART 2Renewal – Sponsor**

Complete and submit

* A 2015 statement regarding seriously deficient operation and meal count form attached (#4 and below #7)
* A 2015 estimate of reimbursement is enclosed (#8).
* A 2015 budget sheet and advance payments request are enclosed (#9, 10, 11, 12, and 13).***CACFP’s in good standing exempt*** see Policy Memo SP 06-2014, CACFP 03-2014, SFSP 06-2014.
* A 2015 Training Plan and staffing plan is enclosed (# 7, 15, 16, 17, and 18)

All other Part 2 items are still current from permanent year application (#2, 3, 5, and 6)

**SITE INFORMATION – PART 3Renewal – Site(s)**

Complete and submit the following for each site.

* Site name,2015 site supervisor and telephone and foodservice staff contact information (#2, 4, and 5)
* The 2015 Percent eligible at site, payment and fee information (#8, 9 and 10)
* A statement in 2015 rural or not, site type, eligibility information, month and year used for eligibility, and number enrolled if closed site. (#11, 12, 13, and 14)
* Infant meal pattern, small portion requests, method of preparation, contracts, and monitoring dates (#15,16, 17 and 19)
* A 2015 estimate of meal(s) information, Offer versus Serve, and delivery information (# 20 a. & b. and 21)
* 2015 Civil Rights - Potential Beneficiaries ( #23)
* A 2015 site staffing plan and annual Civil Rights staff training (#24)

All other Part 3 items are still current from permanent year application (#1, 3, 6, 7, 18, and 22)

***\*****If adding a new site* – complete the 2015 SFSP Application/Agreement Part 3 – Site Information form same a new sponsor.

A 2015 SFSP Part 3 is enclosed with the new site information.

**FREE MEAL POLICY STATEMENT**

All Part 4 items are still current from permanent year application. (***No Changes*** – don’t include in renewal packet).

A 2015 SFSP Part 4 is enclosed with free meal policy statement with changes.

All of Part 5 and Part 6 Agreement and Appeal information is still current.

**USDA FOODS/COMMODITY INFORMATION**

The 2015 Part 7 USDA Foods/commodity page was faxed in separately in February.

**ATTACHMENTS**

🞎 Appropriate attachments are enclosed.

**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. The applicant agency assumes responsibility for the Summer Food Service Program 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 incorporated by this reference covenant and agrees as follows as set out in the SFSP program applications, sections, and parts.

**Local Agency**

By:

Authorized Representative Signature

Name:

(Print or Type)

Title:

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

**Department of Education – Child and Adult Nutrition Services (CANS)**

By:

Signature

Name: Sandra Kangas

Title: Supervisor

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

**PART 2Renewal – RENEWAL SPONSOR INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of Sponsor |  | | | | | | |
|  | | | | | | | | |
| 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 |
|  |  | | | | | | | |
| 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 2015 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 | **$3.6450** | | | | = | |  | |  | |
| ADP | |  | | DAYS | | |  | MEALS | | |  | |  | RATE | | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SNACKS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | X | |  | | | = |  | | |  | | X | **$\_.8650** | | | | = | |  | |  | |
| ADP | |  | | DAYS | | |  | MEALS | | |  | |  | RATE | | | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | |  |  | |  |  | | | | | |  | | | |  | | | |
|  | | | | | | | | | | | | |  | **TOTALS** | | |  | | **REIMBURSMENT** | | | |  | | | |
|  | | | | |  |  | | |  |  | |  |  | | | | | | | | | | | | | | | | |
| **Did you have excess funds, revenue received less expenditures at the end of the 2014 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. These 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. For example, start-ups would be used for the sponsor administrator for summer, if one had to be especially hired 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 | |  |  |
|  |  | |  | | | | | | | | | | | |  | |  | | | | | | | | | | |  |
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| 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 III, P.12, #24 for all sites) |  |  |
| **NON-FOOD SUPPLIES** |  |  |
| **UTILITIES** |  |  |
| **KITCHEN OR TRUCK RENTAL** (attach contract) |  |  |
| **EQUIPMENT RENTAL** (attach contract) |  |  |
| **OTHER** (specify) |  |  |
| **SUB-TOTAL** |  |  |

|  |  |
| --- | --- |
| 11. | Show 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. |

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

6