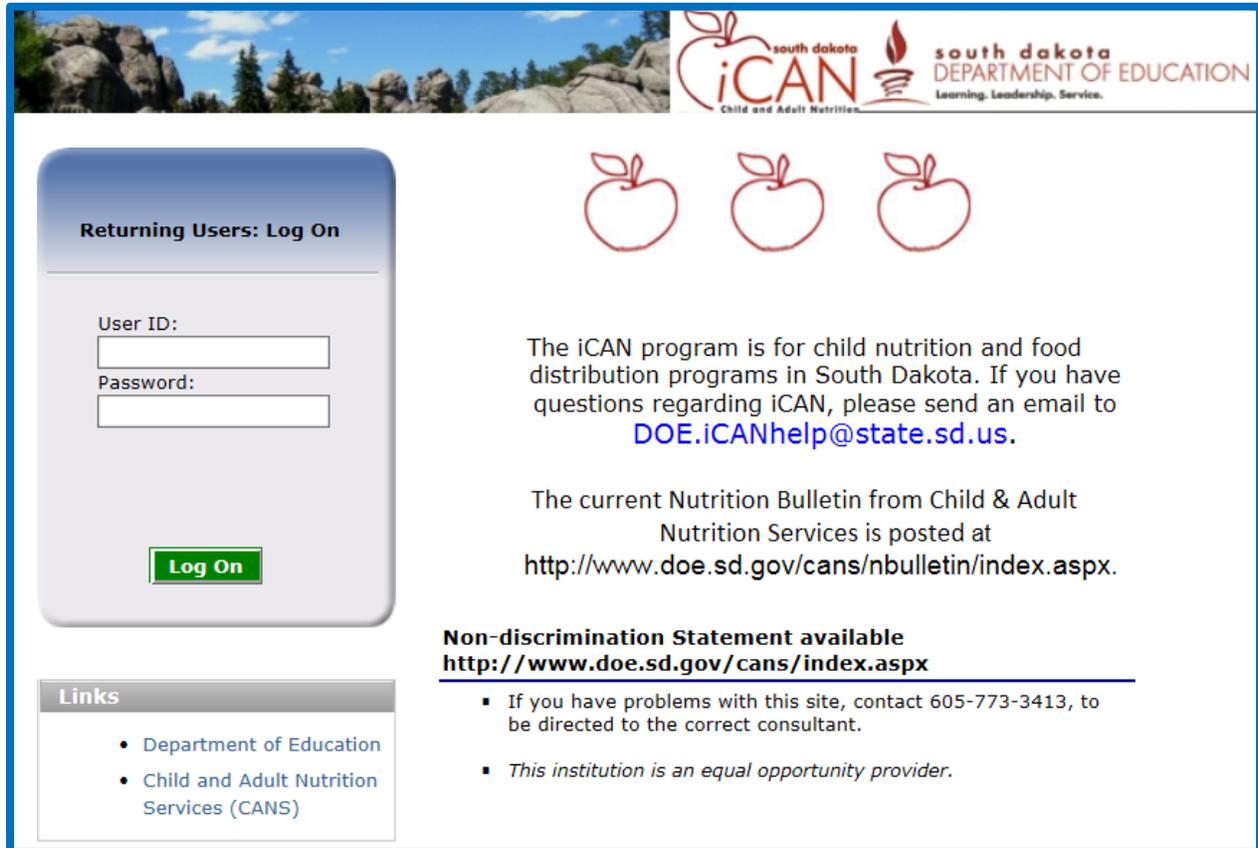


# School Nutrition Programs iCAN Application Manual



**Returning Users: Log On**

User ID:

Password:

**Log On**

**Links**

- Department of Education
- Child and Adult Nutrition Services (CANS)

The iCAN program is for child nutrition and food distribution programs in South Dakota. If you have questions regarding iCAN, please send an email to [DOE.iCANhelp@state.sd.us](mailto:DOE.iCANhelp@state.sd.us).

The current Nutrition Bulletin from Child & Adult Nutrition Services is posted at <http://www.doe.sd.gov/cans/nbulletin/index.aspx>.

**Non-discrimination Statement available**  
<http://www.doe.sd.gov/cans/index.aspx>

- If you have problems with this site, contact 605-773-3413, to be directed to the correct consultant.
- *This institution is an equal opportunity provider.*

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>

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# Chapter 1 – Logging into the iCAN System

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



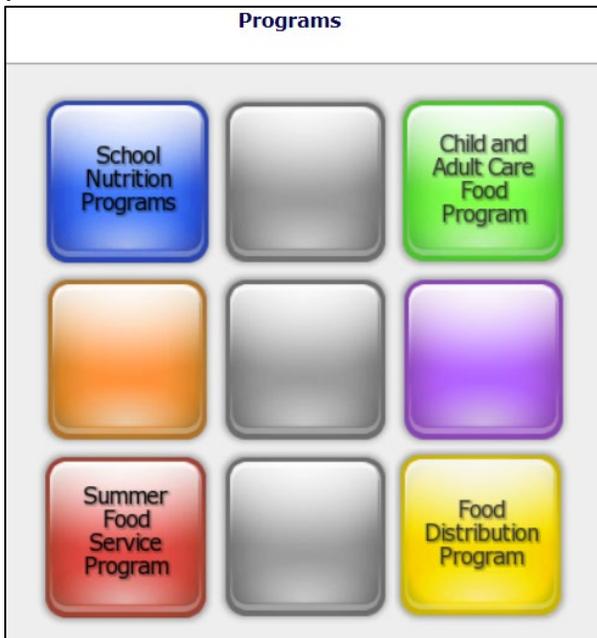
Returning Users: Log On

User ID:

Password:

**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 iCAN.

- 1) Click the *Activate* button.
  - a) In most instances this will take you directly to the iCAN Log On
  - b) If clicking *Activate* does not work, close all open browsers (*after saving your work!*) and try to log on again
  - c) If the problem persists, please send an email to [DOE.iCANHelp@state.sd.us](mailto:DOE.iCANHelp@state.sd.us) or call 605-773-3413

**Session Conflict Error**

---

**Session Conflict Error**



### A session conflict has occurred.

**What you can try:**

Close all browser windows and try again.

If you are attempting to open two browser windows for this application, the second window must be opened in a new session.

Click the Activate button below to make this the active window for this session.

**WARNING: Unsaved work in the conflicting window will be lost.**

4/27/2017 11:00:59 AM

CloseActivate

## 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 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.
- 6) **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.
- 7) Make sure you **Log Out** to exit the iCAN system.



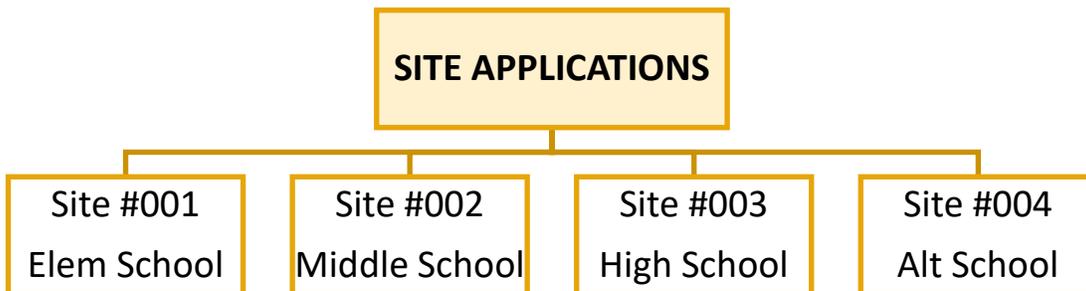
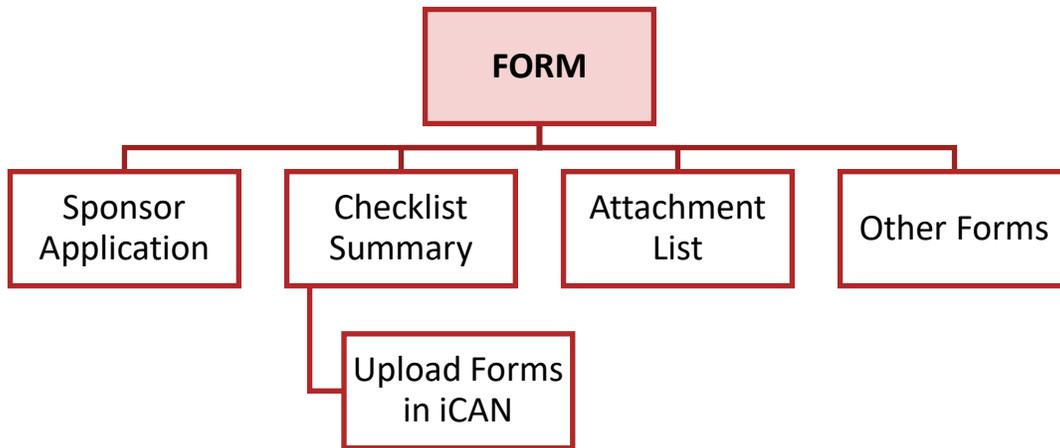
**TIP: DO NOT** use your browser arrows to navigate within iCAN.

# 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!**

- a) Start with your Sponsor Application.
- b) Complete the Site Applications next.
- c) Complete the Checklist summary and upload documents.
- d) Complete any other required sections.

# Chapter 3 – Application Packet

## Completing a Sponsor Application

- 1) Select Applications in the Menu line.
- 2) Select Application Packet.

**School Nutrition Programs**

south dakota DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > School Year: 2016 - 2017

Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Site Enrollment	Site Enrollment and Eligibility by Site
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Download Forms	Forms Available for Downloading

- 3) Your School or Agency name should already be listed. Select the appropriate School Year.

**School Nutrition Programs**

south dakota DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications >

**Select School Year**

Currently, there are 3 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
2016 - 2017	07/01/2016 - 06/30/2017	Not Started
2015 - 2016	07/01/2015 - 06/30/2016	Application Packet on File
2014 - 2015	07/01/2014 - 06/30/2015	Application Packet on File

< Back

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

**School Nutrition Programs** south dakota DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > School Year: 2016 - 2017

**2016 - 2017 Application Packet**

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

Action	Form Name	Latest Version	Status
<b>Add</b>	<b>Sponsor Application</b>		Not Started

< Back

Show Packet History

5) If you see the following screen (6), 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.

**School Nutrition Programs** south dakota DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > School Year: 2016 - 2017

**2016 - 2017 Application Packet**

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

**The Sponsor has not started in the current year (2017).**  
Click 'Enroll' to enroll for this year based on your prior year's information.

5 **Enroll** Cancel

Message from webpage

? You have clicked the 'Enroll' button. Do you want to continue?

6 OK Cancel

**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*.

Sponsors					Found: 1
Agreement Number	Sponsor Name	Application Packet Status	Submitted for Approval	Approval Date	Packet Assigned To
7050105	Your School	Not Submitted			

7) To complete the Sponsor Application select *Modify*.

7050105 Status: Active  
**Your School**  
 123 South East Street  
 Pierre, SD 57501

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

Action	Form Name	Latest Version	Status
View <b>Modify</b>	➔ Sponsor Application	Original	Not Submitted
Details	➔ Checklist Summary (3)		

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

< Back    Submit for Approval    Withdraw Packet

Show Packet History

- 8) Complete all open boxes of the application.
- a. Renewing agencies will have some prior year information roll forward; review and update as necessary.
  - b. Question #2, Operational Dates will automatically default to July 1 to June 30.

Sponsor Type			
1. Type of Agency:	Educational Institution		
School Year Dates of Operation			
2. Operational Dates:	Start Date:	08/19/2019	End Date: 05/22/2020
Authorized Representative			
3. Name:	Salutation	First Name	Last Name
	Mrs.		

**TIP: update with your actual dates of operation; this is your school year start and end dates.**

**TIP: the salutation drop-down box (Mr., Mrs., etc.) is a required field.**

Authorized Representative			
3. Name:	Salutation	First Name	Last Name
	▼		
4. Email Address:			
5. Phone:		Ext:	Fax:
6. Cell/Alt Phone:			
7. Title:			
8. New Contact?	<input type="checkbox"/>		
Street Address			
9. Address Line 1:			
Address Line 2:			
10. City:			
11. State:	SD	Zip:	
12. County:	▼		
Mailing Address			
<input type="checkbox"/> Same as the Street Address			
13. Address Line 1:			
Address Line 2:			
14. City:			
15. State:	SD	Zip:	
16. County:	▼		

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

Street Address is your physical location address

Mailing Address is your postal mailing address

### Food Service Director (FSD) / Manager

Same as the Authorized Representative

17. Name: Salutation  First Name  Last 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

23. Name: Salutation  First Name  Last 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

29. Name: Salutation  First Name  Last Name

30. Email Address:

31. Phone:  Ext:

32. Cell/Alt Phone:

33. Title:

34. New Contact?

Second Contact is a back up to the Claim Rep and should be a person of authority who will double check all claim submissions

**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.**

- c) Complete all open boxes.
35. 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.
  36. The Hearing Official is the person that handles grievances.
  37. The Verifying Official is the person that completes the 742 Verification Report.
  38. Confirmation Reviewer reviews all applications chosen for verification prior to verification being conducted.

<b>Determining Official</b>	
35. This person processes applications and makes eligibility determinations.	
Name/Title: <input type="text"/>	TIP: Determining Official can be the same as Verifying Official, but not the same as Confirmation Reviewer.
<b>Hearing Official</b>	
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: <input type="text"/>	
*Hearing Official must be in a position higher than the Determining Official and Verifying Official.	
<b>Verifying Official</b>	
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: <input type="text"/>	TIP: Verifying Official can be the same as Determining Official and the same as Confirmation Reviewer, but the same person cannot be not all three.
<b>Confirmation Reviewer</b>	
38. This person serves as a "second set of eyes" for reviewing applications that are selected by the Verifying Official for the verification process.	
Name/Title: <input type="text"/>	TIP: Confirmation Reviewer can be the same as Verifying Official but not the the same as Determining Official.

**TIP: for RCCIs, CEP and Provision schools only: Verification is not required but Questions 35-38 must be answered.**

**Meal Count and Collection Procedures**

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

Defaults to YES, change if your procedures have not changed

**Food Distribution Program (Commodities)**

Note: The renewal of NSLP will renew your FND Commodity Agreement. Therefore, you will continue to receive distributions of food donated by USDA.

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

**Eligibility Information**

41. Does your organization use the Current State prototype household application?  Yes  No

42. 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?

43. Does your organization use online application?  Yes  No

If yes, what is the name of your online application system?

Answer YES if you are on CEP

44. Are you using an electronic system for processing applications?  Yes  No

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

45. Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program?  Yes  No

**TIP: Answer Yes to Question #45 if any of your sites will be operating a Community Eligibility Provision (CEP). This will trigger the CEP Schedule to your Application Packet.**

- d) If your school/agency contains any RCCI sites, complete questions 46-49.
- 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.

**Licensed Residential Child Care Institution (RCCI) only**

46. Is the site licensed as an RCCI site for the care of children?  Yes  No

47. What is the student population type?  Day only  
 Residential only  
 Residential and day students

48. What documentation is used to qualify residential students for free meals?  Roster  
 Other  
 If Other, please describe:

49. What documentation is used to qualify day students for free and reduced price meals?  Free and Reduced Price Application  
 Direct Certification  
 Homeless Liaison  
 Other  
 (Check all that apply.)  
 If Other, please describe:

- e) If your school/agency contracts with a Food Service Management Company (FSMC), complete questions 50-54.

- If your school/agency does not contract with an FSMC, select No.

**Food Service Management Company (FSMC)**

50. 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

51. Name: Salutation  First Name  Last Name

52. Email Address:

53. Phone:  Ext:  Fax:

54. Title:

f) Vended Meals: Complete this section if you have a contract to purchase or sell food in your food service program.

55. Do you purchase meals through a **Vended Meal Contract** with another school/agency that also operates School Nutrition Programs?

- If Yes, list the SFA name.

56. Do you purchase meals through a **Vended Meal Contract** with a company that does not operate School Nutrition Programs? For example, a grocery store or college.

- If Yes, list the vendor's name.

57. Do you sell or provide reimbursable meals to another school/agency that operates School Nutrition programs and **your SFA claims the meals** for reimbursement?

58. Do you provide reimbursable meals to another school/agency that operates School Nutrition Programs and your SFA **does not claim the meals** for reimbursement?

- If Yes, list the SFA name.

59. Do you have any other contracts not listed in 55-58 that run through your food service department? For example, a senior meal program.

- List each contract.

Vended Meals	
55. Does your organization purchase meals from a School Food Authority (SFA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If Yes, please list the School Food Authority (SFA) name(s):	<input type="text"/>
Do you have a contract?	<input type="radio"/> Yes <input type="radio"/> No
56. Does your organization purchase meals/snacks from a vendor other than a School Food Authority (SFA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
List the vendor name(s):	<input type="text"/>
Do you have a contract?	<input type="radio"/> Yes <input type="radio"/> No
57. Does your organization claim reimbursement for meals provided to a School Food Authority (SFA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you have a contract?	<input type="radio"/> Yes <input type="radio"/> No
58. Does your organization vend meals to a School Food Authority (SFA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If Yes, please list the School Food Authority (SFA) name(s):	<input type="text"/>
59. Does your organization have any other contracts related to food service?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, please describe additional contracts.	<input type="text"/>

8) Specially Needy 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 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 free or reduced-price rate.

Specially Needy Lunch - Reimbursement Rate Determination				
Lunches claimed for School Year (2017 - 2018)				
Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra \$.02 reimbursement rate
			0.00 %	No

9) **Comments from Sponsor** – is there any additional information you wish to provide? If so, please add your notes and comments in this box.

Comments from Sponsor
<div style="border: 1px solid gray; height: 50px; width: 100%;"></div>

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

11) Click Save.

Certification
<input type="checkbox"/> 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.
<p>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.</p> <p>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.</p>
<div style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></div>

## Errors and Warnings

Once saved, you may see the application contains errors. You will need to edit your application before you can submit. Click the *Edit* button to see what your errors are and to make corrections. Or you can click *Finish* to save and go back to edit later.

1234567    Status: Active  
**Your School**  
No address on file for this year

---

**The 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 Application can be processed. You may correct the errors now by clicking '< Edit' or you may return to the Application later.



Examples of errors:

<b>2019 - 2020 SNP Sponsor Application</b>	
1234567    Status: Active <b>Your School</b> No address on file for this year	
Code	Error Description
1104	Authorized Representative contact must be completed. Extension (Ext) and Fax may be blank.
1100	Street Address must be completed. Address Line 2 may be blank.
1101	Mailing Address must be completed. Address Line 2 may be blank.
1102	Food Service Director / Manager contact must be completed. Extension (Ext) and Fax may be blank.
1105	Claim Representative contact must be completed. Extension (Ext) and Fax may be blank.
1109	Hearing Official Name/Title must be entered.
1108	Determining Official Name/Title must be entered.
1110	Verifying Official Name/Title must be entered.
1192	Confirmation Reviewer Name/Title must be entered.
1311	The question 'Do you wish to accept distributions of USDA donated food' must be answered.
1302	The question 'Does your organization use the Current State prototype household application' must be answered.

1. Make corrections and click *Save* when finished.
2. If you receive the following message, your application has been saved without errors. Click *Finish*.

1234567    Status: Active  
**Your School**  
 800 Governors Drive  
 Pierre, SD 57501

---

**The Application has been saved.**

3. You will be taken back to the Application Packet screen.
4. This section is now complete! Notice the *green checkmark*.

2019 - 2020 Application Packet

---

1234567    Status: Active  
**Your School**  
 800 Governors Drive  
 Pierre, SD 57501

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
Add	➔ Attestation Statement		
Details	➔ Meal Pattern Compliance Dashboard		Pending
Details	➔ Checklist Summary (5)		
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	0	0	0	0	0	0
Seamless Summer Option	0	0	0	0	0	0	0

**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.**

## Completing Site Applications

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

**2019 - 2020 Application Packet**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	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
Add	➔ Attestation Statement		
Details	➔ Meal Pattern Compliance Dashboard		Pending
Details	➔ Checklist Summary (5)		
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	0	0	0	0	0	0
Seamless Summer Option	0	0	0	0	0	0	0

2) Click *Modify*.

**2019 - 2020 Application Packet - SNP Site List**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	
--	--

Action	Site ID / Site Name	NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig.%
<b>Totals</b>		3	3	2	1	0		
View <span style="border: 2px solid purple; padding: 2px;">Modify</span> ➔	0001 Your School High School	X	X	X			Original / Error (28)	0.0000
View   Modify ➔	0002 Your School Middle School	X	X				Original / Error (19)	0.0000
View   Modify ➔	0003 Your School Elementary	X	X	X	X		Original / Error (35)	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 and make changes/additions as needed. Complete any unanswered questions
- **New School/Agency Sites:** your new site will be blank. Please complete all unanswered questions.

3) **Modify Program Selection:** to add or drop programs at a site, select *Modify Program Selection* and then make your selection under *Participating Program(s)*, then click *Save* and *Continue*.

Program Information		
<b>Participating Program(s)</b>	<b>Modify Program Selection</b>	
<input checked="" type="checkbox"/>	A. National School Lunch Program (NSLP)	CFDA #10.555
<input checked="" type="checkbox"/>	B. School Breakfast Program (SBP)	CFDA #10.553
<input checked="" type="checkbox"/>	C. Afterschool Snacks (AS)	CFDA #10.555
<input type="checkbox"/>	D. Special Milk Program (SMP)	CFDA #10.556

4) Complete all boxes in the site application.

a) Enter the information for the person we should contact at this site.

Site Contact			
1. Name:	Salutation	First Name	Last Name
2. Email Address:			
3. Phone:		Ext:	Fax:
4. Cell/Alt Phone:			
5. Title:			
Street Address			
6. Address Line 1:			
Address Line 2:			
7. City:			
8. State:	SD	Zip:	
9. County:			
10. Special directions (if needed) to locate the site.			

Enter the info for the site kitchen contact

Enter the physical location of this school site; add special directions if your location is tricky to find.

b) Choose the 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: ▼

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.

13. Lunches claimed for School Year (2017 - 2018) - Severe Need Breakfast Reimbursement Rate Determination

					Qualify for

c) New Site.

- If Yes, contact CANS to ensure you complete #13 with the correct lunch data
- If this is a new site and there are no lunch counts for the second prior year, the site may operate 3 months and the school may apply for Severe Need Reimbursement Rate
- There is an allowance to make this SBP reimbursement rate retroactive for 3 months of operation
- If No, the data should prepopulate from the second preceding school year claim for this site

**Participation Information**

11. Site Type: Traditional Public School ▼

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.

13. Lunches claimed for School Year (2017 - 2018) - 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
<input style="width: 80%;" type="text" value="0"/>	<input style="width: 80%;" type="text" value="0"/>	<input style="width: 80%;" type="text" value="0"/>	0	%	No

d) Severe Need Breakfast Reimbursement Rate Determination.

- Yes = 40% or more lunches were served at 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

**Participation Information**

11. Site Type:

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.

13. Lunches claimed for School Year (2017 - 2018) - 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
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0	%	No

e) Check all grades that reside at this site.

- If you have Early Education, Head Start, Pre-Kindergarten, the text box below is required; please explain where and when these students eat meals

**Participation Information**

11. Site Type:

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.

13. Lunches claimed for School Year (2018 - 2019) - 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0%	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:

If Early Education/Head Start/Pre-Kindergarten, where and when do those students eat meals?

15. Kitchen Type:

If Combination, identify which types:

f) Complete the Kitchen Type for this 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
- **On-Site Prep:** food is prepped and served 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
- **Walking:** students walk from one site to another feeding site

**Participation Information**

11. Site Type:

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.

13. Lunches claimed for School Year (2017 - 2018) - 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
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0	%	No

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

Early Education:  Pre-packaged Satellite  9th grade:

Head Start:  Bulk Satellite  10th grade:

Pre-Kindergarten:  Central Kitchen  11th grade:

Kindergarten:  On-site Prep  12th grade:

Other:  Vended Meals

Vending Machine Meal Service

Combination

Walking

15. Kitchen Type:

If Combination, identify which types:

- g) Enter student meal prices and adult meal prices. **Adult meal prices** must be set high enough to cover your highest federal free reimbursement rate, plus the performance reimbursement, plus the value of USDA Foods used in the meal. See [CANS SNP Memo #223-1](#) for more information about setting proper adult meal prices.

Pricing Information				
16. <b>PRICING:</b> 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).				
<b>NON-PRICING:</b> Select if students will not be charged for meals.				
<b>REDUCED CHARGE WAIVED:</b> 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)	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Breakfast Program (SBP)	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afterschool Snack (AS)	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TIP: Selecting Pricing Information will trigger different checklist items.**

**TIP: Selecting a Provision will trigger Provision status and checklist items.**

**TIP: 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

- 1) Complete all blank information and review prefilled information.
  - a) 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.
  - b) 4-day schools – if your site operates 5-days per week **occasionally** throughout the school year, please check 5-days (Mon-Fri) to ensure you are able to claim your occasional 5-days per week.
  - c) If A3 is marked Yes, ensure that A4 indicates which grades participate in OVS.
  - d) **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.
  - e) **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.

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)	
A1. A. Months of Operation: (Check all that apply)	
All:	<input type="checkbox"/>
Jul:	<input type="checkbox"/>
Aug:	<input type="checkbox"/>
Sep:	<input type="checkbox"/>
Oct:	<input type="checkbox"/>
Nov:	<input type="checkbox"/>
Dec:	<input type="checkbox"/>
Jan:	<input type="checkbox"/>
Feb:	<input type="checkbox"/>
Mar:	<input type="checkbox"/>
Apr:	<input type="checkbox"/>
May:	<input type="checkbox"/>
Jun:	<input type="checkbox"/>
B. Days of the week meals served and claimed for reimbursement: (Check all that apply)	
Mon-Fri:	<input type="checkbox"/>
Mon:	<input type="checkbox"/>
Tue:	<input type="checkbox"/>
Wed:	<input type="checkbox"/>
Thu:	<input type="checkbox"/>
Fri:	<input type="checkbox"/>
Sat:	<input type="checkbox"/>
Sun:	<input type="checkbox"/>
A2. Meal Service Times	Begin Time: <input type="text"/> :00 End Time: <input type="text"/> :00
Additional Meal Service Times	<input type="text"/>
A3. Will Offer versus Serve (OVS) be implemented for Lunch?	<input type="radio"/> Yes <input type="radio"/> No
A4. What grades are utilizing Offer vs. Server (OVS) for Lunch?	
All:	<input type="checkbox"/>
Early Education:	<input type="checkbox"/>
1st grade:	<input type="checkbox"/>
5th grade:	<input type="checkbox"/>
9th grade:	<input type="checkbox"/>
Head Start:	<input type="checkbox"/>
2nd grade:	<input type="checkbox"/>
6th grade:	<input type="checkbox"/>
10th grade:	<input type="checkbox"/>
Pre-Kindergarten:	<input type="checkbox"/>
3rd grade:	<input type="checkbox"/>
7th grade:	<input type="checkbox"/>
11th grade:	<input type="checkbox"/>
Kindergarten:	<input type="checkbox"/>
4th grade:	<input type="checkbox"/>
8th grade:	<input type="checkbox"/>
12th grade:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
A5. How many Points of Service?	<input type="text"/>
A6. Are alternate points of service used?	<input type="radio"/> Yes <input type="radio"/> No
Describe your alternate points of service, if used:	
<input type="text"/>	

## School Breakfast Program

- 1) Complete all blank information and review prefilled information.
  - a) 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.
  - b) 4-day schools – if your site occasionally through the school year operates 5-days per week, please check 5-days (Mon-Fri) to ensure you are able to claim your occasional 5-days per week.
  - c) If A3 is marked Yes, ensure that A4 indicates which grades participate in OVS.
  - d) **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.
  - e) **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.

Section B - SCHOOL BREAKFAST PROGRAM (SBP)	
B1. A. Months of Operation: (Check all that apply)	
All: <input type="checkbox"/>	Jul: <input type="checkbox"/> Aug: <input type="checkbox"/> Sep: <input type="checkbox"/> Oct: <input type="checkbox"/> Nov: <input type="checkbox"/> Dec: <input type="checkbox"/>
Jan: <input type="checkbox"/>	Feb: <input type="checkbox"/> Mar: <input type="checkbox"/> Apr: <input type="checkbox"/> May: <input type="checkbox"/> Jun: <input type="checkbox"/>
B. Days of the week meals served and claimed for reimbursement: (Check all that apply)	
Mon-Fri: <input type="checkbox"/>	Mon: <input type="checkbox"/> Tue: <input type="checkbox"/> Wed: <input type="checkbox"/> Thu: <input type="checkbox"/> Fri: <input type="checkbox"/> Sat: <input type="checkbox"/> Sun: <input type="checkbox"/>
B2. Meal Service Times	Begin Time: <input type="text"/> :00 End Time: <input type="text"/> :00
Additional Meal Service Times	<input type="text"/>
B3. Will Offer versus Serve (OVS) be implemented for Breakfast?	<input type="radio"/> Yes <input type="radio"/> No
B4. What grades are utilizing Offer vs. Server (OVS) for Breakfast?	
All: <input type="checkbox"/>	Early Education: <input type="checkbox"/> 1st grade: <input type="checkbox"/> 5th grade: <input type="checkbox"/> 9th grade: <input type="checkbox"/>
Head Start: <input type="checkbox"/>	2nd grade: <input type="checkbox"/> 6th grade: <input type="checkbox"/> 10th grade: <input type="checkbox"/>
Pre-Kindergarten: <input type="checkbox"/>	3rd grade: <input type="checkbox"/> 7th grade: <input type="checkbox"/> 11th grade: <input type="checkbox"/>
Kindergarten: <input type="checkbox"/>	4th grade: <input type="checkbox"/> 8th grade: <input type="checkbox"/> 12th grade: <input type="checkbox"/>
Other: <input type="checkbox"/>	
B5. How many Points of Service?	<input type="text"/>
B6. Are alternate points of service used?	<input type="radio"/> Yes <input type="radio"/> No
Describe your alternate points of service, if used:	
<input type="text"/>	

## After School Snack

- 1) Complete all blank information and review prefilled information.
  - a) 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.
  - b) Snack service times must begin after school.
  - c) Site License: if Yes, you will be asked to upload a copy of the license in the Checklist Items.
  - d) 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

Section C - AFTERSCHOOL SNACKS (AS)	
C1. A. Months of Operation: (Check all that apply)	
All:	<input type="checkbox"/>
Jul:	<input type="checkbox"/>
Aug:	<input type="checkbox"/>
Sep:	<input type="checkbox"/>
Oct:	<input type="checkbox"/>
Nov:	<input type="checkbox"/>
Dec:	<input type="checkbox"/>
Jan:	<input type="checkbox"/>
Feb:	<input type="checkbox"/>
Mar:	<input type="checkbox"/>
Apr:	<input type="checkbox"/>
May:	<input type="checkbox"/>
Jun:	<input type="checkbox"/>
B. Days of the week snacks served and claimed for reimbursement: (Check all that apply)	
Mon-Fri:	<input type="checkbox"/>
Mon:	<input type="checkbox"/>
Tue:	<input type="checkbox"/>
Wed:	<input type="checkbox"/>
Thu:	<input type="checkbox"/>
Fri:	<input type="checkbox"/>
Sat:	<input type="checkbox"/>
Sun:	<input type="checkbox"/>
C2. Snack Service Times	Begin Time: <input type="text"/> :00 <input type="text"/>
	End Time: <input type="text"/> :00 <input type="text"/>
Alternate Service Times	<input type="text"/>
C3. What time does the normal school day end?	<input type="text"/> :00 <input type="text"/>
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.	
C6. Is the site licensed?	<input type="radio"/> Yes <input type="radio"/> No
C7. Free and Reduced Enrollment Percentage:	0.00 %
Site is:	<input type="radio"/> Attendance Area Eligible - Eligible based on this site (claim all snacks free).
	<input type="radio"/> Attendance Area Eligible - Eligible based on another site (claim all snacks free).
	<input type="radio"/> Non-Area Eligible (claim all snacks free, reduced and full price).
Select the qualifying site for the Afterschool Snack Program:	<input type="text"/>
Other:	<input type="text"/>
<b>AFTERSCHOOL SNACKS (AS) Contact</b>	
<input type="checkbox"/> Same as the Site Contact	
C8. Name:	Salutation: <input type="text"/> First Name: <input type="text"/> Last Name: <input type="text"/>
C9. Email Address:	<input type="text"/>
C10. Phone:	<input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/>
C11. Title:	<input type="text"/>

## Special Milk Program

1) Complete all blank information and review prefilled information.

a) **Site Type:**

- School (no meals): school site where no lunch or breakfast meals are offered to the students
- School (split session kindergarten): school site and children are in school partial days; they do not have access to the lunch or breakfast meal service
- Residential Summer Camp: camp where students spend the night at the camp site
- Other: any other eligible child care institution; this site cannot also offer participants a lunch or breakfast meal program
  - 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

1) **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 average 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

**Section D - SPECIAL MILK PROGRAM (SMP)**

Students participating in Special Milk are not eligible to also participate in NSLP or SBR.

D1. Site Type:

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:

D3. Milk Pricing

Highest charge to children (per ½ pint):

Highest dairy cost (per ½ pint):

Adult Price:

Bid Price:

**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.**

**TIP: The milk price charged to students must be decreased by the milk reimbursement and students cannot be charged more than 25 cents. Charge the students all the same price for milk. Federal reimbursement is about 23 cents (For example: if the school pays 35 cents for milk, the school could charge students 15 cents or so to cover the difference plus a little for administration).**

## 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: bethhenrichsen on: 1/29/2020 8:55:17 AM Modified By: bethhenrichsen on: 1/29/2020 9:00:44 AM

## Site Application Errors and Warnings

- 1) 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. You may click *Finish* to save your work and finish later.

**2019 - 2020 SNP Site Application**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	0001    Status: Active <b>YOUR SCHOOL HIGH SCHOOL</b> No address on file for this year
--	--

**The Site Application has been saved with errors and warnings.**

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

<b>2019 - 2020 SNP Site Application</b>	
1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	0001    Status: Active <b>YOUR SCHOOL HIGH SCHOOL</b> No address on file for this year
Code	Error Description
3001	The certification checkbox must be checked.
3300	C1(A) - If the program AS is selected, at least one month must be checked.
3301	C1(B) - If the program AS is selected, at least one day that snacks are served must be checked.
3313	C2 - Snack Service Begin Time and End Time must be entered.
3314	C3 - If the program AS is selected, the normal school day end time must be entered.
3316	C4 - The question, 'Describe the Snack Count Method' must be answered.
3322	C5 - If the program AS is selected, the Educational or Enrichment component must be entered.
3340	AS - Afterschool Snack Contact must be completed. Extension (Ext) and Fax may be blank.
Code	Warning Description
3084	Pricing information - If AS 'Pricing Information' = 'Non-Pricing' then AS Adult Price must be greater than zero.
3341	C7 - If the site is Attendance Area Eligible based on its own eligibility, it must have an eligible percentage of at least 50%.

**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.

**2019 - 2020 SNP Site Application**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	0001    Status: Active <b>YOUR SCHOOL HIGH SCHOOL</b> No address on file for this year
--	--

**The Site Application has been saved.**

< Edit
Finish

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).

**2019 - 2020 Application Packet - SNP Site List**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501									
Action	Site ID / Site Name		NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig. %
		<b>Totals</b>	3	1	1	0	0		
View   Modify	<span style="color: green; font-weight: bold;">✔</span> 0001 Your School High School		X	X	X			Original / Not Submitted	0.0000
View   Modify	<span style="color: green; font-weight: bold;">✔</span> 0002 Your School Middle School		X					Original / Not Submitted	0.0000
View   Modify	<span style="color: green; font-weight: bold;">✔</span> 0003 Your School Elementary		X					Original / Not Submitted	0.0000
<a href="#">Add Site Application</a>									
<b>Total Sites Enrolled: 3</b>									
<span style="border: 1px solid gray; padding: 5px 15px;">&lt; Back</span>									

**TIP: 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.**

### Forms and Additional Documents

There are several forms and documents that need to be completed and attached. The list will vary with each school or agency.

1) Attestation Statement: click the blue [Add](#) link.

2019 - 2020 Application Packet			
1234567	Status: Active	Packet Submitted Packet Approved Packet Original Approval Packet Status	
<b>Your School</b>		No address on file for this year	
Action	Form Name	Latest Version	Status
View   Modify	➔ Sponsor Application	Original	Error
<b>Add</b>	➔ <b>Attestation Statement</b>		
Details	FSMC Contract List		No Contracts
Details	➔ Meal Pattern Compliance Dashboard		Pending
Details	➔ Checklist Summary (10)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

2) Read the Attestation Statement and click the Certification box. Then, click *Save* and *Finish*.

**Certification**

1.  I certify that I am authorized to make this agreement and attestation on behalf of the Local Agency/Sponsor.

Created By: bethenrichsen on: 3/11/2020 9:45:35 AM    Modified By: bethenrichsen on: 3/11/2020 9:45:35 AM

**The Attestation Statement has been processed.**

3) Notice the green checkmark. Your Attestation Statement is complete and ready for approval.

2019 - 2020 Application Packet			
1234567	Status: Active	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status:	
<b>Your School</b>		No address on file for this year	
Action	Form Name	Latest Version	Status
View   Modify	➔ Sponsor Application	Original	Error
View   Modify	✓ <b>Attestation Statement</b>	Original	Pending Review
Details	FSMC Contract List		No Contracts
Details	➔ Meal Pattern Compliance Dashboard		Pending
Details	➔ Checklist Summary (10)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

- 1) Food Service Management Company Contract: click on the blue *Details* next to FSMC Contract List.

2019 - 2020 Application Packet			
1234567 Status: Active <b>Your School</b> No address on file for this year		Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status:	
Action	Form Name	Latest Version	Status
<a href="#">View</a>   <a href="#">Modify</a>	➔ Sponsor Application	Original	Error
<a href="#">View</a>   <a href="#">Modify</a>	✓ Attestation Statement	Original	Pending Review
<a href="#">Details</a>	FSMC Contract List		No Contracts
<a href="#">Details</a>	➔ Meal Pattern Compliance Dashboard		Pending
<a href="#">Details</a>	➔ Checklist Summary (10)		
<a href="#">View</a>	Application Packet Notes for Sponsor		
<a href="#">Details</a>	Attachment List		

- 2) Click *Create New Contract*.

Food Service Management Company Contracts				
1234567 Status: Active <b>Your School</b> No address on file for this year				
Action	Company Name	Initial Year	Final Year	Status
No data to display.				
		<a href="#">&lt; Back</a> <a href="#">Create New Contract</a>		

3) Complete all open fields.

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

**Food Service Management Company Contract  
For School Year: 2019 - 2020**

1234567    Status: Active  
**Your School**  
No address on file for this year

**Contract Information**

---

1. Company Name:
2. Initial Year:

**Company Contact Information**

---

**Additional Contract Information**

---

3. Contract Date  
Begin Date:    
End Date:  
4. Number of Optional Renewal Years:
- 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:      2020
6. Was the CANS FSMC prototype used?       Yes       No

7. Comments:

4) If you terminate one contract before the school year is done, complete #8-9 and explain the early termination in #10. 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 year, or you returned to self-operating and will have no additional contracts, or you have other vended meal arrangements.

**Early Termination Information**

To terminate this Food Service Management Company contract mid-school year, please complete the following questions.

8. Early Termination?  Yes  No

9. Early Termination Date:

10. Early Termination Comments:

---

**Cancellation of Renewal Years**

11.  This Food Service Management Company contract will not be renewed for the upcoming school year 2019-2020.

5) Click *Save*, then *Finish, Back*.

**Cancellation of Renewal Years**

11.  This Food Service Management Company contract will not be renewed for the upcoming school year 2019-2020.

---

**The FSMC Contract has been processed.**

6) You should see the information name on the screen. Click *Back* to return to the Application Packet screen.

**Food Service Management Company Contracts**

1234567 Status: Active  
**Your School**  
No address on file for this year

Action	Company Name	Initial Year	Final Year	Status
<a href="#">View</a>   <a href="#">Modify</a>		2019-2020	2019-2020	Pending Approval

7) If you have errors, you will receive a message. Click *Edit*, make required changes, click *Save, Finish, Back*.

**The FSMC Contract has been processed 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 FSMC Contract can be processed. You may correct the errors now by clicking '< Edit' or you may return to the FSMC Contract later.

8) Notice the status next to the FSMC Contract List shows *1 Contract* and a **green** check mark has appeared. If you want to review the FSMC Contract information, click *Details*, then *View*.

<b>2019 - 2020 Application Packet</b>			
1234567	Status: Active		Packet Submitted Date
<b>Your School</b>			Packet Approved Date
No address on file for this year			Packet Original Approval Date
			Packet Status
Action	Form Name	Latest Version	Status
View   Modify	➔ Sponsor Application	Original	Error
View   Modify	✓ Attestation Statement	Original	Pending Review
Details	✓ FSMC Contract List		1 Contract
Details	➔ Meal Pattern Compliance Dashboard		Pending
Details	➔ Checklist Summary (10)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

## Checklist Summary

1) Checklist Summary: click *Details* next to Checklist Summary

## 2019 - 2020 Application Packet

1234567    Status: Active  
**Your School**  
 No address on file for this year

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

Action	Form Name	Latest Version	Status
<a href="#">View   Modify</a>	➔ Sponsor Application	Original	Error
<a href="#">View   Modify</a>	✔ Attestation Statement	Original	Pending Review
<a href="#">Details</a>	✔ FSMC Contract List		1 Contract
<a href="#">Details</a>	➔ Meal Pattern Compliance Dashboard		Pending
<a href="#">Details</a>	➔ Checklist Summary (10)		
<a href="#">View</a>	Application Packet Notes for Sponsor		
<a href="#">Details</a>	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

2) Click on your school or agency name.

## SNP Checklist Summary

1234567    Status: Active  
**Your School**  
 No address on file for this year

Sponsor	Total Items	Submitted Items	Approved Items
<a href="#">Your School</a>	10	0	0
School Nutrition Programs Sites	Total Items	Submitted Items	Approved Items
Your School Elementary	0	0	0
Your School High School	0	0	0
Your School Middle School	0	0	0

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							
1234567 Status: Active <b>Your School</b> No address on file for this year							
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		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Meal Count Method		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Verification & Monitoring		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Notification Letters		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Civil Rights Form		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
FS Management Company Contract		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/11/2020	bethenrichsen
Annual Information Update		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Other Food Service Contracts		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/11/2020	bethenrichsen
Parent Packet		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Production Records		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Non-Program Food Tool		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen

**TIP: Your list of required forms/documents will vary depending on your 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 titles listed in the Checklist Items will jump you to the templates or forms to complete and then you will attach the completed form to the corresponding Checklist Item.**

All Checklist Items: **Highlighted rows** indicate documents required for all SFAs.

Form ID	Form Download Form Title	Checklist or Download	Use
SNP0001	Income Eligibility Guidelines	Download only	Use to calculate household eligibility determination.
SNP0002	Meal Attestation Statement - Only for NEW Sponsors (Meal Pattern Compliance Dashboard)	Form (located on Application Packet screen)	NEW SFAs only. Attestation to comply with program meal pattern requirements.
SNP0003	Parent Packets	Checklist Item	For NSLP, SBP, SMP. 3 different parent packets - the notification and free and reduced application packet.
SNP0004	Notification Letters	Checklist Item	For NSLP, SBP, SMP. Notification letters for household applications, direct certification of student meal eligibility, verification.

SNP0005	SD Attestation	Form (located on Application Packet screen)	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	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 #228-1	Download only	For all SFAs with more than one feeding location. This is the annual monitoring form and instruction. This is an annual requirement.
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 #224-1	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 Planning	Checklist Item	For all SFAs. Annual civil rights training and information.
SNP0019	Free & Reduced Application (PDF)	Download only	For NSLP, SBP, SMP. The Free and Reduced Application to add to your parent packet. PDF document.
SNP0020	Free & Reduced Application (Word Doc)	Download only	For NSLP, SBP, SMP. The Free and Reduced Application to add to your parent packet. Word document.
SNP0021	Public Release	Download only	Media release for the program.
SNP0022	NonProgram Food Decision Tree	Checklist Item	Use this tool to determine whether or not you must complete the Nonprogram Food Revenue Tool.
SNP0023	Online Free/Reduced Application System Approval Request Form	Download Only	Submit this form if you have an online free/reduced application system. This means that families can complete and submit applications electronically.
SNP0024	Permanent Agreement & Free/Reduced Policy Statement FAQ	Download Only	Information regarding the Permanent Agreement & Free/Reduced Policy Statement.
SNP0025	SNP Permanent Agreement	Download Only	Permanent Agreement with CANS stating which programs your agency participates in. If substantive changes are made to programs, this document must be amended.
SNP0026	SNP Free/Reduced Policy Statement	Download Only	Policy statement with CANS free and reduced-price meals, snacks, and milk. If substantive changes are made to programs, this document must be amended.

SNP0027	FSMC Confidentially Agreement	Download/Checklist Item as applicable	Schools with an FSMC must complete and attach this form in the Checklist Items area.
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4) Click on the blue words (hyperlink). This will open a form or document. You may or may not be prompted to open or save the document, depending on your operating system.

SNP Checklist							
1234567 Status: Active <b>Your School</b> No address on file for this year							
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	
<a href="#">Audit Requirements</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen	
<a href="#">Meal Count Method</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen	
<a href="#">Verification &amp; Monitoring</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending	01/29/2020	bethenrichsen	

**Tip: Save the document to your computer and remember where you saved the document and what you named it! You can work on any saved file on your computer without having to log into iCAN.**

5) 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.

SNP Checklist							
1234567 Status: Active <b>Your School</b> No address on file for this year							
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	
<a href="#">Audit Requirements</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen	
<a href="#">Meal Count Method</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen	
<a href="#">Verification &amp; Monitoring</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen	
<a href="#">Notification Letters</a>		<input type="checkbox"/>	<input type="checkbox"/>	Pending	01/29/2020	bethenrichsen	

6) The Checklist File Upload Detail window will open.  
a. Confirm you selected the correct Checklist Item.

- b. Select *Choose File* so you can select the appropriate file (that you named) from your computer. This will upload your document
- c. Click *Save*.

**Checklist File Upload Detail**

---

**Checklist**

Program: School Nutrition Programs  
Checklist Item: **a** Meal Count Method

---

**Upload Detail**

1. File To Upload: **b** Choose File

2. Comment:

**c** Save Cancel

- 7) Click *Finish*.

**Checklist File Upload Detail**

---

The Checklist File Upload Detail has been processed.

< Edit Finish

- 8) 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.

### SNP Checklist

1234567    Status: Active  
**Your School**  
 No address on file for this year

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	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Meal Count Method	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Verification & Monitoring	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Notification Letters	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Civil Rights Form	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
FS Management Company Contract	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/11/2020	bethenrichsen
Annual Information Update	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Other Food Service Contracts	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/11/2020	bethenrichsen
Parent Packet	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Production Records	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Non-Program Food Tool	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen

Action	Checklist Item	Comment	Attachment Date/Time
<a href="#">View</a>   <a href="#">Modify</a>	Meal Count Method		3/11/2020 1:37:21 PM

9) Repeat the step in this section until all checklist items are attached.

**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 copy of the signed Colony Contract, Vended Meal Contract, or Multiple School Addendum to your iCAN SNP Application as “Other Food Service Contracts.”**

10) 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							
1234567 Status: Active <b>Your School</b> No address on file for this year							
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		<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Meal Count Method		<input checked="" type="checkbox"/>	03/11/2020	<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Verification & Monitoring		<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	01/29/2020	bethenrichsen
Notification Letters		<input type="checkbox"/>		<input type="checkbox"/>	Pending	01/29/2020	bethenrichsen

11) Always click *Save, Finish* at the bottom of the page after you make changes.

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Meal Count Method		3/11/2020 1:37:21 PM

**SNP Checklist**

1234567 Status: Active  
**Your School**  
No address on file for this year

---

**The Checklist has been saved.**

12) Click *Back* to return to the Application Packet Screen.

- The SNP Checklist Summary screen will give you the status of your Checklist Items.

SNP Checklist Summary			
1234567 Status: Active <b>Your School</b> No address on file for this year			
Sponsor	Total Items	Submitted Items	Approved Items
Your School	11	1	0
School Nutrition Programs Sites	Total Items	Submitted Items	Approved Items
Your School Elementary	0	0	0
Your School High School	0	0	0
Your School Middle School	0	0	0
<a href="#">&lt; Back</a>			

**Tip: Do NOT click the 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.**

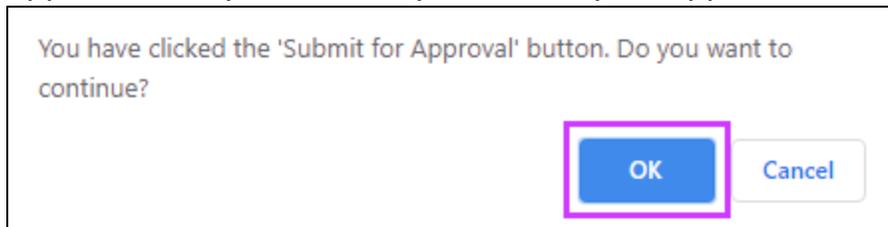
### Submitting the Application

1) Your application should now be complete! Click the *Submit for Approval* button.

2019 - 2020 Application Packet							
1234567 Status: Active <b>Your School</b> No address on file for this year				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				
View   Modify	✔ Attestation Statement	Original	Pending Review				
Details	✔ FSMC Contract List		1 Contract				
Details	✔ Meal Pattern Compliance Dashboard		Not Submitted				
Details	✔ Checklist Summary (10)						
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
<a href="#">&lt; Back</a>		<a href="#">Submit for Approval</a>		<a href="#">Withdraw Packet</a>			

**TIP: If the *Submit for Approval* button is not red, please review your iCAN SNP Application looking for areas that do not have a green checkmark, including Site Applications and Checklist Items. Any one area that has an “error” status will prevent the button from turning red.**

- 2) 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 it and either returns it for corrections or makes an 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 later.**

- 3) Once your application has been submitted, you cannot 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.

**2019 - 2020 Application Packet**

<p>1234567    Status: Active  <b>Your School</b>                  No address on file for this year</p>	<p>Packet Submitted Date: 03/11/2020                  Packet Approved Date:                  Packet Original Approval Date:  <b>Packet Status: Submitted for Approval</b></p>
--	---

**The Application Packet is currently under review by the State and is unavailable for changes.**

Action	Form Name	Latest Version	Status
View	✓ Sponsor Application	Original	Submitted
View	✓ Attestation Statement	Original	Pending Review
Details	✓ FSMC Contract List		1 Contract
Details	✓ Meal Pattern Compliance Dashboard		Submitted
Details	✓ Checklist Summary (10)		

## 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](mailto:doe.icanhelp@state.sd.us) advising you that your Application has been returned.

iCAN Application Packet Notification

 South Dakota UAT Help Desk <[doe.icanhelp@state.sd.us](mailto:doe.icanhelp@state.sd.us)>  
To: DOE iCAN Help

Reply Reply All Forward ...

Wed 03/11/2020 2:22 PM

**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: Your School  
Agreement Number: 1234567  
Program Year: 2019/2020  
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 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 and Site Application(s) pages.

**2019 - 2020 SNP Sponsor Application**

1234567 Status: Active  
**Your School**  
No address on file for this year

**Comments to Sponsor**

#2: Please enter the actual start and end dates for SY19-20.  
#39: Have your meal counting/claiming procedures changed for SY19-20? If not, please change to No.

Version: Original

**Sponsor Type**

1. Type of Agency: Educational Institution

**School Year Dates of Operation**

- Other Application Packet notes can be found in the *Application Packet Notes to Sponsor*. You will see a number next to the *Application Packet Notes for Sponsor*. Typically, these notes will refer to Checklist Items. Click [View](#) to read the notes.

2019 - 2020 Application Packet			
1234567	Status: Active	Packet Submitted Date:	03/11/2020
<b>Your School</b>	No address on file for this year	Packet Approved Date:	
		Packet Original Approval Date:	
		Packet Status:	Submitted for Approval
Packet Assigned To: unassigned			
Action	Form Name	Latest Version	Status
<a href="#">View   Admin</a>	➔ Sponsor Application	Original	Submitted
<a href="#">View   Admin</a>	➔ Attestation Statement	Original	Pending Review
<a href="#">Details</a>	➔ FSMC Contract List		1 Contract
<a href="#">Details</a>	➔ Checklist Summary (8)		
<a href="#">Details</a>	Application Packet Notes (2)		
<a href="#">View</a>	Application Packet Notes for Sponsor (2)		
<a href="#">Details</a>	Attachment List		

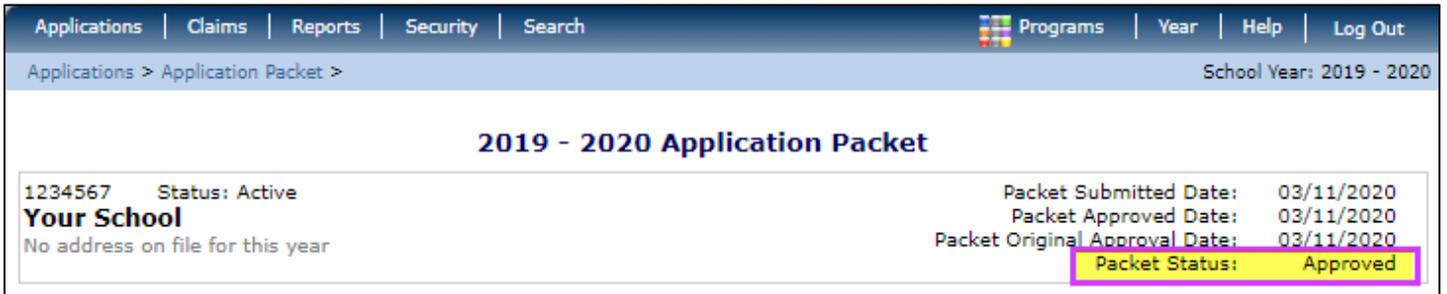
3) Make all required changes. Click *Save*, *Finish* when required. Resubmit your application by clicking the red *Submit for Approval* button.

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

**TIP: If you think your Application is complete and the *Submit for Approval* button is not red, try this: click *Modify* next to the Sponsor Application, scroll to the bottom, click *Save*, *Finish*.**

## Chapter 5 – Approved Applications

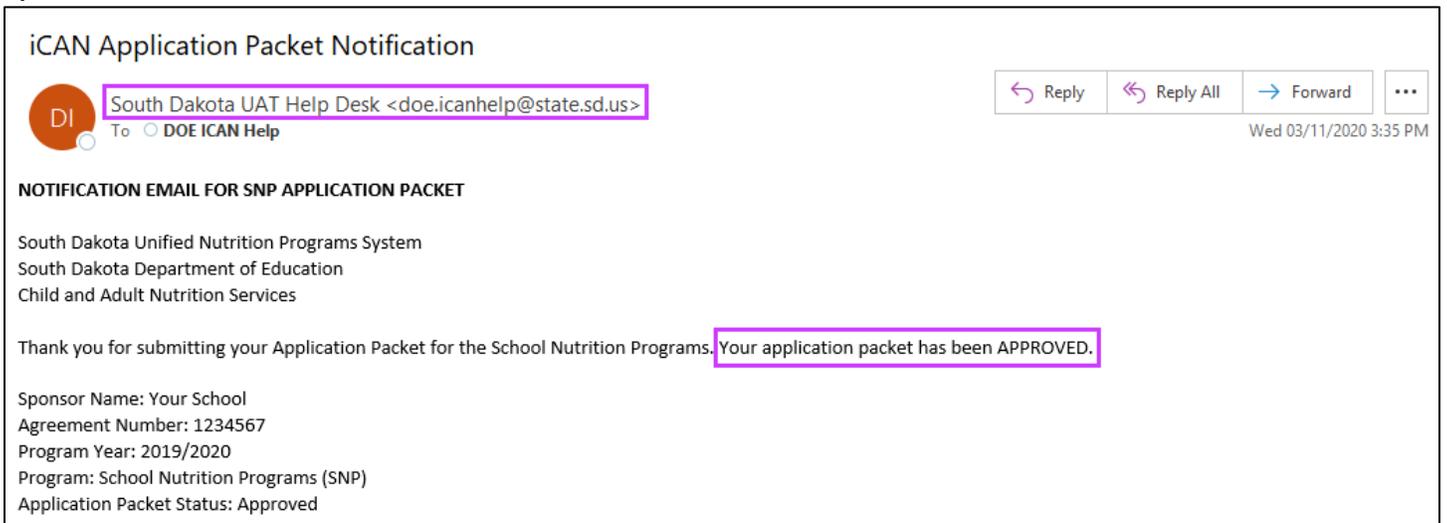
Once your application has been approved by the CANS Office, you will see your Application Packet Status shows *Approved*.



The screenshot shows a web interface for managing application packets. The top navigation bar includes links for Applications, Claims, Reports, Security, Search, Programs, Year, Help, and Log Out. The breadcrumb trail indicates the user is in the 'Applications > Application Packet >' section. The page title is '2019 - 2020 Application Packet'. The main content area displays the following information:

1234567	Status: Active	Packet Submitted Date:	03/11/2020
<b>Your School</b>		Packet Approved Date:	03/11/2020
No address on file for this year		Packet Original Approval Date:	03/11/2020
		<b>Packet Status:</b>	<b>Approved</b>

The Authorized Representative (AR) will also receive an email notification from the iCAN system.



The screenshot shows an email notification from iCAN. The header includes the subject 'iCAN Application Packet Notification' and the sender 'South Dakota UAT Help Desk <doe.icanhelp@state.sd.us>' with a 'To: DOE ICAN Help' tag. Action buttons for Reply, Reply All, Forward, and a menu icon are visible. The email body contains the following text:

**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: Your School  
Agreement Number: 1234567  
Program Year: 2019/2020  
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 at 605-773-3413 or [DOE.SchoolLunch@state.sd.us](mailto:DOE.SchoolLunch@state.sd.us) to have the site location added to your Application Packet.
- 2) Once your site location has been added, you complete that application. Select *Applications* in the menu line, then *Application Packet*.

**School Nutrition Programs**

south dakota DEPARTMENT OF EDUCATION  
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Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > School Year: 2019 - 2020

Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Site Enrollment	Site Enrollment and Eligibility by Site
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Download Forms	Forms Available for Downloading

- 3) Click on the current School Year

**Select School Year**

1234567 Status: Active  
**Your School**  
No address on file for this year

Currently, there are 10 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
2020 - 2021	07/01/2020 - 06/30/2021	Application Packet on File
2019 - 2020	07/01/2019 - 06/30/2020	Application Packet on File
2018 - 2019	07/01/2018 - 06/30/2019	Not Started

4) Select School Nutrition Program under the Site Applications section.

2019 - 2020 Application Packet							
1234567 Status: Active <b>Your School</b> No address on file for this year				Packet Submitted Date: 03/11/2020 Packet Approved Date: 03/11/2020 Packet Original Approval Date: 03/11/2020 Packet Status: Approved			
Action	Form Name	Latest Version	Status				
View   Revise	✓ Sponsor Application	Original	Approved				
View   Revise	✓ Attestation Statement	Original	Reviewed				
Details	✓ FSMC Contract List		1 Contract				
Details	✓ Checklist Summary (8)						
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	3	0	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

5) Click on Modify next to the new site.

2019 - 2020 Application Packet - SNP Site List									
1234567 Status: Active <b>Your School</b> No address on file for this year									
Action	Site ID / Site Name	Totals	NSLP	SBP	AS	SMP	FFVP	Version/ Status	Snack Elig.%
			1	0	0	3	0		
View   Revise	✓ 0001 Your School High School					X		Original / Approved	0.0000
View   Revise	✓ 0002 Your School Middle School					X		Original / Approved	0.0000
View   Revise	✓ 0003 Your School Elementary					X		Original / Approved	0.0000
View Admin Modify	0004 Your School Junior High		X					Original / Error (13)	0.0000

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

## Chapter 7 – Community Eligibility Provision Site List

**TIP: The CEP Site List will be completed once during the prior school year. Schools will report student data as of April 1.**

### Completing Community Eligibility Provision (CEP) Site List

- 1) Log into the iCAN system.
- 2) Select *Applications* in the menu line, then *Community Eligibility Provision*.



**School Nutrition Programs**

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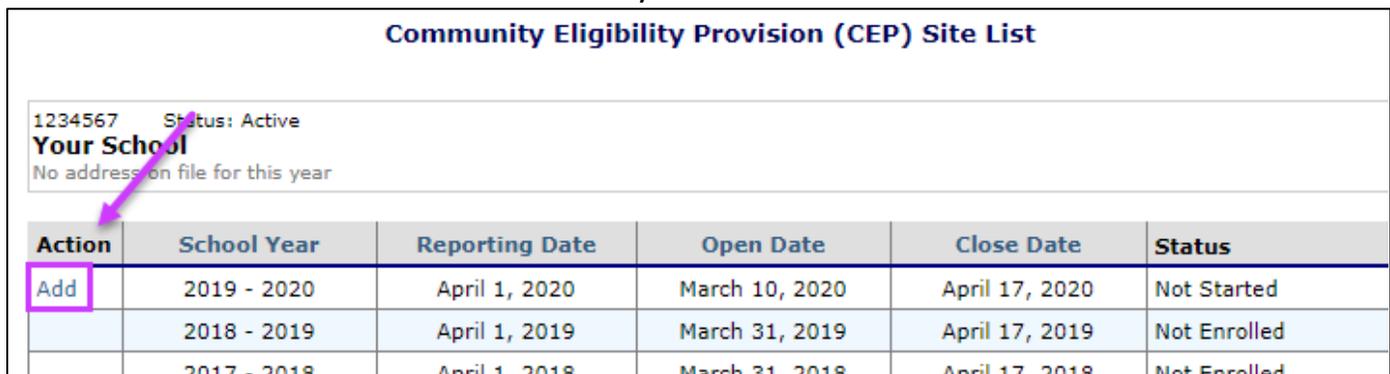
Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > School Year: 2019 - 2020

Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Site Enrollment	Site Enrollment and Eligibility by Site
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Download Forms	Forms Available for Downloading

**TIP: This CEP Site List is outside of your Application Packet. Do not confuse this with the CEP Schedule inside your Application Packet.**

- 3) Click *Add* to work with the current school year.



**Community Eligibility Provision (CEP) Site List**

1234567 Status: Active  
**Your School**  
No address on file for this year

Action	School Year	Reporting Date	Open Date	Close Date	Status
Add	2019 - 2020	April 1, 2020	March 10, 2020	April 17, 2020	Not Started
	2018 - 2019	April 1, 2019	March 31, 2019	April 17, 2019	Not Enrolled
	2017 - 2018	April 1, 2018	March 31, 2018	April 17, 2018	Not Enrolled

4) For each site.

- Enter the number of Identified Students eligible for CEP as of April 1 (#1 in the image below)
- Enter the site student enrollment as of April 1 (#2 in the image below)
- Click **Save**

**Community Eligibility Provision (CEP) - Site Eligibility  
For School Year: 2019 - 2020**

1234567    Status: Active  
**Your School**  
No address on file for this year

---

**General Information**

Reporting Date:    April 01, 2020  
Due Date:            April 10, 2020

---

**Instructions**

The Community Eligibility Provision (CEP) for the National School Lunch Program (NSLP) provides an alternative to household applications for free and reduced price meals for economically disadvantaged students in local educational agencies (LEAs) and schools. Sites that elect this option agree to serve all students free lunches and breakfasts for four (4) successive school years and claim the meals based on a percentage of Identified Students multiplied by a USDA-defined multiplier factor.

Sites which have an Identified Student Percentage (ISP) of 40% or greater are eligible for this option.  
Sites which have an Identified Student Percentage (ISP) between 30.00% - 39.99% are potentially eligible.

**Enter each Site's Number of Identified Students and Enrollment as of the Reporting Date.**

Site ID	Site Name	Nbr of Identified Students	Enrollment	ISP	Eligible?	Potentially Eligible?
0004	Your School Junior High	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %		
Sponsor Totals		0	0	0.00 %		

Total Sites: 1

Created By: bethenrichsen on: 3/11/2020 4:25:32 PM

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

5) When clicking *Save*, a pop up will appear. If you receive a warning, click *Edit* to correct the errors.

**Save Confirmation**

---

The form contains warnings.

6) Once the warnings are corrected, click *Finish*.

**Save Confirmation**

---

Congratulations!

The form has been validated without errors.

7) You will then see the Site List status as *Submitted*.

<b>Community Eligibility Provision (CEP) Site List</b>					
1234567    Status: Active					
<b>Your School</b>					
No address on file for this year					
Action	School Year	Reporting Date	Open Date	Close Date	Status
View   <span style="border: 2px solid purple; padding: 2px;">Modify</span>	2019 - 2020	April 1, 2020	March 10, 2020	April 17, 2020	<span style="border: 2px solid purple; padding: 2px;">Submitted</span>
	2018 - 2019	April 1, 2019	March 31, 2019	April 17, 2019	Not Enrolled
	2017 - 2018	April 1, 2018	March 31, 2018	April 17, 2018	Not Enrolled

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

- To make changes to your Site Information, click Modify
- When done making changes, click Save and Finish as you did before

<b>Community Eligibility Provision (CEP) Site List</b>					
1234567    Status: Active					
<b>Your School</b>					
No address on file for this year					
Action	School Year	Reporting Date	Open Date	Close Date	Status
View   <span style="border: 2px solid purple; padding: 2px;">Modify</span>	2019 - 2020	April 1, 2020	March 10, 2020	April 17, 2020	Submitted
	2018 - 2019	April 1, 2019	March 31, 2019	April 17, 2019	Not Enrolled
	2017 - 2018	April 1, 2018	March 31, 2018	April 17, 2018	Not Enrolled

## Completing Community Eligibility Provision (CEP) Schedule

**TIP: The CEP Schedule is inside your Application Packet. The CEP Site List (discussed in the prior section) is outside 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.

**Community Eligibility Provision (CEP) Schedule**  
For School Year: 2020 - 2021

---

1234567 Status: Active  
**Your School**  
 800 Governors Drive  
 Pierre, SD 57501

---

**Summary** Mode: Auto

Group Name	Show Detail	Number of Sites	Cycle Year	Data Year	Nbr of Identified Students	Enrollment	ISP	Claim % Free	Claim % Paid
Unassigned	<input checked="" type="checkbox"/>	0			0	0			
Individual	<input checked="" type="checkbox"/>	1			198	198			
1	<input checked="" type="checkbox"/>	0	2020-2021	2019-2020	0	0	0.00	0.00	100.00

Group Count: 1 ▼

**TIP: The CANS Office will need to change 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 then click *Modify* for your CEP Schedule

**2020 - 2021 Application Packet**

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1234567 Status: Active Packet Submitted Date: 03/12/2020  
**Your School** Packet Approved Date: 03/12/2020  
 800 Governors Drive Packet Original Approval Date: 03/12/2020  
 Pierre, SD 57501 Packet Status: Approved

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Action	Form Name	Latest Version	Status
View   Revise	✓ Sponsor Application	Original	Approved
View <span style="border: 1px solid black; padding: 2px;">Modify</span>	✓ Community Eligibility Provision (CEP) Schedule	Rev. 1	Submitted
View   Revise	✓ Attestation Statement	Original	Reviewed
Details	✓ Meal Pattern Compliance Dashboard		Approved
Details	✓ Checklist Summary (10)		

- 3) Click *Save* and *Finish*.

- 4) Then, click the **Submit for Approval** button. 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.

**2020 - 2021 Application Packet**

1234567    Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: 03/12/2020 Packet Status: Not Submitted
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Action	Form Name	Latest Version	Status
<a href="#">View   Modify</a>	✔ Sponsor Application	Rev. 1	Not Submitted
<a href="#">View   Modify</a>	✔ Community Eligibility Provision (CEP) Schedule	Rev. 1	Submitted
<a href="#">View   Revise</a>	✔ Attestation Statement	Original	Reviewed
<a href="#">Details</a>	✔ Meal Pattern Compliance Dashboard		Approved
<a href="#">Details</a>	✔ Checklist Summary (10)		
<a href="#">View</a>	Application Packet Notes for Sponsor (2)		
<a href="#">Details</a>	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	2	0	0	0	0	0	2
Seamless Summer Option	0	0	0	0	0	0	0

< Back
Submit for 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](mailto:DOE.iCANhelp@state.sd.us) or call 605-773-3413. Please request an **iCAN password reset**, as we do have other programs that we reset password for. 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.**

You can change your password dafter you have already logged into iCAN.

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



**School Nutrition Programs**

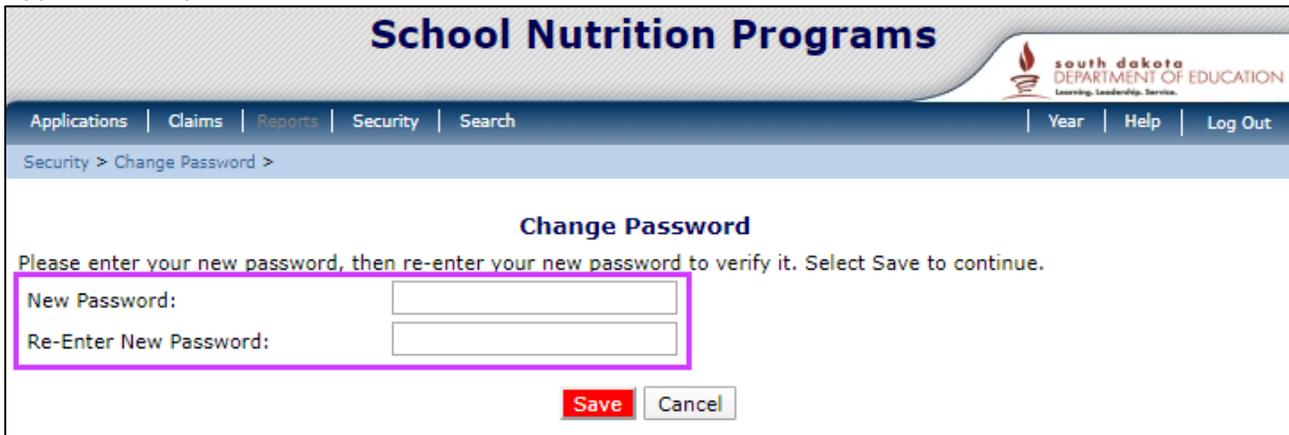
Applications | Claims | Reports | **Security** | Search | Year | Help | Log Out

Applications > Application Packet > School Year: 2019 - 2020

**2019 - 2020 Application Packet**

1234567 Status: Active <b>Your School</b> 800 Governors Drive Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: 03/11/2020 Packet Status: Not Submitted
---	--

2) Type a new password in both fields.



**School Nutrition Programs**

Applications | Claims | Reports | **Security** | Search | Year | Help | Log Out

Security > Change Password >

**Change Password**

Please enter your new password, then re-enter your new password to verify it. Select Save to continue.

New Password:

Re-Enter New Password:

**Save** Cancel

**TIP: Passwords must contain a combination of the following:**

- at least 10 characters
- at least 1 number
- at least 1 special character (\$, %, ^, &, +, =, !)

3) Click *Save*. Your password has been changed. Please write down your iCAN password and save it in a secure location for future reference.