

# South Dakota SUMMER FOOD SERVICE PROGRAM

**Website** <https://ican.sd.gov/ican/splash.aspx>  
**UPDATED 4-29-2016**



**Returning Users: Log On**

If you have been authorized for iCAN, Please press the button below to be redirected to the **South Dakota Secure Portal**.

**To The Portal**

**Links**

- [Department of Education](#)
- [Child and Adult Nutrition Services \(CANS\)](#)
- [Interested in Applying?](#)
- [Transparency Reports - SNP](#)
- [Transparency Reports - SFSP](#)
- [Transparency Reports - CACFP](#)

**Internet Browser**

- To ensure proper function of the iCAN system, please use Chrome or Firefox internet browsers. Most versions of Internet Explorer are no longer supported by Microsoft and can cause errors with the iCAN system.

**Questions?**

- If you have problems with this site, contact 605-773-3413 or [DOE.SchoolLunch@state.sd.us](mailto:DOE.SchoolLunch@state.sd.us), to be directed to a program specialist for assistance.

**Non-discrimination Statement**

**Non-Discrimination Statement**

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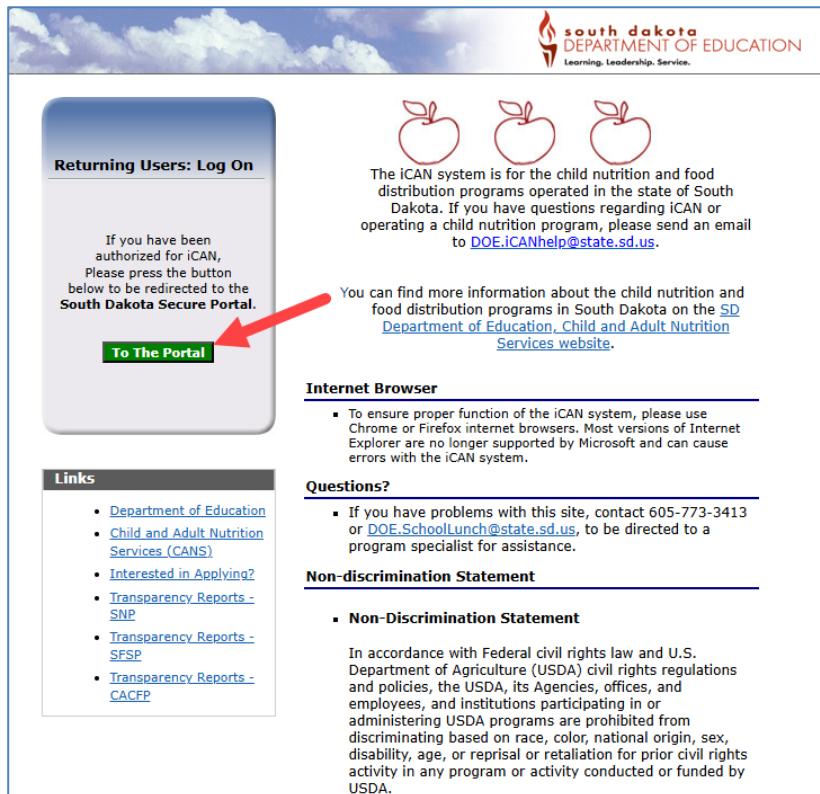
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## ***Chapter 1 – Logging in to the System***

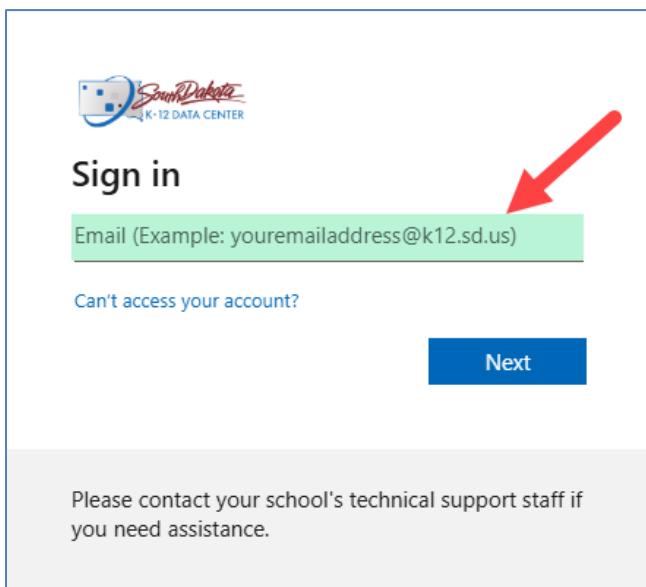
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- 1) Click on the green **To the Portal** button.



The screenshot shows the South Dakota Department of Education's iCAN system login page. At the top right is the state logo and the text "sOUTH DAKOTA DEPARTMENT OF EDUCATION" with the tagline "Learning. Leadership. Service." Below the logo are three red apples. The main content area has a blue header "Returning Users: Log On". A red arrow points to the green "To The Portal" button. To the left of the button is a text box: "If you have been authorized for iCAN, Please press the button below to be redirected to the [South Dakota Secure Portal](#)." Below the button is a "Links" section with several blue links: Department of Education, Child and Adult Nutrition Services (CANS), Interested in Applying?, Transparency Reports - SNP, Transparency Reports - SFSP, and Transparency Reports - CACFP. The right side of the page contains information about the iCAN system, links to the SD Department of Education Child and Adult Nutrition Services website, and sections for Internet Browser and Questions. A "Non-discrimination Statement" section is also present.

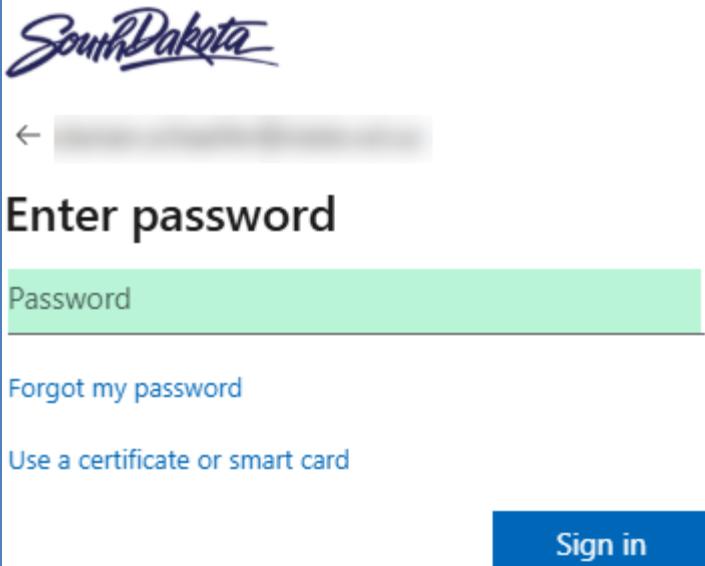
- 2) Enter your email address into the “Sign In” box.



The screenshot shows the South Dakota K-12 Data Center sign in page. At the top left is the "South Dakota K-12 DATA CENTER" logo. Below it is a "Sign in" section with a green input field labeled "Email (Example: youremailaddress@k12.sd.us)". A red arrow points to this input field. Below the input field is a link "Can't access your account?". At the bottom is a blue "Next" button. A note at the bottom of the page says "Please contact your school's technical support staff if you need assistance."

3) Enter your password.

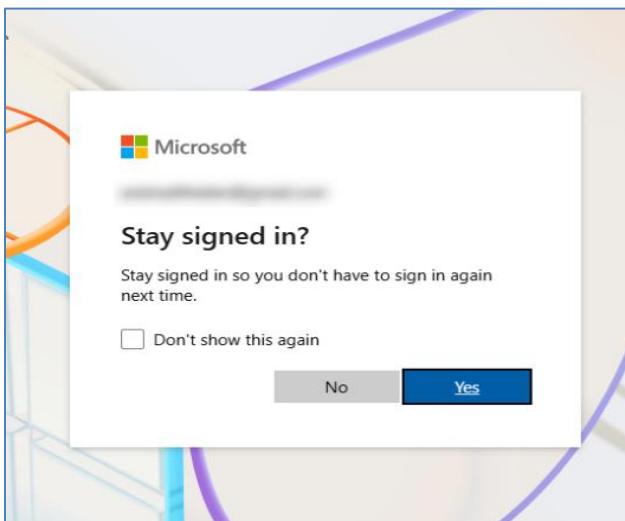
**Note:** This is the password used for your email.



The screenshot shows a login interface for 'South Dakota'. At the top, there is a logo and a blurred email address. Below that is a heading 'Enter password'. A green input field is labeled 'Password'. To the right of the input field are links for 'Forgot my password' and 'Use a certificate or smart card'. A blue 'Sign in' button is at the bottom right.

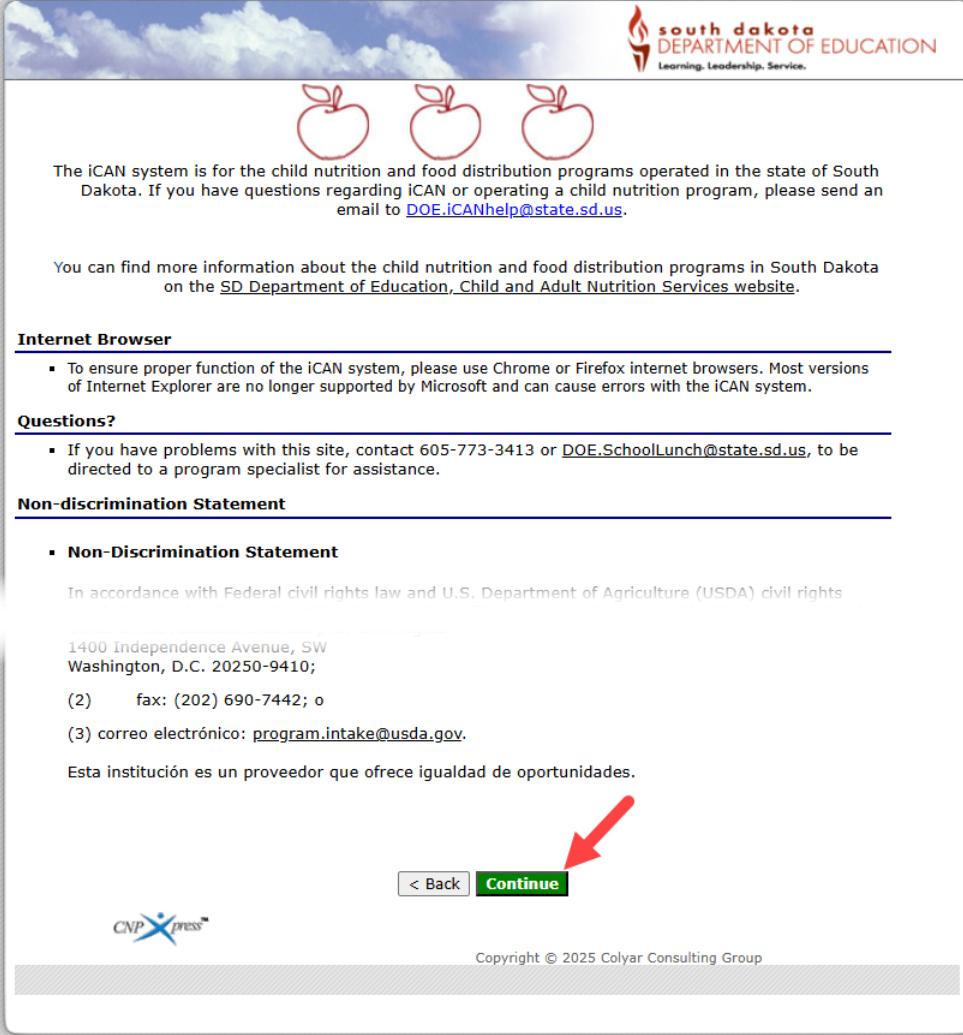
4) You can choose whether to stay signed in.

**Note:** Staying signed in is not recommended on shared computers.



5) Once you successfully log on, you will be taken to the iCAN landing page. Scroll to the bottom and click **Continue** to proceed to the **Program Page**.

**Note:** If you only operate the Summer Food Service Program (SFSP), the Program Page will be bypassed, and you will be taken to the SFSP Home Page.



The screenshot shows the South Dakota Department of Education iCAN landing page. At the top right is the state logo and the text "south dakota DEPARTMENT OF EDUCATION Learning. Leadership. Service." Below the logo are three red apples. The main text area contains information about the iCAN system, including its purpose for child nutrition and food distribution programs in South Dakota, and a contact email for questions. It also links to the SD Department of Education, Child and Adult Nutrition Services website. Below this, there are sections for "Internet Browser" (with a note about browser compatibility), "Questions?" (with a contact number), and "Non-discrimination Statement" (with a note about civil rights and contact information for USDA). At the bottom, there is a statement in Spanish about equal opportunity, a "CNP press" logo, and a copyright notice. A red arrow points to the "Continue" button at the bottom center of the page.

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

You can find more information about the child nutrition and food distribution programs in South Dakota on the [SD Department of Education, Child and Adult Nutrition Services website](#).

**Internet Browser**

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**Questions?**

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Esta institución es un proveedor que ofrece igualdad de oportunidades.

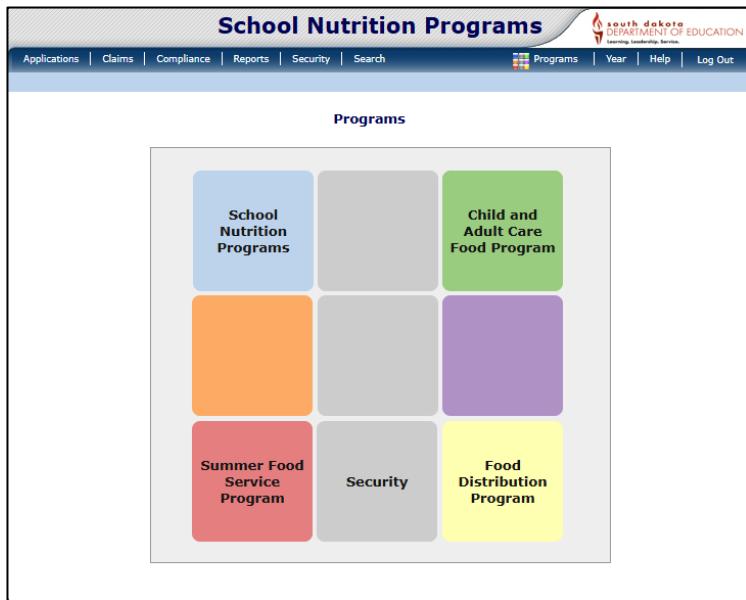
< Back **Continue**

**CNP** press

Copyright © 2025 Colyar Consulting Group

6) Once you are on the Programs Page, you will choose your program. In this case, it is the **Summer Food Service Program**.

**Note:** Actual access to specific program tiles is based on the user's security rights. You may not see all tiles displayed.



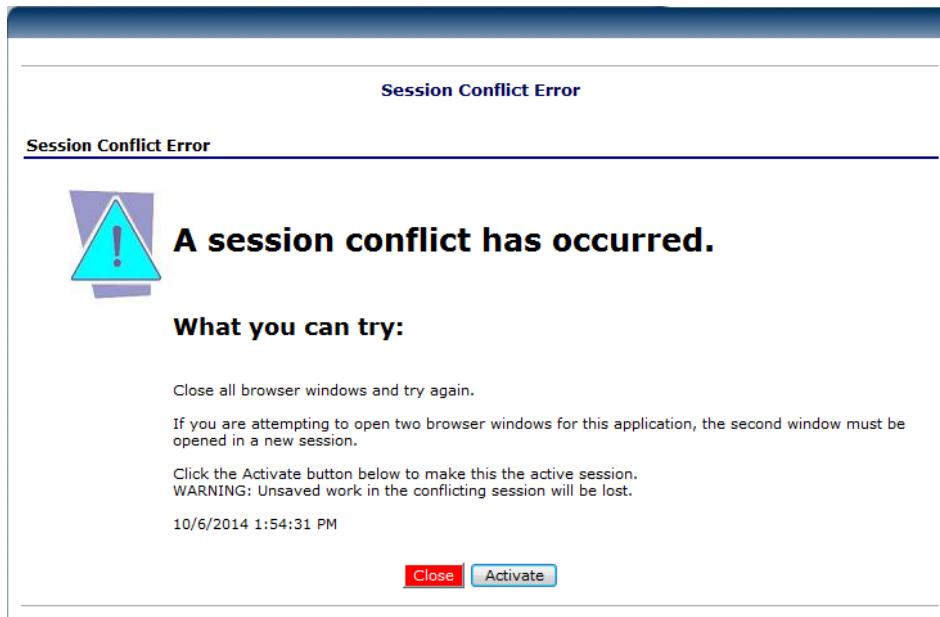
**TIP:** Actual access to specific program tiles is based on the user's security rights.

You may not see all tiles displayed. If you have access to only one program you will not see this screen at all.

## SESSION CONFLICT ERROR

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

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



## ***Chapter 2 –Navigating the iCAN System***

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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.

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

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

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.

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

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

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

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



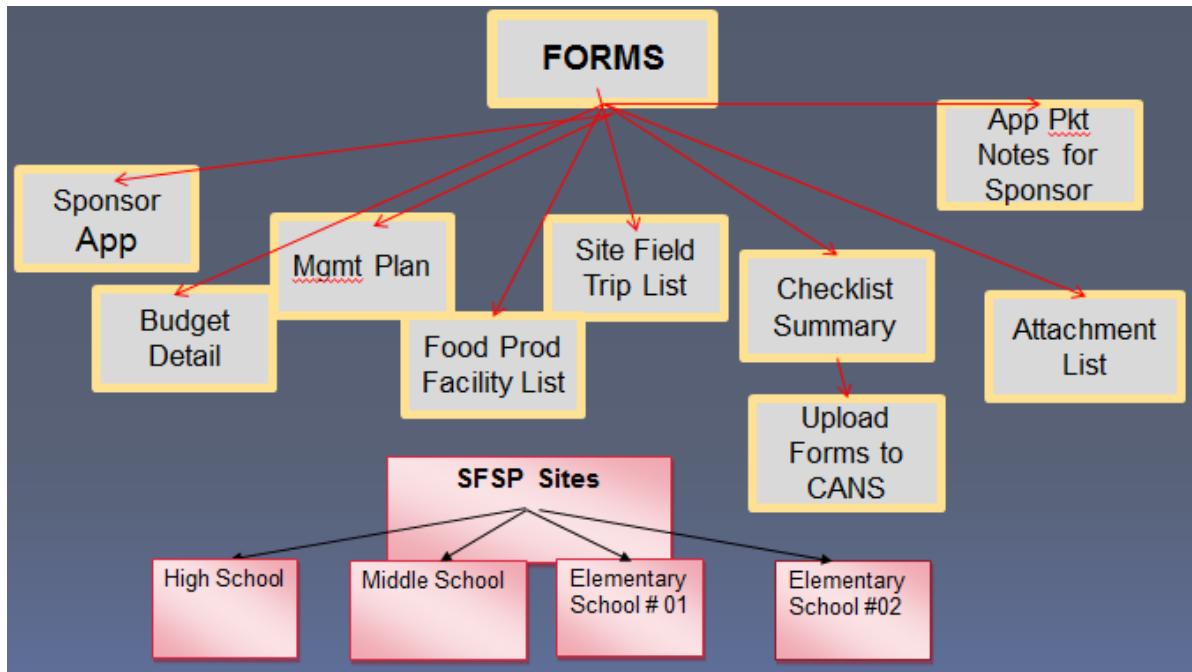
## An Overview of the **Summer Food Service Program** Process

The Application Packet consists of two main sections.

**FORMS:** This contains the Sponsor Application, Budget Detail, Management Plan, Food Production Facility List, Site Field Trip List, Checklist Summary, and Application Packet Notes for Sponsor and an Attachment List.

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

### **SUMMER FOOD SERVICE PROGRAM**



## Chapter 3 – Application Packet

### Completing a Summer Food Service Program Application Packet

- 1) Select *Applications* in the Menu line.

The screenshot shows the 'Summer Food Service Program' application interface. At the top, there is a navigation menu with links: 'Applications' (circled in yellow), 'Claims', 'Reports', 'Security', and 'Search'. To the right of the menu is the 'South Dakota Department of Education' logo with the tagline 'Learning. Leadership. Service'. Below the menu, there is a graphic of three sandwiches. A message at the bottom of the screen reads: 'Summer Food Service Program for 2016 applications tentatively open on March 15 and are due in April. Please register for courses before February 18, 2016.'

2) Select *Application Packet*.

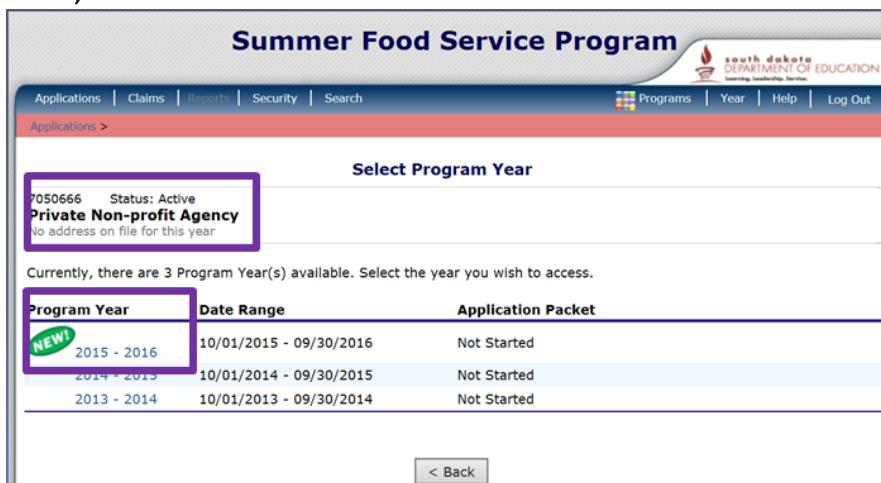


Applications | Claims | Reports | Security | Search      Programs | Year | Help | Log Out

Program Year: 2015 - 2016

Item	Description
Application Packet	SFSP Applications Forms (Sponsor and Site)
Advance Requests	Request Sponsor's SFSP Advance(s) for the current year
Annual Audits	Annual Audits
Download Forms	Forms Available for Downloading

3) Your school or agency name should already be listed. Select the appropriate School Year; in this case **2015-2016**.



Summer Food Service Program

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

Applications >

**Select Program Year**

7050666 Status: Active  
**Private Non-profit Agency**  
No address on file for this year

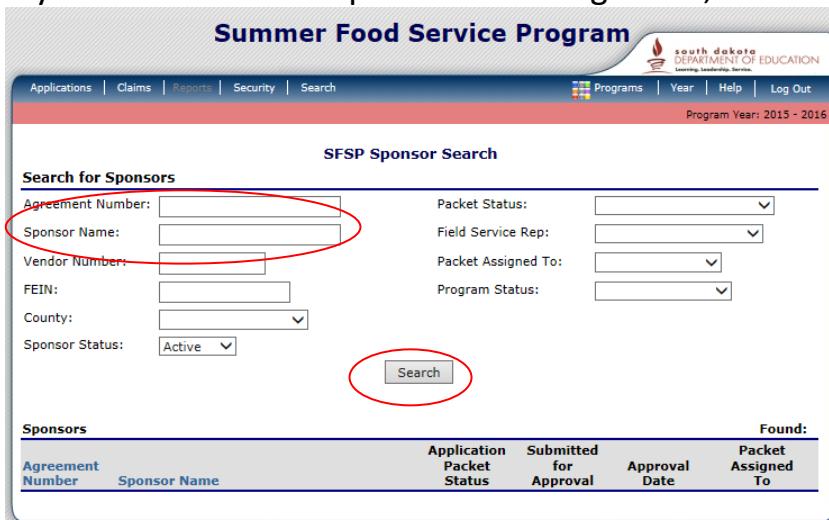
Currently, there are 3 Program Year(s) available. Select the year you wish to access.

Program Year	Date Range	Application Packet
<b>2015 - 2016</b> (NEW!)	10/01/2015 - 09/30/2016	Not Started
2014 - 2015	10/01/2014 - 09/30/2015	Not Started
2013 - 2014	10/01/2013 - 09/30/2014	Not Started

< Back

**TIP:** For individuals that work with **multiple Agencies** (such as a Food Service Management Co.), you must first search for the Sponsor. Fill in the Sponsor Name and select *Search*.

★ If you don't have multiple Schools or Agencies, continue with step 4



Summer Food Service Program

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

Program Year: 2015 - 2016

**SFSP Sponsor Search**

**Search for Sponsors**

Agreement Number:	Packet Status:
Sponsor Name:	Field Service Rep:
Vendor Number:	Packet Assigned To:
FEIN:	Program Status:
County:	
Sponsor Status:	

**Search**

**Sponsors**

Agreement Number	Sponsor Name	Application Packet Status	Submitted for Approval	Approval Date	Packet Assigned To	Found:
------------------	--------------	---------------------------	------------------------	---------------	--------------------	--------

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			

Next click Applications upper right.

Complete Step 3 by selecting the 2015-2016 Program Year.

4) **STEP 1 - Select *Add Sponsor Application when NEW***

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

Program Year	Date Range	Application Packet
2015 - 2016 <b>NEW!</b>	10/01/2015 - 09/30/2016	Not Started
2014 - 2015	10/01/2014 - 09/30/2015	Not Started
2013 - 2014	10/01/2013 - 09/30/2014	Not Started

- Step 1 – select this Program Year
- Click Add



## Summer Food Service Program

**south dakota**  
**DEPARTMENT OF EDUCATION**  
*Learning. Leadership. Service.*

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

Applications > Application Packet >

Program Year: 2015 - 2016

[VIEW](#) | **MODIFY**

**SFSP Sponsor Application**  
**For School Year: 2015 - 2016**

7050666 Status: Active  
**Private Non-profit Agency**  
 No address on file for this year

Version: Original

**Sponsor Type**

1. Type of Agency: Private Non Profit Organization  
 2. Type of SFSP Organization: Private Nonprofit

**Street Address**

3. Address Line 1:   
 Address Line 2:   
 4. City:   
 5. State: SD Zip:   
 6. County:

**Mailing Address**

Same as the Street Address  
 7. Address Line 1:   
 Address Line 2:

- Complete all open boxes of the application. The **highlighted box** allows you to autofill the information from the Street or physical address information into the mailing address if they are the same. The Mailing Address requires a 9 digit zip code see <https://www.usps.com/> for assistance.
- Now enter Contact information including birthdates in mm/dd/yyyy format and check training completion and enter training date, by clicking on the calendar icon. Which opens up to a calendar

Date Training Completed:

---

Last Name:

March 2016

S	M	T	W	T	F	S
28	29	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

No Date Close

<b>Summer Food Service Program Contact</b>			
10. Name:	Salutation	First Name	Last Name
<input checked="" type="checkbox"/> <input type="text"/> <input type="text"/>			
11. Date of Birth:	<input type="text"/> (mm/dd/yyyy)		
12. Email Address:	<input type="text"/>		
13. Phone:	<input type="text"/>	Ext:	<input type="text"/>
14. Cell/Alt Phone:	<input type="text"/>		
15. Title:	<input type="text"/>		
16. <input type="checkbox"/> This person completed current program year's CANS training. Date Training Completed:	<input type="text"/> 		
<b>Primary Authorized Representative</b>			
<input type="checkbox"/> Same as the Summer Food Service Program Contact			
17. Name:	Salutation	First Name	Last Name
<input checked="" type="checkbox"/> <input type="text"/> <input type="text"/>			
18. Date of Birth:	<input type="text"/> (mm/dd/yyyy)		
19. Email Address:	<input type="text"/>		
20. Phone:	<input type="text"/>	Ext:	<input type="text"/>
21. Cell/Alt Phone:	<input type="text"/>		
22. Title:	<input type="text"/>		
<b>Mailing Address</b>			
23. Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
24. City:	<input type="text"/>		
25. State:	SD	Zip:	<input type="text"/>
26. <input type="checkbox"/> This person completed current program year's CANS training. Date Training Completed:	<input type="text"/> 		
<b>Food Service Director(FSD)/Manager</b>			
<input type="checkbox"/> Same as the Summer Food Service Program Contact			
27. Name:	Salutation	First Name	Last Name
<input checked="" type="checkbox"/> <input type="text"/> <input type="text"/>			
28. Date of Birth:	<input type="text"/> (mm/dd/yyyy)		
29. Email Address:	<input type="text"/>		
30. Phone:	<input type="text"/>	Ext:	<input type="text"/>
31. Cell/Alt Phone:	<input type="text"/>		
32. Title:	<input type="text"/>		

- Contacts include Summer Food Service Program Contact, Authorized Representative, Food Service Director FSD/Manager and the Claim Representative.
- Training Attendance – in the event someone else attend the training besides the contacts listed above, enter their name and check training completion, and enter training date using the calendar icon.

<b>Claim Representative</b>		
<input type="checkbox"/> Same as the Summer Food Service Program Contact		
34. Name:	Salutation	First Name
<input checked="" type="checkbox"/> <input type="text"/> <input type="text"/>		
35. Date of Birth:	<input type="text"/> (mm/dd/yyyy)	
36. Email Address:	<input type="text"/>	
37. Phone:	<input type="text"/>	Ext: <input type="text"/> Fax: <input type="text"/>
38. Cell/Alt Phone:	<input type="text"/>	
39. Title:	<input type="text"/>	
40. <input type="checkbox"/> This person completed current program year's CANS training. Date Training Completed:	<input type="text"/> 	
<b>Training Attendance</b>		
41. If neither the Summer Food Service Program Contact nor the Primary Authorized Representative attended the current program year's CANS training, provide the name of the supervisory person who attended the training.		
Person Who Attended: <input type="text"/>		
42. Date Training Completed: <input type="text"/> 		

- General Questions – required for each sponsor on new agreement; those renewing – please refer to your permanent agreement on file if needed.

- **Question 45 – requires an answer.** If on any other Child Nutrition Program they can be entered here along with any other federal funding source. “None” is appropriate if this is the only federal program you are on.

#### General Questions

43. Does your agency provide year round public services to the community(ies)  Yes  No

If **Yes**, which of the following services  
(If Other, please describe)

Cultural  
 Educational  
 Recreational  
 Other

If **No**, which of the following applies

If **Other**, please describe.

44. Indicate meal count procedures  
(Check all that apply)

Count each complete meal as it is served  
 Other

45. List any federal agency providing  
financial support to your agency or  
enter “None”:

- Outreach – The prototypes are available on the CANS Summer Food Service Program website <http://doe.sd.gov/cans/sfsp.aspx> and in the iCAN SFSP Downloadable Forms.
- Certification – read through thoroughly prior to checking this box. Checking this box is your electronic signature.

#### Outreach

46. Will the prototype Public Release provided by CANS be used?  Yes  No

#### Certification

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

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

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

VIEW | MODIFY

- 5) Click **Save**. See next page if you see **errors** or **warnings**.

**Summer Food Service Program**

Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

**SFSP Sponsor Application  
For School Year: 2015 - 2016**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

The Application has been saved.

< Edit **Finish**



6) Click *Finish*.

## Errors and Warnings

Once saved, you may see that the application contains errors or warnings. You will need to *edit* your application before you are able to submit.

**SFSP Sponsor Application  
For School Year: 2015 - 2016**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

**Input Errors**

The date entered is not a valid date. Please re-enter.

Version: Original

Errors in this instance are highlighted for your ease in locating the problem allowing you to modify prior saving.

11.  Date of Birth:  (mm/dd/yyyy)

Add the   /  /   slashes and it will save.

Other times when SAVE, you may see that the application contains errors or warnings. You will need to *edit* your application before you are able to submit.

**Summer Food Service Program**

Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

**SFSP Sponsor Application**  
For School Year: 2015 - 2016

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

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.

[< Edit](#) [Finish](#)

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

## Examples of Errors and Warnings

**SFSP Sponsor Application**  
For School Year: 2015 - 2016

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

Code	Error Description
201225	The question "List any federal agency providing financial support to your agency" must be answered.

Another example from another program:

**2014 - 2015 SNP Sponsor Application**

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

Code	Error Description
1109	Hearing Official Name/Title must be entered.
1001	The certification checkbox must be checked.

Code	Warning Description
1515	If the school nutrition program is managed by an FSMC, the Sponsor Contact for FSMC Contract is required.
1508	Active FSMC contract(s) found for current program year. Either change 'Will the school nutrition program be managed by a Food Service Management Company (FSMC)' to "Yes" or terminate/cancel any active FSMC contracts on the FSMC Contracts screen accessible from the Application Packet screen.

**TIP:** The red errors must be corrected before you can submit the application. The blue warnings are indications that you may need to review a particular answer.

**Summer Food Service Program**

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

Applications > Application Packet >      Program Year: 2015 - 2016

**SFSP Sponsor Application**  
For School Year: 2015 - 2016

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

The Application has been saved.

< Edit      **Finish**

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

## APPLICATION PACKET

**Summer Food Service Program**

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

Applications > Application Packet >      Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
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	➡ Budget Detail		
Details	➡ Management Plan		
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	➡ Checklist Summary (2)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	0	0	0	0	0	0	0

< Back      Submit for Approval      Withdraw Packet

Show Packet History

- Notice the Action - View/Modify is available now.
- The green ✓ indicates the Sponsor Application is complete and see the version and status.
- The red arrows ➡ indicate ATTENTION is NEEDED, either area that haven't been started or has errors

The address of the new sponsor is now on the application packet since it was data entered in the Sponsor Application screen.

The Packet Status indicator is in the upper left corner and Packet refers to all materials needed prior sending or submitting to the State Agency for review and approval.

The sequence of entering information in the Summer Food Service Program Application Packet is best completed in the following order:

**Step 1** Sponsor Application

**Step 2** Management Plan

**Step 3** Food Production Facility List (If use central kitchen or vendor)

**Step 4** Site Applications (**Summer Food Service Program** - listed at bottom) see figure below.

**Step 5** Checklist Summary (Both Sponsor and Site Checklists must be completed and Site Labor Budget form is required prior completing Budget Detail)

**Step 6** Budget Detail

**Step 7** Attachment List (Optional – Documentation for a month since October which meets the area eligibility requirements is an example)

**Step 8** SUBMIT FOR APPROVAL

2015 - 2016 Application Packet								
7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501				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	Not Submitted					
<a href="#">Add</a>	 Budget Detail							
<a href="#">Details</a>	 Management Plan							
<a href="#">Details</a>	Food Production Facility List							
<a href="#">Details</a>	Site Field Trip List							
<a href="#">Details</a>	 Checklist Summary (2)							
<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	
Summer Food Service Program	0	0	0	0	0	0	0	
<a href="#">&lt; Back</a> <a href="#">Submit for Approval</a> <a href="#">Withdraw Packet</a>								

**Summer Food Service Program**

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

Applications > Application Packet >      Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road 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	Budget Detail		
Details	<b>Management Plan</b>		
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	Checklist Summary (2)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	0	0	0	0	0	0

< Back | Submit for Approval | Withdraw Packet |

Show Packet History

## 8) STEP 2 - Select *Details Management Plan*.

**Summer Food Service Program**

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

Applications > Application Packet >      Program Year: 2015 - 2016

**2015 - 2016 SFSP Management Plan**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501
---

Version	Status	Approved Date
No management plan for this year.		

< Back | **Add Management Plan**

**Click *Add Management Plan*.**

**Summer Food Service Program**

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

Applications > Application Packet >

**2015 - 2016 SFSP Management Plan**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501
---

Management Plan Version: Original

**Board Chairman**  
(Required for Private Non-profit Organizations)

Salutation	First Name	Last Name	
Name:	<input type="text"/>	<input type="text"/>	
Date of Birth:	(mm/dd/yyyy)		
Title:	<input type="text"/>		
Email Address:	<input type="text"/>		
Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>

**Home Address**

Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	SD <input type="text"/>
Zip:	<input type="text"/>

Private Non-profit Organizations must complete the Board Chairman section.  
Administrative Staff must be entered and all questions answered on each.

**Administrative Staff**

Name: <input type="text"/>	Position title: <input type="text"/>	
Has this person attended the mandatory SFSP training provided by CANS this program year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Name: <input type="text"/>	Position title: <input type="text"/>	
Has this person attended the mandatory SFSP training provided by CANS this program year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Name: <input type="text"/>	Position title: <input type="text"/>	
Has this person attended the mandatory SFSP training provided by CANS this program year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Name: <input type="text"/>	Position title: <input type="text"/>	
Has this person attended the mandatory SFSP training provided by CANS this program year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Name: <input type="text"/>	Position title: <input type="text"/>	
Has this person attended the mandatory SFSP training provided by CANS this program year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If this is a returning Sponsor, is this person performing the same function in SFSP as last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		

Administrative Personnel – Duties performed groups are listed and you must indicate how many people handle this task in your school or agency. It can be the same person doing multiple duties. This allows the Administrative Review team to know how many people they might be visiting with when doing the compliance checks. The blank boxes are available to write in any other duties not mentioned. The training date is to record the completion of the State Agency training. Required fields are highlighted.

**Administrative Personnel**

Duties performed	Number of personnel in this position	Training Date (provided by CANS)
Overall Management	<input type="text"/>	<input type="text"/>
Claims Preparation	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>
Training/Monitoring	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Then the Operational Staff must also be entered (They are the food service operation and site or feeding location personnel.)

**Operational Personnel**

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by CANS)
Site Supervisor	<input type="text" value="2"/>	<input type="text" value="06/01/2016"/>
Volunteer(s)	<input type="text" value="1"/>	<input type="text" value="06/01/2016"/>
Youth Development Specialists	<input type="text" value="4"/>	<input type="text" value="06/01/2016"/>
Cooks	<input type="text" value="2"/>	<input type="text" value="06/01/2016"/>
	<input type="text"/>	<input type="text"/>

Sample completed:

**Administrative Personnel**

Duties performed	Number of personnel in this position	Training Date (provided by CANS)
Overall Management	1	03/15/2016 
Claims Preparation	1	03/15/2016 
Accounting	1	03/15/2016 
Training/Monitoring	1	03/15/2016 
<input type="text"/>	<input type="text"/>	<input type="text"/> 
<input type="text"/>	<input type="text"/>	<input type="text"/> 

**Operational Personnel**

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by CANS)
Site Supervisor	2	06/01/2016 
Volunteer(s)	1	06/01/2016 
Youth Development Specialists	4	06/01/2016 
Cooks	2	06/01/2016 
<input type="text"/>	<input type="text"/>	<input type="text"/> 

Then enter the required Sponsor Monitoring plan, see Monitor Handbook for forms.

**Sponsor Monitoring Plan**

Have you developed a system to ensure all required monitoring visits will be conducted?  Yes  No

Who is responsible for performing the site monitoring?

SFSP Contact - Overall Management Staff - Nancy Nelson



List the dates that site monitoring is planned.

SITE ABC -May 13 - Preoperational  
June 2 - First Week Visit  
June 14 - Review Visit during first 4 weeks



Was the applicant ever terminated or determined to have been seriously deficient in its operation  Yes  No  
of any USDA food service program?

If the answer is yes, please explain.



Under what circumstances would you voluntarily close a site? (Check all that apply)

- Natural Disaster
- Lack of sufficient children to support program
- Lack of qualified staff
- Failure to meet sanitation/safety requirements
- Failure to comply with program requirements
- Other

If "Other", describe.



What actions will be taken to correct any problems that occur at the site? (Check all that apply)

- Suggest corrective action and schedule a follow-up review.
- Recommend adjustments in the meals prepared to prevent leftover food.
- Review all previous problems found at the site and ensure that they have been corrected.
- Document all corrective action taken to solve the problem.
- Notify the site supervisor of any problems found by the monitor.

Who will be responsible for collecting the following records and when will the records be submitted to the person doing the claim?

Record	Person Collecting	Frequency (e.g., Daily, Weekly, Monthly, End of Session)
Daily Meal Counts	Site Supervisor	Daily
Employee Time Sheets	SFSP Contact	Weekly
Itemized Invoices/Receipts	Nutritionist	Daily
Production Records	Nutritionist	Weekly
Menus	Nutritionist	Monthly

Created By: jmccord on: 3/12/2016 4:14:28 PM Modified By: jmccord on: 3/12/2016 4:29:37 PM

Click **SAVE**

**Summer Food Service Program**



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

Applications > Application Packet >

**2015 - 2016 SFSP Management Plan**

7050105 Status: Active  
**Your School**  
123 ABC Lane  
Pierre, SD 57501

The Management Plan has been saved.

If errors exist Edit; otherwise click **Finish**.

## 9) STEP 3 (OPTIONAL) Food Production Facility

If you are doing your own production/cooking on site then you will not be required to complete and can skip this section and move past this step. Food Production Facility will NOT have a red arrow – it is optional and not required to submit the Application Packet.

If your organization purchases meals from a vendor or you have a central kitchen where you prepare the meals and transport them out to other sites you will need to complete this screen.

Food Production Facility is a section to complete before you do the Site Application because there is a question within it that asks to indicate who is preparing when using a vendor and

where the food is prepared or if you have a central kitchen. This information will be in a dropdown for you to select from after you complete this form.

**Summer Food Service Program**

**2015 - 2016 Application Packet**

7050105 Status: Active <b>Your School</b> 123 ABC Lane Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status: Not Submitted
--	---

**Annual Audit form has not been submitted for this Sponsor's prior fiscal year.**

Action	Form Name	Latest Version	Status
<a href="#">View   Modify</a>	Sponsor Application	Original	Not Submitted
<a href="#">Add</a>	Budget Detail		
<a href="#">Details</a>	Management Plan	Original	Pending Approval
<b>Details</b>	<b>Food Production Facility List</b>		
<a href="#">Details</a>	Site Field Trip List		
<a href="#">Details</a>	Checklist Summary (2)		
<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
Summer Food Service Program	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

Select *Details* Food Production Facility List, see highlighted line above.

**Summer Food Service Program**

**Food Production Facilities**

7050105 Status: Active <b>Your School</b> 123 ABC Lane Pierre, SD 57501
--

Facility Name	Status	Approved Date
<b>There are no Food Production Facilities available.</b>		

[< Back](#) [Add Facility](#)

Click *Add Facility*

VIEW | MODIFY

### Food Production Facility

7050105 Status: Active  
**Your School**  
123 ABC Lane  
Pierre, SD 57501

---

**Food Production Facility Information**

1. Food Preparation Type:
2. Facility Name:

**Facility Address**

3. Address Line 1:
- Address Line 2:
4. City:
5. State:  SD Zip:

**Facility Contact**

6. Name:  Salutation  First Name  Last Name
7. Email Address:
8. Phone:  Ext:  Fax:
9. Title:

- First question asking you about food type – Dropdown asking central kitchen, vended, or other  
What happens depends on the selection chosen; you will get fields that open allowing you to enter information in or it will gray out fields

If choose **CENTRAL KITCHEN** from the drop down -

Enter facility name, address and contact information

You will see there are grayed out questions if you selected Central Kitchen – they are not necessary and only relevant if you have a vended facility.

If choose **VENDED** from the drop down -

Enter facility name

Answer questions on contract forms

Food Service Management Company contract questions

If choose **OTHER** from the drop down –

Answer questions

## Vended Facility Information

10. If vended by a School Food Authority (SFA), another SFSP Sponsor, or a different entity enter the name.

11. If meals will be vended, indicate whether the Sponsor is using CANS-provided contract/agreement forms, approved alternate form or is exempt from competitive bidding and will use a simple written agreement.

- I will be using DOE's Request for Proposal and contract
- I am exempt from competitive bidding and will use a simple written agreement
- I have received DOE approval to use an alternate form

12. Is the Sponsor extending the Food Service Management Company (FSMC) contract for which it went out for bid?

Yes

No

N/A

13. Contract Start Date:

14. Contract End Date:

15. Number of renewal years specified in the contract:

16. Current extension number:

**Save** **Cancel**

**VIEW | MODIFY**

Click **SAVE**

**Summer Food Service Program**

**Food Production Facility**

7050105 Status: Active  
**Your School**  
123 ABC Lane  
Pierre, SD 57501

The Food Production Facility has been processed.

< Edit **Finish**

If errors exist then Edit; otherwise click **Finish**.

Multiple facilities (repeat steps)

**Summer Food Service Program**

**Food Production Facilities**

Facility Name	Status	Approved Date
Food Center	Submitted	

< Back **Add Facility**

In SFSP there is the potential a sponsor could have a large enough operation or are located in multiple communities where they have multiple Food Production Facilities because they have more than one FSMC or more than one central kitchen. If that is the situation the sponsor will enter as many Facilities as needed and they will all appear in the dropdown list to select from when entering the site application information.

**To add more just click on the Add Facility and repeat the steps for each needed. When you have all entered click on the *Back* button to return to the Application Packet and you will see there is a green check by the Food Production Facility List and a number in brackets indicating how many facilities are in the list.**

**Summer Food Service Program**


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Applications > Application Packet >
 Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050105 Status: Active <b>Your School</b> 123 ABC Lane Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status: Not Submitted
--	---

**Annual Audit form has not been submitted for this Sponsor's prior fiscal year.**

Action	Form Name	Latest Version	Status
<a href="#">View   Modify</a>	✓ Sponsor Application	Original	Not Submitted
<a href="#">Add</a>	➡ Budget Detail		
<a href="#">Details</a>	✓ Management Plan	Original	Pending Approval
<a href="#">Details</a>	✓ Food Production Facility List (1)		
<a href="#">Details</a>	Site Field Trip List		
<a href="#">Details</a>	➡ Checklist Summary (2)		
<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
Summer Food Service Program	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

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## STEP 4 Add Summer Food Service Program SITE APPLICATIONS

10) Click *Summer Food Service Program* under the Site Applications

**Summer Food Service Program**

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

Applications > Application Packet > Packet Site List - SFSP >      Program Year: 2015 - 2016

**2015 - 2016 Application Packet - SFSP Site List**

7050666      Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501
--

Action	Site ID / Site Name	Version/ Status
<b>No Sites enrolled in this year.</b>		

[Add Site Application](#)

[< Back](#)

Click [Add Site Application](#)

All the sites you have had in prior years will be listed here or that you have indicated to the State Agency will be on for this summer. Then they will appear in a list by site number and name for you to select from.

The “Add New Site” is grayed out since the State Agency needs to generate the new sites for you.

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

Applications > Application Packet > Packet Site List - SSO >      School Year: 2014 - 2015

**2014 - 2015 SSO Available Site(s)**

7050105      Status: Active <b>Your School</b> 123 South East Street Pierre, SD 57501
--

Site	Site Status
0003 - Middle School	Active
<a href="#">Add New Site</a>	

[< Back](#)

**TIP:** Renewing agencies will have some application information carried forward from the prior year. If you wish to Add New Site that is not in Site list, **please contact the CANS office**, we must assist in adding the additional site.

Select Site Desired from the List.

**Summer Food Service Program**


  
 Programs | Year | Help | Log Out

Program Year: 2015 - 2016

VIEW | MODIFY

**SFSP Site Application**  
For School Year: 2015 - 2016

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	0001 Status: Active <b>OAHE BEACH</b> No address on file for this year
---	--

Version: Original

**Street Address**

1. Address Line 1:   
 Address Line 2:   
 2. City:   
 3. State:  Zip:   
 4. County:   
 5. Nearest cross street and directions:

**Mailing Address**

Same as the Street Address  
 6. Address Line 1:   
 Address Line 2:   
 7. City:   
 8. State:  Zip:

Complete all open boxes of the application.

Enter data specific to the site, physical address and mailing address, again if they are the same you may check the box to auto fill. The mailing address requires the 9 digit zip code.

**Food Service Supervisor**

Salutation	First Name	Last Name
9. Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
10. Email Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
11. Phone: <input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>
12. Cell/Alt Phone: <input type="text"/>		
13. Title: <input type="text"/>		

**Site Supervisor**

Salutation	First Name	Last Name
14. Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
15. Email Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
16. Phone: <input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>
17. Cell/Alt Phone: <input type="text"/>		
18. Title: <input type="text"/>		

**General Site Information**

19. Geographic Location:

20. Has the site ever participated in the Summer Food Service Program under this Sponsor?  Yes  No

There is auto fill if the Food Service Supervisor is the same as the Site Supervisor. The General Site Information – questions 19 is rural or urban.

### Site Eligibility

21. Is this site a licensed child care facility?	<input type="radio"/> Yes <input type="radio"/> No
22. If this site is a licensed child care facility, will this site only serve children who are enrolled for care?	<input type="radio"/> Yes <input type="radio"/> No
23. If this site will serve children who are enrolled for care and children from the community, will all children be served together and in a common area that is not licensed for child care?	<input type="radio"/> Yes <input type="radio"/> No
24. Is this site open only to enrolled summer school students who receive academic credit?	<input type="radio"/> Yes <input type="radio"/> No
25. Did this site operate last year? If no, enter pre-operational site visit date below.	<input type="radio"/> Yes <input type="radio"/> No
26. Did this site have serious deficiency findings or significant operational deficiencies last program year? If yes, enter pre-operational site visit date below.	<input type="radio"/> Yes <input type="radio"/> No
27. Has this site experienced significant SFSP staff turnover since last program year? If yes, enter pre-operational site visit date below.	<input type="radio"/> Yes <input type="radio"/> No
28. Date of the Sponsor's pre-operational site visit, if applicable.	<input type="text"/>
29. Are you requesting a waiver for the First Week Site Visit?	<input type="radio"/> Yes <input type="radio"/> No
30. Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile?	<input type="radio"/> Yes <input type="radio"/> No

If yes, list the name of the Sponsor and the name of the site that is within one-fourth mile.  
(If the site is under your sponsorship, you may list only the site's name.)

Is the site within one-fourth mile under your sponsorship?  Yes  No

Sponsor Name:

Site Name:

Explain how the two or more sites will not serve the same group of children for the same type of meal service.

Now answer

questions on the Site Eligibility and operation.

Make sure you visit all new and problem sites prior they begin operations to ensure facilities are adequate for program you have planned and for the number of children expected to participate at the feeding location.

The new school sites are not required to have a preoperational visit as evidenced by the school year operation.

Answer question about other feeding sites in close proximity so they won't have to compete for the same group of children, if there are feeding sites close by; enter the information and the State Agency has a protocol they must follow in these situations'

## Site Type

Indicate the Site Type, the Eligibility Method, and the Primary Service provided by this site.

31. Site Type:

32. Eligibility Method:

33. Primary service provided by this site:

If Service is Other, describe:

34. If School Data is selected, provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.

School District:

School Name:

Percentage of Enrollment Eligible for Free and Reduced-price Meals:  %

For CEP - Percentage of Enrollment Eligible for Free Meals (ISP X Factor):  %

Program Year of School Data:

Month:

\*NOTE: if month other than October, upload documentation in ATTACHMENT LIST of the Application Packet.

35. If this site is a public school site and another school's data was used to establish eligibility for this site, explain why another school's data was used.

36. If census data is the selected eligibility method, enter the following:

Census Tract Number:

Block Group Number:

Percentage of Needy Children:  %

37. If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.

38. If site type is Closed Enrolled, provide the following information:

Projected Number of Enrolled Children:

Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:

Percentage of enrolled children:  %

39. If site type is a camp, will there be a separate charge for meals served to non-eligible children?  Yes  No

The next fields ask you to define the type of site and document your eligibility. Restricted Open, is usually not selected at application time. Sites start at Open and then if a situation occurs requiring it to be restricted, you will **Modify** the site and make the selection of Restricted Open and will be required to provide a reason. The site type and eligibility will open up fields to complete as dictated by your selections. Some will gray out.

If unsure, please contact SFSP Program Specialist for assistance.

The FRAC map shows the areas in green and your SFSP Administrative Guidance for Sponsor has directions to make the determinations.

Site Type - You must choose one and complete all requested information for documentation.

**Site Type:** Open, Restricted Open, Closed Enrolled in Needy Area, Closed Enrolled in Non-needly area, Camp -Residential, Camp –Nonresidential, or National Youth Sports Program

**Eligibility Method:** based on site type – options available may be school data; school data CEP; census data; Housing Authority Information; Bureau of Indian Affairs; Migrant Operation; Income applications; Emergency Shelter Roster; Upward Bound Documentation; and NYSP certification

34. If School Data is selected, provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.

School District:	<input type="text"/>
School Name:	<input type="text"/>
Percentage of Enrollment Eligible for Free and Reduced-price Meals:	<input type="text"/> %
For CEP - Percentage of Enrollment Eligible for Free Meals (ISP X Factor):	<input type="text"/> %
Program Year of School Data:	<input type="text"/>
Month:	<input type="text"/>

#### School Data

- School District and School Name must be entered
- The percentage must be 50% or more.
- Enter the program year of the school data you are using to qualify
- Enter the month of the data (October or whatever other month used to qualify.)
- Question 35 for be used to enter information if another school is being used other than the site

#### School Data CEP

- School District and School Name must be entered
- The percentage must be the ISP x the factor of the site using to qualify.
- Enter the program year of the school data you qualified the
- CEP site and month of eligibility (October yyyy or whatever other month and year used to qualify.)

#### Census Data

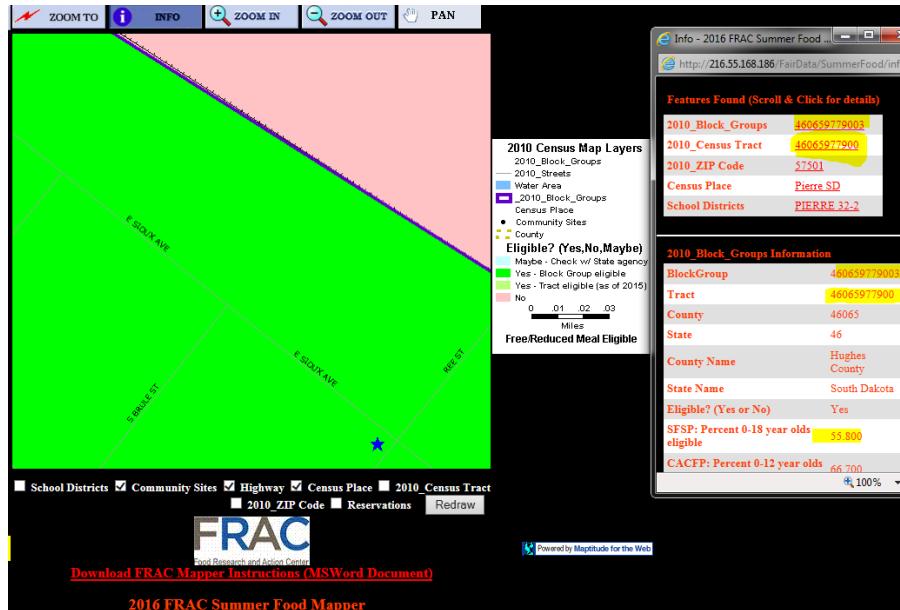
36. If census data is the selected eligibility method, enter the following:

Census Tract Number:	<input type="text"/>
Block Group Number:	<input type="text"/>
Percentage of Needy Children:	<input type="text"/> %

- Census data requires documentation for the Block Group (12 digits), Census Tract (11 digits) or Adjacent Census Block Average

- Field to enter the area eligibility percentage

Census Data Documentation should be uploaded in the Attachment List in the Application Packet



If choosing the Closed Enrolled site type, you are required to answer the following questions.

37. If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.

38. If site type is Closed Enrolled, provide the following information:

Projected Number of Enrolled Children:

Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:

Percentage of enrolled children:  %

39. If site type is a camp, will there be a separate charge for meals served to non-eligible children?  Yes  No

- Answer additional questions if Restricted Open or Closed Enrolled Site Type.
- Enter projected numbers.

## Site Operation

40. Enter the number of days the Site will operate each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
<input type="text" value="0"/>											

41. Operation Dates: Start:  End:

42. Check meal type(s) to be served at this site:

Breakfast  AM Snack  Lunch  PM Snack  Supper

43. If this is not a camp or a site whose primary service is migrant and if this site is serving supper instead of lunch, please explain why.

44. Indicate your system for serving meals to attending children:

Cafeteria Style  
 Unitized meal  
 Family Style (for Closed Enrolled and Camp sites only)  
 Other (provide explanation)

45. Is this an outdoor or mobile site?  Yes  No

46. Does this site allow a grain, fruit or vegetable component to be consumed offsite?  Yes  No

Include general site operation information starting with:

- Number of maximum days the site will operate each month
- Start date – use the date icon to select
- End date – the date icon allows you to select
- Click the box of each meal type you are feeding (two meals maximum, unless you are a Camp or Migrant then you may feed up to 3 meals) **THIS IS CRITICAL and will open fields for each of these meals selected for you to complete for this site.**
- 44 - Indicate system for serving meals - most will do Cafeteria and/or Unitized meals, Family Style meal service is allowed at Closed Enrolled or Camp sites who have adequate staffing to ensure minimum serving sizes of each component are taken for a reimbursable meal, if choosing Other, you must provide an explanation in space provided.
- 45 – Outdoor or Mobile indications
- 46 – Sponsor decision if you have adequate staff to allow a child to take a grain or a fruit/vegetable component to be taken off site and eaten later.
- 47 – SKIP if Private Non Profit or agency that was not on the National School Lunch program or if you are a School and will be following the SFSP Meal Pattern for all meals this summer.

47. Indicate the age/grade groups that will be used for menu planning:  
 Note: SKIP unless you are a school using NSLP and/or SBP meal pattern(s) for summer meals; then indicate the age/grade group(s) that you will be using for menu planning.

- SBP/Snack Grades K-5, 6-8, and 9-12
- SBP/Snack Grades K-8 and 9-12
- SBP/Snack Grades K-12
- NSLP Grades K-5, 6-8, and 9-12
- NSLP Grades K-8 and 9-12
- NSLP Grades K-8 waiver
- NSLP Grades 9-12 waiver
- Snack K-12 (2 components and serving size appropriate to age/grade group 9-12)
- CACFP Under Age 6

- 47 - Only a school that is on NSLP/SBP has the option to use these meal options. Choose one with the *waiver* if one size serving is being requested at that OPEN site, this is not an option for Camps or Closed Enrolled sites using the NSLP/SBP. You must indicate the meal patterns for the ages being served (same as on NSLP).

## BREAKFAST MEAL

**Breakfast**

48. Meal Service Method:

49. Menu Planning Option:

50. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
<input type="text"/>											

51. Meal Serving Dates (non-camp only): Start:  End:

52. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

53. Meal Times: Start:  :00 End:  :00

54. Will Offer Versus Serve (OVS) be implemented?  Yes  No

55. Average Daily Participation (non-camp only):

56. Maximum number of meals that may be served (state use only):

57. Indicate your plan for the receipt and storage of meals before serving to children:

Appropriate holding equipment is not available.  
 Meals will be delivered no earlier than one hour prior to the beginning of meal service.

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

58. Indicate your plan for the storage or disposal of leftover meals or components:

59. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Describe the Other plan:

- Choose Meal Service Method - Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
  - Self-preparation – Receives meals (Central Kitchen)
  - Self-preparation – Prepares meals at the site
  - Vended by School Food Authority (SFA)

- Vended by Food Service Management Company (FSMC)
  - Vended by another SFSP Contracting Entity
- Menu Planning Option**
  - SFSP Meal Pattern
  - Other (Doesn't apply at this time)
- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)
- Indicate if doing Offer versus Serve (Applicable to all meals except snacks)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans – options to choose from include:
  - Donate to needy organization
  - Refrigerate and serve the following day
  - Return to vendor
  - Throw away at the site
- Bad weather plans – options to choose from include:
  - Serve meal indoors
  - Cancel meal for the day
  - Other (Specify) – Must explain in field provided

AM or PM SNACK MEAL

**AM Snack**

60. Meal Service Method:

61. Menu Planning Option:

62. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
<input type="text"/>											

63. Meal Serving Dates (non-camp only): Start:  End:

64. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

65. Meal Times: Start: :00 End: :00

66. Average Daily Participation (non-camp only):

67. Maximum number of meals that may be served (state use only):

68. Indicate your plan for the receipt and storage of meals before serving to children:

Appropriate holding equipment is not available.  
Meals will be delivered no earlier than one hour prior to the beginning of meal service.

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

69. Indicate your plan for the storage or disposal of leftover meals or components:

70. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Describe the Other plan:

- Choose Meal Service Method - Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
  - Self-preparation – Receives meals (Central Kitchen)
  - Self-preparation – Prepares meals at the site
  - Vended by School Food Authority (SFA)
  - Vended by Food Service Management Company (FSMC)
  - Vended by another SFSP Contracting Entity
- Menu Planning Option
  - SFSP Meal Pattern
  - Other (Doesn't apply at this time)
- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans – options to choose from include:
  - Donate to needy organization
  - Refrigerate and serve the following day
  - Return to vendor
  - Throw away at the site

- Bad weather plans – options to choose from include:
  - Serve meal indoors
  - Cancel meal for the day
  - Other (Specify) – Must explain in field provided

## LUNCH or SUPPER MEAL

**Lunch**

72. Meal Service Method:

73. Menu Planning Option:

74. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	0	0	0	0

75. Meal Serving Dates (non-camp only): Start:  End:

76. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

77. Meal Times: Start:  :00 End:  :00

78. Will Offer Versus Serve (OVS) be implemented?  Yes  No

79. Average Daily Participation (non-camp only):

80. Maximum number of meals that may be served (state use only):

81. Indicate your plan for the receipt and storage of meals before serving to children:

Appropriate holding equipment is not available.  
Meals will be delivered no earlier than one hour prior to the beginning of meal service.

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

82. Indicate your plan for the storage or disposal of leftover meals or components:

83. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Describe the Other plan:

- Choose Meal Service Method – Self-preparation or Vended meal and is a factor in the claim rate you receive. Service methods include:
  - Self-preparation – Receives meals (Central Kitchen)
  - Self-preparation – Prepares meals at the site
  - Vended by School Food Authority (SFA)
  - Vended by Food Service Management Company (FSMC)
  - Vended by another SFSP Contracting Entity
- Menu Planning Option
  - SFSP Meal Pattern
  - Other (Doesn't apply at this time)
- Days meal served (if the same as the Site Operation click box to populate, otherwise enter the total days for the meal)
- Time of meal (Use the arrows to select the hour and minute of the start and end time)

- Indicate if doing Offer versus Serve (Applicable to all meals except snacks)
- Enter Average Daily Participation (Anticipated Average Daily Participation – number entered will populate in Budget Detail)
- Indicate plan for receipt and storage or holding of meals before and during the meal service time period.
- Leftover plans – options to choose from include:
  - Donate to needy organization
  - Refrigerate and serve the following day
  - Return to vendor
  - Throw away at the site
- Bad weather plans – options to choose from include:
  - Serve meal indoors
  - Cancel meal for the day
  - Other (Specify) – Must explain in field provided

**Supper**

94. Meal Service Method:

95. Menu Planning Option:

96. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
<input type="text"/>											

97. Meal Serving Dates (non-camp only): Start:  End:

98. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

99. Meal Times: Start:  :00 End:  :00

100. Will Offer Versus Serve (OVS) be implemented?  Yes  No

101. Average Daily Participation (non-camp only):

102. Maximum number of meals that may be served (state use only):

103. Indicate your plan for the receipt and storage of meals before serving to children:

Appropriate holding equipment is not available.  
Meals will be delivered no earlier than one hour prior to the beginning of meal service.

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

104. Indicate your plan for the storage or disposal of leftover meals or components:

105. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Describe the Other plan:

## CAMP SESSIONS

### Camp Sessions

106. At least one session must be completed if Site Type is Camp - Residential or Camp - Non-Residential.  
Note: Actual Eligible ADP may need to be updated prior to claim submission.

Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	# of Children Enrolled	Estimated Eligible ADP	Actual Eligible ADP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Enter the information regarding your camp sessions, a sample follows:

### Camp Sessions

106. At least one session must be completed if Site Type is Camp - Residential or Camp - Non-Residential.  
Note: Actual Eligible ADP may need to be updated prior to claim submission.

Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	# of Children Enrolled	Estimated Eligible ADP	Actual Eligible ADP
1	3/14/2016	Breakfast	3/25/2016	Supper	35	35	
2	4/4/2016	Breakfast	4/22/2016	Supper	35	35	
3	5/2/2016	Breakfast	5/20/2016	Supper	35	35	
4	6/6/2016	Breakfast	6/24/2016	Supper	35	35	
5	7/11/2016	Breakfast	7/29/2016	Supper	35	35	
6	8/1/2016	Breakfast	8/19/2016	Supper	35	35	
7							
8							
9							
10							

Make sure the dates entered reflect the Operational days each month and fall between the Begin date and End date you entered in the questions 40 and 41.

#### **Special Meal Pattern and Dietary Needs**

107. Will this site be serving children under age 1 year (infants 0 to 12 months)?  Yes  No

108. Does this site anticipate the need to plan and/or prepare special diets for children with disabilities?  Yes  No

109. Is this site requesting to feed children under 6 a smaller serving size?  Yes  No

#### **Food Production Facility Information**

110. If meals served at this site are prepared at another facility, identify the name of where meals are prepared. A Food Production Facility form, provided on the Application Packet screen, must be completed to populate the following fields.

Facility 1:

Facility 2:

111. Indicate how the site supervisor will communicate the number of meals that will be needed for the following day:

#### **Food Safety and Sanitation**

112. Describe how your Sponsor will deliver and hold meals until the time of meal service according to the standards prescribed by State and local health department:

### **Special Meal Pattern and Dietary Needs**

107 – If you enter yes, an additional CACFP Production record for this age group must be maintained for each meal.

108 – Numbered Memos on the Summer Food Service Program website <http://doe.sd.gov/cans/sfsp.aspx> has the form and instructions on this process. If note meets the requirement – sponsor must follow doctor's orders and that modified meal is reimbursable.

109 - If you enter yes, an additional CACFP Production record for this age group must be maintained for each meal.

**SKIP 110 and 111 if Food Production Facility was not completed earlier in the Application Packet**

110- Food Production Facility Information will display from the dropdown those entered earlier and be available for selection here.

111– Communication of number of meals for the following day options include:

- Site staff will communicate directly with the production facility or vendor
- Site staff will contact the Contracting Entity to order meals

112 - *All are Required to answer this question* - What is you plan for meal safety when receiving meals if applicable AND/OR if practicing self-preparation describe types of equipment you are you using to maintain proper temperatures at your feeding location.

### **OUTREACH**

## **Outreach**

Indicate below the date that outreach will be conducted and list advertisement methods you plan to use.  
(Not applicable for Closed Enrolled and Camp sites.)

113. Advertisement Date(s):

114. Advertisement Method:

- Newspaper announcement/press release
- TV/Radio
- Social Media/Texting
- Flyers - neighborhood
- Flyers - school
- Posters and signs
- Sponsor Website
- School newspaper
- Other

113 Requests the dates you plan to advertise, which should include prior and during to maintain participation

114 Methods of getting the word out about your summer feeding program can be checked, if Other is indicated the explanation field will allow you to enter more information.

## **PAYMENT AND FEES**

### **Payment and Fees**

115. Will meals be sold to adults who do not work with the food program?

Yes  No

If yes, price charged for:

Breakfast	\$	<input type="text"/>
Lunch	\$	<input type="text"/>
Snack	\$	<input type="text"/>
Supper	\$	<input type="text"/>

115 - If make yes the meals you are serving will require you enter the meal price for adults.

116. (ONLY FOR CAMPS/CLOSED ENROLLED SITES) Will meals be sold to children that are not-eligible?

Yes  No

If yes, price charged for:

Breakfast	\$	<input type="text"/>
Lunch	\$	<input type="text"/>
Snack	\$	<input type="text"/>
Supper	\$	<input type="text"/>

116 This field is grayed out for OPEN and Restricted Open Sites, otherwise answer and populate price in the meals you are serving.

117. Will you charge participants for the activity portion of the summer program?  Yes  No

If yes:

A) What does the Fee\* cost? \$

If there is a tier pricing based on income for this fee please attach to the Attachment List section of the Application packet.

*\*Fees must be reasonable and not restrict access for low income children and the access to the meal service sites must always be free.*

B) Explain what the activity fee covers:

Yes  No

118. Will a la carte sales be made?

This is allowed, but must be self-supportive pricing.

117 Answer question on activity fees

118 Indicate if doing a la carte sales

## CERTIFICATION

### Certification

119.  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.

119 Mark the box for your electronic signature which is the same as signing the form.

Click **Save**

If Errors, then Edit and resolve

Then Save - If no errors the following will display:

*The Site Application has been saved.*

Click **Finish**

**Summer Food Service Program**

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

Applications > Application Packet > Packet Site List - SFSP >      Program Year: 2015 - 2016

**SFSP Site Application**  
For School Year: 2015 - 2016

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	0001 Status: Active <b>OAHE BEACH</b> No address on file for this year
---	--

The Site Application has been saved.

< Edit    **Finish**

Site Applications show Pending until submitted for approval

## STEP 5 Checklist Summary

Click *Details* of the Checklist Summary and (6) is the number to do.

**Summer Food Service Program**

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

Applications > Application Packet >      Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road 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	<input checked="" type="checkbox"/> Sponsor Application	Original	Not Submitted
Add	<input type="checkbox"/> Budget Detail		
Details	<input checked="" type="checkbox"/> Management Plan	Original	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	<input type="checkbox"/> Checklist Summary (6)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

< Back    **Submit for Approval**    Withdraw Packet

Show Packet History

**Summer Food Service Program**


**south dakota**  
**DEPARTMENT OF EDUCATION**  
*Learning. Leadership. Service.*

[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Program Year: 2015 - 2016

Applications > Application Packet > Checklist Summary >

**SFSP Checklist Summary**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

Sponsor	Total Items	Submitted Items	Approved Items
Private Non-profit Agency	2	0	0
Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
Oahe Beach	4	0	0

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The window displays Total Items the Sponsor and the Summer Food Service Program Site(s) must address based on sponsor and site application answers.

- Sponsor items – 2 not started
- SFSP Sites items – 4 not started

Click on *Sponsor Name* listed in light blue

**Summer Food Service Program**


**south dakota**  
**DEPARTMENT OF EDUCATION**  
*Learning. Leadership. Service.*

[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Program Year: 2015 - 2016

Applications > Application Packet > Checklist Summary >

[VIEW](#) | [MODIFY](#)

**SFSP Checklist**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

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
SFSP Daily Meal Count Sheets	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/12/2016	jmccord
SFSP Health Inspection Letter	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	03/12/2016	jmccord

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

[Save](#) | [Cancel](#)

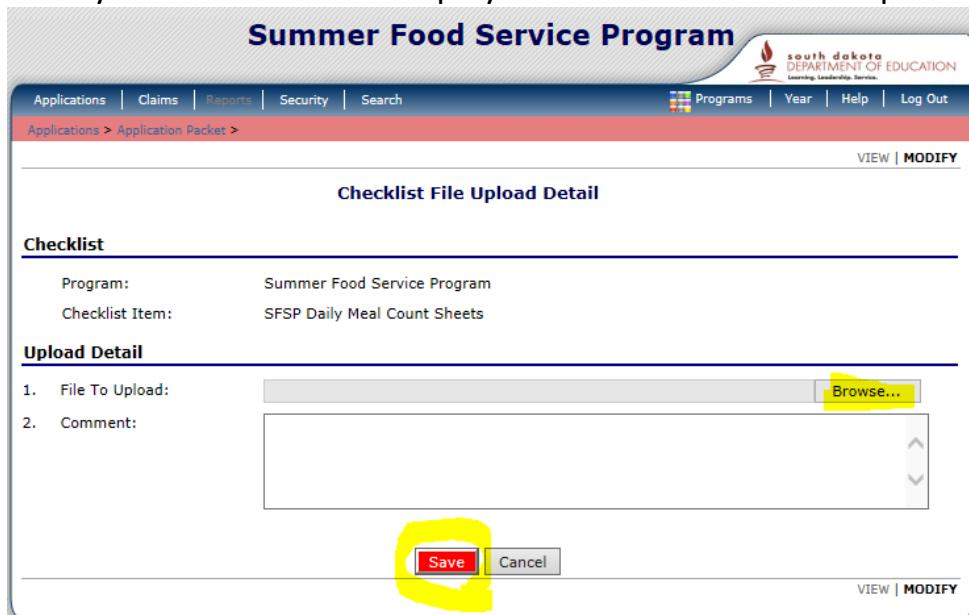
- 1) Click on the TEMPLATE indicated by the blue font **SFSP Health Inspection Letter**; the form will download for you to complete or in this case a prototype to use to create the letter on the local agency / school letterhead. This form provided in the Downloadable Forms is required by all sponsors.

Once you have it completed, SAVE in your computer files. If the form name displays in black font, such as *Vendor Contract*, then there is not a template/form available for download. You are still required to upload/attach your contract and submit it to CANS.

2) Click on the “paperclip” for the document you wish to upload.

**TIPS:** -Your list of Required Forms/Documents will vary depending on your particular school or agency.  
-In iCAN, if the words are printed in blue you can click them to go further in the system or to obtain additional information.  
For example, if you click *SFSP Health Inspection Letter* it will open an instruction page for items to include in your attachment.

3) Select ***Browse*** so you can select the appropriate document from your computer. Type in any Comment – it will display on the SFSP Checklist. Upload your file and ***Save***.



Summer Food Service Program

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

Applications > Application Packet > **VIEW | MODIFY**

**Checklist File Upload Detail**

**Checklist**

Program: Summer Food Service Program  
Checklist Item: SFSP Daily Meal Count Sheets

**Upload Detail**

1. File To Upload:  (highlighted with a yellow box)

2. Comment:

**Save** (highlighted with a yellow box) **Cancel**

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Application Packet > Program Year: 2015 - 2016

[VIEW](#) | [MODIFY](#)

**SFSP Checklist**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501						
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
SFSP Daily Meal Count Sheets	 	03/13/2016	<input type="checkbox"/>	Pending Approval	03/12/2016	jmccord
SFSP Health Inspection Letter	 	03/13/2016	<input type="checkbox"/>	Pending Approval	03/12/2016	jmccord

Action	Checklist Item	Comment	Attachment Date/Time
<a href="#">View</a>   <a href="#">Modify</a>	SFSP Daily Meal Count Sheets		3/13/2016 10:03:05 PM
<a href="#">View</a>   <a href="#">Modify</a>	SFSP Health Inspection Letter		3/13/2016 10:03:28 PM

[Save](#) [Cancel](#)

Uploaded attachments display on the lower portion of the SFSP Checklist  
 Click *Document Submitted to CANS* when completed. The items will then display on the SFSP Checklist Summary as “Submitted Items”

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Application Packet > Checklist Summary > Program Year: 2015 - 2016

**SFSP Checklist Summary**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501			
Sponsor	Total Items	Submitted Items	Approved Items
Private Non-profit Agency	2		0
Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
Oahe Beach	4	0	0

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Click on *Site Name* listed in light blue

**Summer Food Service Program**


  
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Program Year: 2015 - 2016

[Applications > Application Packet >](#)

[VIEW](#) | [MODIFY](#)

**SFSP Checklist**

<b>7050666</b> Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	<b>0001</b> Status: Active <b>OAHE BEACH</b> 12 N Beach Road Pierre, SD 57501
--	--

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
SFSP Civil Rights Documentation	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Pending Approval	03/13/2016	jmccord
SFSP/SSO Disaster Response Feeding Plan	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Pending Approval	03/13/2016	jmccord
SFSP Site Labor Detail	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Pending Approval	03/13/2016	jmccord
SFSP Public Release (Open Sites)	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Pending Approval	03/13/2016	jmccord

Action	Checklist Item	Comment	Attachment Date/Time
<a href="#">View</a>   <a href="#">Modify</a>	SFSP Civil Rights Documentation		3/13/2016 10:15:14 PM
<a href="#">View</a>   <a href="#">Modify</a>	SFSP Site Labor Detail		3/13/2016 10:14:56 PM
<a href="#">View</a>   <a href="#">Modify</a>	SFSP Public Release (Open Sites)		3/13/2016 10:13:04 PM

[Save](#) | [Cancel](#)

4) Select each Required Form/Document to send to CANS complete and upload attachment. Check *Document Submitted to CANS* and the date will display. Click **Save**

**Summer Food Service Program**


  
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Program Year: 2015 - 2016

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**SFSP Checklist**

<b>7050666</b> Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	<b>0001</b> Status: Active <b>OAHE BEACH</b> 12 N Beach Road Pierre, SD 57501
--	--

The Checklist has been saved.

[< Edit](#) | [Finish](#)

5) When done the *Checklist has been saved* displays. Click **Finish**

**Summer Food Service Program**


  
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Program Year: 2015 - 2016

[Applications](#) > [Application Packet](#) > [Checklist Summary](#) >

**SFSP Checklist Summary**

7050666	Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501
---------	---

Sponsor	Total Items	Submitted Items	Approved Items
Private Non-profit Agency	2	2	0

Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
Oahe Beach	4	4	0

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SFSP Checklist indicates all items have been submitted on the Summary and a green arrow by Checklist Summary on the Application Packet indicates it is complete.

**Summer Food Service Program**


  
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Program Year: 2015 - 2016

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**2015 - 2016 Application Packet**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road 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 Details	➡ Budget Detail		
Details	✓ Management Plan	Original	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	✓ Checklist Summary (6)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

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[Show Packet History](#)

**STEP 6 – Budget Detail – Click *Add* by the Budget Detail**

Data pulls from site info so can't complete this step until all Site Applications and the Checklist items are complete.

All sponsors must demonstrate adequate administrative and financial responsibility to manage an effective food service, demonstrated via submitted budget.

Allowed to waive Budget for public or PNP schools who participated in previous summer program so won't see budget next year but need the information in the system our first year.

Click [Add](#) by the Budget Detail

2015 - 2016 SFSP Budget Detail			
7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501			
<b>Budget Version:</b> Original			
<b>Operating Reimbursement</b>			
Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	1	10,400	\$35,256.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
<b>Sub Total</b>			<b>\$35,256.00</b>
<b>Administrative Reimbursement</b>			
Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	1	10,400	\$3,692.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
<b>Sub Total</b>			<b>\$3,692.00</b>

Reimbursement is calculated from information you entered in the site application for meals being served and the anticipated average daily participation question.

**Projected Operating Costs**

Food for all vended and self-pre meals:	\$ <input type="text"/>
Total Site Labor (complete checklist item for each site):	\$ <input type="text"/>
Non Food Supplies:	\$ <input type="text"/>
Utilities:	\$ <input type="text"/>
Kitchen or Truck Rental:	\$ <input type="text"/>
Equipment Rental:	\$ <input type="text"/>
Transportation:	Rate per mile: <input type="text" value="0.00"/> \$ <input type="text" value="0.00"/>
Other:	\$ <input type="text"/>
	<b>Sub Total</b> \$ <input type="text" value="0.00"/>

**Projected Administrative Costs**

Total Administrative Salaries:	\$ <input type="text"/>
Expenses for Attending Workshop:	\$ <input type="text"/>
Utilities:	\$ <input type="text"/>
Office Supplies:	\$ <input type="text"/>
Audit Fees:	\$ <input type="text"/>
Transportation (administrative and monitoring):	Rate per mile: <input type="text" value="0.00"/> \$ <input type="text" value="0.00"/>
Telephone:	\$ <input type="text"/>
Postage:	\$ <input type="text"/>
Legal Fees:	\$ <input type="text"/>
Use Allowance:	\$ <input type="text"/>
Office Building Maintenance:	\$ <input type="text"/>
Other:	\$ <input type="text"/>
	<b>Sub Total</b> \$ <input type="text" value="0.00"/>

- Enter anticipated amount for food costs
- Use the amount from the site labor submitted in Checklist Item for each site and combine them for all sites, then enter the total on the Total Site Labor field
- Enter amount in any of the Projected Operating Costs fields needed to reflect costs which will combine for the Sub Total.
- Enter the Projected Administrative Costs which will Sub Total.

<b>Cost Reimbursement Summary</b>		
Total SFSP Costs	\$34,108.00	
Total SFSP Reimbursement	\$38,948.00	
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$ 0	
Amount from other funding resources (e.g. grant, donations)	\$ [REDACTED]	
Other funding resources	[REDACTED]	
	<b>Balance</b>	\$4,840.00

**Additional Information**

Identify how excess funds will be used

Used to improve the meal service or other aspects of the SFSP  
 Kept for next year's SFSP operations  
 Pay for allowable costs of other child nutrition programs

Will your organization expend and account for funds in accordance with the requirements  Yes  No  
 7 CFR Part 225.17 and 2 CFR Part 200?

**Certification**

I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Child and Adult Nutrition Services any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Child and Adult Nutrition Services may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

**Document Attachments**

If the budget includes office building maintenance that includes contracted services, attach a copy of the contract.

<b>Actions</b>	<b>Notes</b>	<b>Version</b>	<b>Uploaded By</b>
Add an attachment			

Created By: jmccord on: 3/13/2016 10:32:03 PM Modified By: jmccord on: 3/13/2016 10:32:03 PM

**Save** **Cancel**

- Cost Reimbursement Summary – Reimbursement must exceed the cost and if not, additional funds and their sources must be entered.
- Additional Information must be entered
- Check Certification as your electronic signature.
- Document Attachments if applicable – any contracts with budget information must be attached. Click *Add an attachment*

Click **Save**

Click **Finish**

Application Packet has no more red arrows and the **SUBMIT For APPROVAL** is highlighted.




[Applications](#) | [Claims](#) | [Reports](#) | [Security](#) | [Search](#)

[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Application Packet >
 Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

**7050666 Status: Active**  
**Private Non-profit Agency**  
 247 Summer Fun Beach Road  
 Pierre, SD 57501

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

Action	Form Name	Latest Version	Status
<a href="#">View</a>   <a href="#">Modify</a>	<input checked="" type="checkbox"/> Sponsor Application	Original	Not Submitted
<a href="#">View</a>   <a href="#">Modify</a>	<input checked="" type="checkbox"/> Budget Detail	Original	Pending Approval
<a href="#">Details</a>	<input checked="" type="checkbox"/> Management Plan	Original	Pending Approval
<a href="#">Details</a>	Food Production Facility List		
<a href="#">Details</a>	Site Field Trip List		
<a href="#">Details</a>	<input checked="" type="checkbox"/> Checklist Summary (6)		
<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
Summer Food Service Program	0	1	0	0	0	0	1

[< Back](#) Submit for Approval [Withdraw Packet](#)

[Show Packet History](#)

When you see all green check and the button 'Submit for Approval' turns red, the Application Packet is ready to send to the State Agency – Child and Adult Nutrition Service CANS, once you click this you can't make any more changes so – make sure all is ready and then send.

If the button is not red – a step has been missed and is incomplete.

## STEP 8 – Submit for Approval

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Program Year: 2015 - 2016

Applications > Application Packet >

**2015 - 2016 Application Packet**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status: Not Submitted
---	---

**Action**

<a href="#">View</a>   <a href="#">Modify</a> <a href="#">View</a>   <a href="#">Modify</a> <a href="#">Details</a> <a href="#">Details</a> <a href="#">Details</a> <a href="#">Details</a> <a href="#">View</a> <a href="#">Details</a>	<b>Message from webpage</b> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;">  You have clicked the 'Submit for Approval' button. Do you want to continue?  <div style="text-align: right; margin-top: 5px;"> <a href="#">OK</a> <a href="#">Cancel</a> </div> </div>
---	---

Attachment List

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

Your application is now complete! Click the **Submit for Approval** button. A “pop-up” will appear asking you to verify that you wish to submit your application.

- If you are sure you are ready to submit your application, click **OK**. Once you click **OK** you will be unable to make changes to your application.
- If you do not wish to submit your application at this time, click **Cancel**. Your application will be saved and you can submit it at another time.

Forgot step 7 so went back and completed it.

### STEP 7 - Attachment List

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Program Year: 2015 - 2016

Applications > Application Packet >

**2015 - 2016 Application Packet**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	Packet Submitted Date: Packet Approved Date: Packet Original Approval Date: Packet Status: Not Submitted
---	---

Action	Form Name	Latest Version	Status
<a href="#">View</a>   <a href="#">Modify</a>	<input checked="" type="checkbox"/> Sponsor Application	Original	Not Submitted
<a href="#">View</a>   <a href="#">Modify</a>	<input checked="" type="checkbox"/> Budget Detail	Original	Pending Approval
Details	<input checked="" type="checkbox"/> Management Plan	Original	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	<input checked="" type="checkbox"/> Checklist Summary (6)		
<a href="#">View</a>	Application Packet Notes for Sponsor		
<a href="#">Details</a>	<b>Attachment List</b>		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

[< Back](#) Submit for Approval [Withdraw Packet](#)

[Show Packet History](#)

Click *Details* for the Attachment List

An example attachment could be the Census Data – FRAC Map displaying the data needed showing the site location eligibility documentation.

**Attachments**

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501				
---	--	--	--	--

**Attachments**

Action	File Name	Type	Date	Comment
No data to display.				

Total Attachments: 0

[< Back](#) Add Attachment

Click [Add Attachment](#)

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Attachments >

**Attachments**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

**Attachments**

Action	File Name	Type	Date	Comment
<a href="#">View   Modify</a>	Private NonProfit Agency Payment and Fees Form.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	03/13/2016	Payment and Fee Form

Total Attachments: 1

[< Back](#) [Add Attachment](#)

File Name, Type, Date, Comment Display along with a Total Attachments, click *Back* when all attachments have been made. The Total Attachments displays on the Application Packet.

**Summer Food Service Program**


  
[Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Applications > Application Packet >

Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

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>	<input checked="" type="checkbox"/> Sponsor Application	Original	Not Submitted
<a href="#">View   Modify</a>	<input checked="" type="checkbox"/> Budget Detail	Original	Pending Approval
<a href="#">Details</a>	<input checked="" type="checkbox"/> Management Plan	Original	Pending Approval
<a href="#">Details</a>	Food Production Facility List		
<a href="#">Details</a>	Site Field Trip List		
<a href="#">Details</a>	<input checked="" type="checkbox"/> Checklist Summary (6)		
<a href="#">View</a>	Application Packet Notes for Sponsor		
<a href="#">Details</a>	Attachment List (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

Your application is

now complete! Click the *Submit for Approval* button.

A “pop-up” will appear asking you to verify that you wish to submit your application.

If you are sure you are ready to submit your application, click *OK*.

Once you click *OK* you will be unable to make changes to your application.

If you do not wish to submit your application at this time, click *Cancel*. Your application will be saved and you can submit it at another time. Continue by clicking the *OK*; then “**The Application Packet is currently under review by the State and is unavailable for changes.**”

- Red message – the packet is unavailable for changes.
- Packet Status in upper left corner is now *Submitted for Approval*

**Summer Food Service Program**

**south dakota**  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

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

Applications > Application Packet >      Program Year: 2015 - 2016

**2015 - 2016 Application Packet**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

Packet Submitted Date: 03/13/2016  
Packet Approved Date:  
Packet Original Approval Date:  
Packet Status: **Submitted for Approval**

**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	✓ Budget Detail	Original	Pending Approval
Details	✓ Management Plan	Original	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	✓ Checklist Summary (6)		
View	Application Packet Notes for Sponsor		
Details	Attachment List (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

< Back    Submit for Approval    Withdraw Packet

Show Packet History

- To modify anything you must email Julie at CANS and request it back to make changes before she starts the approval process.

## Chapter 4 –Incomplete or Returned Applications

Upon reviewing your submitted application, the CANS office may have additional questions or require that you submit additional documents.

In this event, 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 to you for correction.

**iCAN Application Packet Notification**

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

Sent: Fri 04/29/2016 11:46 AM

To: DOE ICAN Help

**NOTIFICATION EMAIL FOR SFSP 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 Summer Food Service Program. Your application packet has been RETURNED FOR CORRECTIONS.

Sponsor Name: Your School  
Agreement Number: 7050105  
Program Year: 2015/2016  
Program: Summer Food Service Program (SFSP)  
Application Packet Status: Returned for Corrections

**TIP:** The person listed as the Authorized Representative for your school or agency will receive the automated email notifications. If someone other than the Authorized Representative is completing this application, please make arrangements to have these emails forwarded to the appropriate person.

- 1) Once you receive this email notification, log into iCAN and select your Application Packet. Notes regarding the corrections required can be found:
  - A) At the top section of the Sponsor Application page.

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

School Year: 2014 - 2015

Applications > Application Packet >

VIEW | MODIFY | DELETE

**2014 - 2015 SNP Sponsor Application**

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

**Code      Warning Description**

1508      Active FSMC contract(s) found for current program year. Either change 'Will the school nutrition program be managed by a Food Service Management Company (FSMC)' to "Yes" or terminate/cancel any active FSMC contracts on the FSMC Contracts screen accessible from the Application Packet screen.

**Comments to Sponsor**

Please submit a copy of your Food Service Management Contract and resubmit your Application Packet.

Version: Original

B) Contained in the Application Packet

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

Click **View** to read the notes.

- 2) Make the applicable corrections and click **SAVE**.
- 3) Resubmit your application by clicking the red **Submit for Approval** button.

2014 - 2015 Application Packet

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
<a href="#">View   Modify</a>	✓ Sponsor Application	Original	Not Submitted
<a href="#">Details</a>	FSMC Contract List		1 Contract
<a href="#">Details</a>	✓ Checklist Summary (4)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	1	0	0	0	0	1
Seamless Summer Option	0	0	0	0	0	0	0

< Back      **Submit for Approval**      Withdraw Packet

Show Packet History

You will see that the Packet Status now shows that it was Submitted for Approval. At this point you will be unable to make additional changes to your application.

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

Applications > Application Packet >      School Year: 2014 - 2015

**2014 - 2015 Application Packet**

7050105   Status: Active <b>Your School</b> 123 South East Street Pierre, SD 57501	Packet Submitted Date: 09/20/2014 Packet Approved Date: Packet Original Approval Date: <b>Packet Status: Submitted for Approval</b>
---	--

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

## ***Chapter 5 – Approved Applications***

Once your application has been approved by the State you will see your Application Packet Status shows Approved. You will also receive an email notification advising you of this.

## APPLICATION APPROVED / Application Packet Notes for Sponsor

**Summer Food Service Program**



Program Year: 2015 - 2016

2015 - 2016 Application Packet

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501	Packet Submitted Date: 03/13/2016 Packet Approved Date: 03/14/2016 Packet Original Approval Date: 03/14/2016 Packet Status: Approved
---	---

Action	Form Name	Latest Version	Status
View   Revise	✓ Sponsor Application	Original	Approved
View   Revise	✓ Budget Detail	Original	Approved
Details	✓ Management Plan	Original	Approved
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	✓ Checklist Summary (6)		
<b>View</b>	<b>Application Packet Notes for Sponsor (1)</b>		
Details	Attachment List (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Summer Food Service Program	1	0	0	0	0	0	1

[Show Packet History](#) [Submit for Approval](#)

- Application Packet Notes for Sponsor (1) - indicates State Agency sent a note.
- Click on View Application Notes for Sponsor

**Summer Food Service Program**



Program Year: 2015 - 2016

2015 - 2016 SFSP Application Packet Notes

7050666 Status: Active <b>Private Non-profit Agency</b> 247 Summer Fun Beach Road Pierre, SD 57501
---

3/14/2016 **Welcome**

Welcome to SFSP - Everything looks great and we look forward to working with you in the future.

Created By: JulieMcCord on: 03/14/2016 9:24:38 AM Modified By: JulieMcCord on: 03/14/2016 9:25:33 AM

[< Back](#)

## Chapter 6 – Advance Requests



**Summer Food Service Program**

Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Program Year: 2015 - 2016

Applications >

Item	Description
Application Packet	SFSP Applications Forms (Sponsor and Site)
<b>Advance Requests</b>	Request Sponsor's SFSP Advance(s) for the current year
Annual Audits	Annual Audits
Download Forms	Forms Available for Downloading

Select Applications from the blue menu bar.

Click *Advance Requests* from the Item list.

**Summer Food Service Program**

Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Program Year: 2015 - 2016

Applications > Advance Summary >

**Summer Food Service Program Advance Requests  
for 2015 - 2016**

7050666 Status: Active  
**Private Non-profit Agency**  
247 Summer Fun Beach Road  
Pierre, SD 57501

Action	Advance Month	Advance Type	Advance Amount	Outstanding Balance	Status	Date Processed
	Oct 2015				n/a	
	Nov 2015				n/a	
	Dec 2015				n/a	
	Jan 2016				n/a	
	Feb 2016				n/a	
	Mar 2016				n/a	
	Apr 2016				n/a	
	May 2016				n/a	
Add	Jun 2016				n/a	
Add	Jul 2016				n/a	
Add	Aug 2016				n/a	
	Sep 2016				n/a	
	<b>Totals</b>		\$ 0.00	\$ 0.00		

< Back

Click *Add* under the Action to make the request.

**Summer Food Service Program**


  
 DEPARTMENT OF EDUCATION  
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Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Advance Summary >

Program Year: 2015 - 2016

VIEW | MODIFY | DELETE

**Advance Request Detail  
for 2015 - 2016**

7050666 Status: Active  
**Private Non-profit Agency**  
 247 Summer Fun Beach Road  
 Pierre, SD 57501

**Advance Date: Jul 2016**

**Second Advance Request**

Operating

Administrative

**Justification:**

I understand that any advance payment received will be deducted from future reimbursement payments. Further I understand that the sponsor will be responsible for repayment of any part of the advance that exceeds the amount reimbursed to the sponsor for the number and types of meals actually served during the operation of the Summer Food Service Program.

Created By: jmccord on: 4/29/2016 10:44:20 AM

Check the Operating and/or Administrative type of advance.

In the Justification field – Enter the amount desired and the purpose. This is a required field and an Input Error will result without the information.

Send email to Finance Program Specialist and the SFSP Program Specialist to alert us an Advance Request Detail was submitted.

Written Justification for Start-up requests must be attached to the email for Jacquelynn Mattheis the Finance Program Specialist if the space provided is not sufficient.

**Summer Food Service Program**


  
 DEPARTMENT OF EDUCATION  
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Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Advance Summary >

Program Year: 2015 - 2016

**Advance Request Detail Confirmation**

7050666 Status: Active  
**Private Non-profit Agency**  
 247 Summer Fun Beach Road  
 Pierre, SD 57501

**The Advance Detail has been saved.**

## Chapter 7 –Changing your Password

This feature only works once you are already logged in. If you have forgotten your password or are locked out of the system, you will need to send an email to [DOE.iCANhelp@state.sd.us](mailto:DOE.iCANhelp@state.sd.us) or contact 605-773-3413 and request a password reset. A confirmation with your temporary password will be sent to the email address we have on file for you. No password information will be provided to you over the phone.

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



The screenshot shows the 'Summer Food Service Program' homepage. The top navigation bar includes links for 'Applications', 'Claims', 'Reports', 'Security' (which is circled in red with a yellow arrow pointing to it), and 'Search'. The right side of the top bar features the 'south dakota DEPARTMENT OF EDUCATION' logo and links for 'Programs', 'Year', 'Help', and 'Log Out'. Below the top bar, a red navigation bar displays 'Applications >' and 'Program Year: 2015 - 2016'. The main content area is titled 'Summer Food Service Program' and contains a table with four rows:

Item	Description
Application Packet	SFSP Applications Forms (Sponsor and Site)
Advance Requests	Request Sponsor's SFSP Advance(s) for the current year
Annual Audits	Annual Audits
Download Forms	Forms Available for Downloading

- 2) Type a new password in both fields.



The screenshot shows the 'Change Password' page. The top navigation bar is identical to the previous screenshot. The main content area is titled 'Change Password' and contains the following text: 'Please enter your new password, then re-enter your new password to verify it. Select Save to continue.' Below this text are two input fields: 'New Password:' and 'Re-Enter New Password:', both of which are highlighted with yellow boxes. At the bottom of the page are two buttons: a red 'Save' button and a 'Cancel' button.

A password must contain a combination of the following:

- Be at least 10 characters long
- Contain at least one number
- Contain at least one special character (\$, %, ^, &, +, =, !)

- 3) Click **Save**