### CANS USE ONLY

Site # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**for each site/location you are feeding children.**

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

PART 3R – RENEWAL SITE INFORMATION

|  |  |  |
| --- | --- | --- |
| 1. | Sponsoring Organization: |       |
|  |
| 2. | Name of Site: |       |
| [ ] Check box if Mobile Feeding Site and list physical address of stop:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Site Supervisor Name: |       |  | Phone # |       |
|  | **(If unknown at this time please provide to CANS office prior to beginning of operation.)** |
| 5. | Person in charge of food service if different from site supervisor. |
|  | Name: |       |  | Phone # |       |
|  |  |  |  |  |  |
| 6. | Please provide directions to the site if other than a street address. Be sure to indicate your starting point, be specific (i.e. the junction of main street with Highway 00, or if there are no street signs, use a landmark such as the post office, the XXX church, XXX gas station, etc.) |
|  |       |
| 8. | What percentage of the children to be served by this site meet the eligibility requirements for free summer meals (free or  |
|  | reduced price school meals)? |       | % |
|  |
| 9. | Meals Claimed for Reimbursement. |
|  |
|  | [ ]  | All meals will be claimed for reimbursement. At least fifty percent (50%) of the children in the geographic area served or enrolled in the program must fall within the current income guidelines. |
|  |
|  | [ ]  | As a summer camp, only those meals served to children from families whose income is at or below the current income guidelines will be claimed for reimbursement. |
|  |  |  |
|  10. | Payments and Fees |
|  Mark if you collect payments from: |
|   | [ ] [ ]  | Adults – Explain your process, **which meal(s) and adult price**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Non-eligible participants, This is NOT an open site – Our process is\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  | Participants for the activity portion of the summer program. What does the fee cost? $     \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Explain what activity fee covers. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  [ ]  A la carte sale items. This is allowed, but must be self-supportive pricing. |
| \*Fees must be reasonable and not restrict access for low income children. Also, access to the meal service at open sites must always be free. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11. | This site | [ ]  | Is | [ ]  | Is not | Part of a Metropolitan Statistical Area/Urban |
|  |  |
| 12. | This site is: |
|  | [ ]  | (A) Open Site (serving 1-2 meals) (go to item 13, then skip to 15) |
|  |  |  |
|  | [ ]  | (B) Restricted Open Site (serving 1-2 meals) (go to item 13, then skip to 15) |
|  |  |  |
|  | [ ]  | (C) Closed Enrolled Site (serving 1-2 meals) (skip item 13) |
|  |  |  |
|  | [ ]  | (D) Residential Camp (serving 1-3 meals) (skip item 13) |
|  |  |  |
|  | [ ]  | (E) Non-Residential Camp (serving 1-3 meals) (skip item 13) |
|  |  |  |
|  | [ ]  | **Migrant** Site (serving 1-3 meals), verify have documentation (go to 13 then then skip to 15) |
|  | [ ]  | **National Youth Sports Program** Site (serving 1-2 meals) provide requirements (go to item 13, then skip to 15) |
|  | [ ]  | **Upward Bound** Site (serving 1-3 meals), must provide eligibility requirements of participants who are eligible for Upward Bound base on criteria other than income; then an Income Eligibility Form is required (do 14, then skip to 15) |
|  | [ ]  | **Homeless** site (serving 1-2 meals) provide certification site is not an RCCI and primarily provides shelter and meals |
|  to homeless families and employs meal counting methods for claiming meals served only to children. (skip to item 15) |
| 13. | **If the answer to item 12 is A or B**, please check at least one of the following and provide documentation to show that the local areas from which the site draws its attendance is an area in which poor economic conditions exist, as defined in the sponsors handbook for the program. |
|  |
|  | [ ]  | Information provided from the departments of Welfare or Education, Local Housing Authorities, Rural Development Housing, HUD, Bureau of Indian Affairs, or zoning commissions that shows a site will draw its attendance from an area in which 50% of the children are eligible for free or reduced price meals. Documentation must be attached. |
|  |
|  | [ ]  | Information from a migrant organization to document the eligibility of sites serving the children of primarily **migrant** workers. Documentation must be attached. |
|  |
|  | [ ]  | **School Data**- Information on eligibility of children for free or reduced price meals from public or nonprofit private schools located in  |
|  |  | the area of the site and the month/year is[ ]  attached, [ ] CEP Site ISP x1.6 factor | [ ]  | may be obtained from the State Agency if using October 2014. |
|  |
|  |  |  | CANS USE ONLY |  |  |
|  |  |  | % eligible |  | Date |  |  |  |
|  |  |  | School Used |  |  |  |
|  |  |  |  |  |  |  |
|  | [ ]  | **Census Data** - Census block information. The census block groups (CBGs) or Census Tracts with the geographic area served outlined is/are entered below – circle if the number is the Tract number or the CBG number. |
|  |
|  | [ ]  | This site is a **NYSP** site and a letter stating that the site has complied with the Department of Health and Human Services guidelines for income of attending children same or stricter than SFSP is attached. SFSP 6-2015 |
|  |
|  | [ ]  | Site participated under this sponsor last year and documentation was submitted at that time. New documentation must be submitted every 5 years. (Attach documentation.) |
|  |
|  |  |  | CANS USE ONLY |  |  |
|  |  |  | % eligible |  | Date |  |  |  |
|  |  |  | Tract or CBG |  |  |  |
|  |  |  |  |  |  |  |
| 14. | **If the answer to item 12 is C, D or E** |
|  | (A) The sponsor must indicate the number of children eligible for free meals at each session on question 20a of this section. |
|  | Closed enrolled projected enrolled:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  (B) Check the answer which applies to you: |
|  | [ ]  | the application as exhibited in Attachment E (found in Part 8) will be used to document an enrolled child's eligibility and a copy of the completed prototype is enclosed with this application. |
|  |
|  | [ ]  | the application used to document eligibility in our NSLP or CACFP will be used to document an enrolled child's eligibility for free meals. |

|  |  |  |
| --- | --- | --- |
| 15. | The site requests authorization to serve and claim: |  |
|  | A. | Meals for children under 1 year old. | Yes | [ ]  | No | [ ]  | **15A. CANS USE ONLY** |
|  |  |
|  | **(If granted, the infant CACFP meal pattern must be followed.)** |  |  | granted |
|  |  |
|  | B. | Smaller portions to children under 6 years  | Yes | [ ]  | No | [ ]  |  |  | not granted |
|  | **(If granted, an age breakdown must be maintained on CACFP production**  |  |
|  | **records and meal counts).** |  |  |  |
|  |  |
|  |
| 16. | Method of Meal Preparation |  |
|  | **15B. CANS USE ONLY** |
|  | [ ]  | (A) | Self-preparation on site |  |
|  |  |  | granted |
|  | [ ]  | (B) | Sponsor preparation at central kitchen facility |  |
|  |  |  | not granted |
|  | [ ]  | (C) | Sponsor preparation at School Food Service facility |  |
|  |  (reason) |  |  |
|  | [ ]  | (D) | Agreement with School Food Service Authority |  |
|  |  |  |  |
|  | [ ]  | (E) | Contract with Food Service Management Company |  |
|  |
|  | [ ]  | (F) | Other (Specify) |       |
|  |
| 17. | If the answer to item 16 was E, please check each of the following that apply to you: |
|  |
|  | [ ]  | (A) | The Food Service Management Company has an exclusive contract with our school for year-round service. |
|  |  |  | \*\* A copy of the contract must accompany this application. |
|  |
|  | [ ]  | (B) | Our bidding procedures for procuring a Food Service Management Company contract are in accordance with SFSP regulation 225.6(h)(2) and 225.15(m)(5-7). (*Attach a copy of your plan and your invitation for bid*.) |
|  |
|  | [ ]  | (C) | **Copy of contract attached** |
|  |
| 19. | List the dates your Administrative staff/Monitor will conduct these required observations at this site, SFSP requires these three– records will be requested by state department of safety inspectors as proof of compliance with this requirement. |
|  |
|  | Pre-operational |  / / | First week |  / / | First 4 Weeks |  / / |
|  | Continuing operations like in NSLP or CACFP may waive  | **CANS USE ONLY** \_\_granted \_\_not granted/Reason:  |  | **CANS USE ONLY** \_\_granted \_\_not granted/Reason:  |  | **REQUIRED** BY ALL SPONSORS-must take place in first 4 weeks of operation. |
| \*May Waive First week see Policy Memo SFSP 12-2011 – If wish to, leave blank. State agency will notify you if your site is not allowed to waive, due to previous year issues or new site or sponsor. |

|  |
| --- |
| 20a. |
| Meal | Service Time | Delivery Time | Anticipated number of eligible children | **FOR CANS USE ONLY** |
|  | Begins | Ends |  |  | Approved level |
| Breakfast |       |       |       |       |  |
| AM Supplement |       |       |       |       |  |
| Lunch |       |       |       |       |  |
| PM Supplement |       |       |       |       |  |
| Supper |       |       |       |       |  |
|  |
| 20b. | Offer vs. Serve (OVS) is an option for any SFSP  |
|  |  | (1) The sponsor is using the SFSP Meal Pattern [ ]  and SFSP Production Record approved by South Dakota CANS |
|  |  | (2)The school is choosing to use the NSLP and/or SBP meal patterns and wish to use OVS and operate under the same rules as OVS in the NSLP or the SBP. |
|  | A. | **Check the Meal Pattern** [ ]  NSLP Lunch and production record [ ]  SBP New Breakfast/Snack Pattern & New production record

|  |
| --- |
| **20b. CANS USE ONLY** |
|

|  |  |
| --- | --- |
|  |  NSLP/SBP Meal Pattern OVS granted |

  |
|  |  | SFSP Meal Pattern OVS granted |
|  |
|  |  | NSLP or SFSP Meal Pattern OVS not granted (Reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |  |

 |
|  |  |  |
|  | B. | SFSP Breakfast/School Breakfast Program meal service (check one that applies) **Snack does not allow OVS** |
|  |  |  | [ ]  | Children must take all components in full portion (Not doing the offer versus serve) |
|  |  |  | [ ]  | Children may decline one of the 4 minimum required food items., **but required to take ½ cup fruit or vegetable component if using SBP meal pattern ONLY** |
|  | C. | SFSP Lunch or Supper / National School Lunch Program meal service (check one that applies) |
|  |  |  | [ ]  | Children must take all items in full portion (Not doing the Offer versus Serve) |
|  |  |  | [ ]  | Children may decline two items, **but required to take ½ cup fruit or vegetable component NSLP pattern ONLY.** SFSP new rules are outlined in 2015 SFSP Handbooks, ADM pages 47 - 49 |
|  |
| 21. | If meals are delivered to this site, answer A & B below. |
|  | A. | Describe the system the site supervisor will use to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at this site. |
|  |  | The site supervisor will give the sponsor an estimated count for the day’s meal/s |       | days before  |
|  |  | service by |       | . | (number) |  |
|  |  |  | (means) |  |
|  | B. | What are the timelines for submitting adjustments of meal orders? |
|  |  | The site supervisor will give the sponsor an updated count |       | hours before service by |       |
|  | (number) |  | (means) |
| 22. | Describe the meal service area. |
|  | . | Is this site an indoor or outdoor site? (Check appropriate space) | [ ]  | Indoor | [ ]  | Outdoor |
|  |  | If an outdoor site, where will meals be served when weather prevents the outdoor service of meals? Give address,  |
|  |  | or describe location.  |       |
|  [Outdoor Excessive Heat Demonstration Project – **Complete Attachment J of Part 8**] See Policy Memo SFSP 14-2014. |

|  |  |
| --- | --- |
| 23. | Civil Rights: Potential Eligible Beneficiaries |
|  |  |
|  | Sponsors must determine the number of **potential** eligible beneficiaries by racial/ethnic category for the area served. Data concerning the number of potential eligible beneficiaries, along with identification of all sources of the information, must be updated annually and maintained on file for three years. This information may be obtained from census data or public school enrollment data. |

|  |  |
| --- | --- |
| Describe the area from which potential eligible beneficiaries are drawn |       |
|       |
|       |

**Ethnic Categories Number of Children**

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or

Central American, or other Spanish culture or origin, regardless of race.

The term “Spanish origin” can be used in addition to Hispanic or Latino.”      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Hispanic or Latino**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racial Categories Number of Children**

**American Indian or Alaska Native**. A person having origins in

any of the original peoples of North and South America, (including

Central America), and who maintains tribal affiliation or community

recognition.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian.** A person having origins in any of the original peoples of the

Far East, Southeast Asia, or the Indian subcontinent, including, for

example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan,

the Philippine Islands, Thailand, and Vietnam.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black or African American.** A person having origins in any of the

black racial groups of Africa. Terms such as “Haitian” or “Negro”

can be used in addition to “Black or African American.”      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Native Hawaiian or Other Pacific Islander.** A person having

origins in any of the original peoples of Hawaii, Guam, Samoa, or

other Pacific Islands.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**White**. A person having origins in any of the original peoples of

Europe, the Middle East, or North Africa.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 *and* in FNS Instruction 113-1, Civil Rights Compliance and Enforcement Nutrition Programs and Activities, published November 8, 2005.

|  |  |
| --- | --- |
| Document the source used to gather the above data |       |
|       |
|       |

|  |  |
| --- | --- |
| 24. | Personnel Working At Site |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title of Position | Number of Personnel in that Position | Number of Hours Per Day Each Employee Indicated in Col (B) will spend on Food Service | Wages Per Hour (Indicate Volunteers or Unpaid Workers with "V") | Number of days employed for this program | Total Wages (including benefits) for Program | Specific Food Service Duties\* see below |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| TOTAL OPERATING SALARIES | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX |       | XXXXXXXXX |

|  |
| --- |
| Indicate who will be responsible for each task by placing task number from list below in grid above by each position to which it applies: |
|  |  |  |  |  |  |  |  |  |
|  | 1. | plans menus |  | 7. | serves meal |  | 13. | cleans up dining area |
|  | 2. | purchases food |  | 8. | takes count |  | 14. | cleans up kitchen |
|  | 3. | receives food |  | 9. | monitors components |  | 15. | does the dishes |
|  | 4. | keeps inventory records |  | 10. | keeps production records |  | 16. | other (explain) |
|  | 5. | prepares meal |  | 11. | supervises children in dining room |  |  |  |
|  | 6. | transport food |  | 12. | supervises personnel |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *I certify that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. The organization will operate the program in accordance with 225.14(d)(3). The program must be made available to all children regardless of sex, age, disability, race, color, or national origin.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  |       |
| Name and Title of Authorized Representative (Print) |  | Signature of Authorized Representative |  | Date |
|       |  |  |  |       |
| (If available) Name and Title of Site Representative (Print) |  | Signature of Site Supervisor |  | Date |