

Submitting an SFSP Application Packet (for Sponsor users)

APPENDIX

All new enrollment or renewal enrollment applications are initially created with a status of "Pending Validation". Once the application has been saved, the system validates the business rules and the application's status is set by the iCAN system to either "Error" (if any errors exist) or "Not Submitted" (no errors, but the Application Packet has not been submitted).

Only complete Application Packets that have no errors can be submitted to the State (CANS). To submit a completed Application Packet, the Sponsor would select the **Submit for Approval** button. This simulates sending a completed Application Packet in the mail. After the packet is submitted to the State Agency, application items are placed in a view-only mode for the Sponsor.

An Application Packet can be submitted to the State (i.e., the **Submit for Approval** button is enabled) only if the following conditions have been met:

- The Sponsor Application must contain no errors.
- At least one Site Application must exist and contain no errors.
- A Management Plan must exist and contain no errors.
- All items in the Checklist must be submitted (Attachments are uploaded, submitted checkbox checked and date submitted is entered).
- A Budget must exist and contain no errors.
- The Sponsor is not closed.

COMPLETE the following forms in sequential order:

SFSP iCAN Sequence of Application Packet Entry

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

Once the Sponsor has submitted the Application Packet, the State will review each item in the submitted Application Packet. The State may approve each application item, deny an application item, or return the application item and its respective Application Packet back to the Sponsor for correction.

STEP 1

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

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

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: 247 Summer Fun Beach Road
Address Line 2:
- 4. City: Pierre
- 5. State: SD Zip: 57501
- 6. County: Hughes (32)

Mailing Address

- 7. Address Line 1: 247 Summer Fun Beach Road
Address Line 2:
- 8. City: Pierre
- 9. State: SD Zip: 57501-0001

Summer Food Service Program Contact

- | | Salutation | First Name | Last Name |
|---------------------|---|-------------------------|---------------------|
| 10. Name: | | Sally Jo | Barnes |
| 11. Date of Birth: | | 02/05/1974 (mm/dd/yyyy) | |
| 12. Email Address: | | sjb@pnp.org | |
| 13. Phone: | (605) 222-5661 | Ext: | Fax: (605) 222-6666 |
| 14. Cell/Alt Phone: | (605) 200-3636 | | |
| 15. Title: | Business Manager | | |
| 16. | <input checked="" type="checkbox"/> This person completed current program year's CANS training. Date Training Completed: 03/08/2016 | | |

Primary Authorized Representative

- | | Salutation | First Name | Last Name |
|---------------------|----------------|-------------------------|---------------------|
| 17. Name: | | Irelynn | Smith |
| 18. Date of Birth: | | 03/17/1960 (mm/dd/yyyy) | |
| 19. Email Address: | | ismith@pnp.org | |
| 20. Phone: | (605) 222-5656 | Ext: | Fax: (605) 222-6666 |
| 21. Cell/Alt Phone: | (605) 999-2626 | | |
| 22. Title: | CEO | | |

Mailing Address

- 23. Address Line 1: 247 Summer Fun Beach Road
Address Line 2:
- 24. City: Pierre
- 25. State: SD Zip: 57501-0001
- 26. This person completed current program year's CANS training. Date Training Completed: 03/08/2016

Food Service Director(FSD)/Manager

	Salutation	First Name	Last Name
27. Name:		Robert	Jones
28. Date of Birth:		01/19/1975 (mm/dd/yyyy)	
29. Email Address:		rjones@pnp.org	
30. Phone:	(605) 222-2323	Ext:	Fax: (605) 222-8975
31. Cell/Alt Phone:	(605) 200-3659		
32. Title:	Food Service Manager		
33.	<input checked="" type="checkbox"/> This person completed current program year's CANS training. Date Training Completed: 03/08/2016		

Claim Representative

	Salutation	First Name	Last Name
34. Name:		Sally Jo	Barnes
35. Date of Birth:		06/25/1974 (mm/dd/yyyy)	
36. Email Address:		sjb@pnp.org	
37. Phone:	(605) 222-5661	Ext:	Fax: (605) 222-6666
38. Cell/Alt Phone:	(605) 200-3636		
39. Title:	Business Manager		
40.	<input checked="" type="checkbox"/> This person completed current program year's CANS training. Date Training Completed: 03/08/2016		

Training Attendance

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:

42. Date Training Completed:

General Questions

43. Does your agency provide year round public services to the community(ies) that would be served by SFSP? 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":

CACFP
 After
 School
 Program

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.

Created By: jmccord on: 3/12/2016 1:51:02 PM Modified By: jmccord on: 3/12/2016 2:51:21 PM

STEP 2

2015 - 2016 SFSP Management Plan

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

Management Plan Version: Original

Board Chairman
 (Required for Private Non-profit Organizations)

Name: Salutation: First Name: Last Name:
 Date of Birth: (mm/dd/yyyy)
 Title:
 Email Address:
 Phone: Ext: Fax:

Home Address

Address Line 1:
 Address Line 2:
 City:
 State: Zip:

Administrative Staff

Name: Position title:
 Has this person attended the mandatory SFSP training provided by CANS this program year? Yes No
 If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: Position title:
 Has this person attended the mandatory SFSP training provided by CANS this program year? Yes No
 If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: Position title:
 Has this person attended the mandatory SFSP training provided by CANS this program year? Yes No
 If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: Position title:
 Has this person attended the mandatory SFSP training provided by CANS this program year? Yes No
 If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: Position title:
 Has this person attended the mandatory SFSP training provided by CANS this program year? Yes No
 If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Administrative Personnel

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

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

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?

FS Manager Bob Jones

List the dates that site monitoring is planned.

Site 1 Preop - May 13, week 1 visit June 6 and review visit June 16 Site 2 Preop - May 15, week 1 visit June 7 and review visit June 15
--

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

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.

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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 (After each meal to Office)
Employee Time Sheets	Business Manager	weekly
Itemized Invoices/Receipts	Food Service Manager	weekly
Production Records	Food Service Manager from cook	daily completed/weekly collected
Menus	Food Service Manager	Monthly

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You May be Required to Complete - Vended

STEP 3
VIEW | MODIFY

Food Production Facility

Facility
Information

S
A
M
P
L
E

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: Zip:

Facility Contact

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

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:

Created By: jmcord on: 3/12/2016 5:44:58 PM Modified By: jmcord on: 3/12/2016 5:44:58 PM

Save Cancel

STEP 4

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

7050666 Status: Active Private Non-profit Agency 247 Summer Fun Beach Road Pierre, SD 57501	0001 Status: Active OAHE BEACH 12 N Beach Road Pierre, SD 57501
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Version: Original

Street Address

1. Address Line 1: 12 N Beach Road
Address Line 2:
2. City: Pierre
3. State: SD Zip: 57501
4. County: Hughes (32)
5. Nearest cross street and directions:

Ree Street and Beach Road, turn by boat ramp sign

Mailing Address

6. Address Line 1: 12 N Beach Road
Address Line 2:
7. City: Pierre
8. State: SD Zip: 57501-0012

Food Service Supervisor

	Salutation	First Name	Last Name
9. Name:		Robert	Jones
10. Email Address:		rjones@pnp.org	
11. Phone:	(605) 222-2323	Ext:	Fax: (605) 222-8975
12. Cell/Alt Phone:	(605) 200-3659		
13. Title:	Food Service Manager		

Site Supervisor

	Salutation	First Name	Last Name
14. Name:		Olivia (Liv)	George
15. Email Address:		livgeorge@pnp.org	
16. Phone:	(605) 222-2323	Ext:	Fax: (605) 222-8975
17. Cell/Alt Phone:	(605) 200-1214		
18. Title:	Oahe Site Supervisor		

General Site Information

19. Geographic Location: Rural
20. Has the site ever participated in the Summer Food Service Program under this Sponsor? Yes No

Site Eligibility

21. Is this site a licensed child care facility? Yes No
22. If this site is a licensed child care facility, will this site only serve children who are enrolled for care? Yes 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? Yes No
24. Is this site open only to enrolled summer school students who receive academic credit? Yes No

- 25. Did this site operate last year? If no, enter pre-operational site visit date below. Yes No
- 26. Did this site have serious deficiency findings or significant operational deficiencies last program year? Yes No
If yes, enter pre-operational site visit date below.
- 27. Has this site experienced significant SFSP staff turnover since last program year? Yes No
If yes, enter pre-operational site visit date below.
- 28. Date of the Sponsor's pre-operational site visit, if applicable. 03/10/2016
- 29. Are you requesting a waiver for the First Week Site Visit? Yes No
- 30. Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile? Yes 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.

Site Type

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

- 31. Site Type: Open
- 32. Eligibility Method: Census Data
- 33. Primary service provided by this site: Recreation
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: 460659779003
Block Group Number: 46065977900
Percentage of Needy Children: 55.80 %
- 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

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
0	0	0	0	0	0	0	0	22	15	15	0

41. Operation Dates: Start: 06/01/2016 End: 08/19/2016

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

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

Lunch

71. Meal Service Method: Self-Prep - Prepares on site

72. Menu Planning Option: SFSP Menu Pattern

73. Enter the number of days the meal will be served 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
0	0	0	0	0	0	0	0	22	15	15	0

74. Meal Serving Dates (non-camp only): Start: 06/01/2016 End: 08/19/2016

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

76. Meal Times: Start: 11:00 AM End: 12:00 PM

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

78. Average Daily Participation (non-camp only): 200

79. Maximum number of meals that may be served (state use only): 300

80. 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.

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

Throw away at the site

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

Serve Indoors

Describe the Other plan:

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							

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:

Site Staff will communicate directly with the production facility or vendor

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:

Steam tables are available for hot food and ice to hold cold foods on. Portable milk cooler for meal service.

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):

Website April 2, 2016, Newspaper May 12, 2016 and Poster and signs May 26, 2016

114. Advertisement Method:

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

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 \$
 Lunch \$
 Snack \$
 Supper \$

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 \$
 Lunch \$
 Snack \$
 Supper \$

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:

118. Will a la carte sales be made? Yes No
 This is allowed, but must be self-supportive pricing.

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.

Created By: jmcord on: 3/13/2016 8:48:25 PM Modified By: jmcord on: 3/13/2016 8:49:25 PM

SFSP Checklist

STEP 5-A
SPONSOR

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 checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Approved	03/14/2016	JulieMcCord
SFSP Health Inspection Letter	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Approved	03/14/2016	JulieMcCord

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	SFSP Daily Meal Count Sheets		3/13/2016 10:03:05 PM
View Modify	SFSP Health Inspection Letter		3/13/2016 10:03:28 PM

STEP 5-B
 SITE

SFSP Checklist

7050666 Status: Active Private Non-profit Agency 247 Summer Fun Beach Road Pierre, SD 57501	0001 Status: Active OAHE BEACH 12 N Beach Road Pierre, SD 57501
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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"/>	Approved	03/14/2016	JulieMcCord
SFSP/SSO Disaster Response Feeding Plan	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Approved	03/14/2016	JulieMcCord
SFSP Site Labor Detail	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Approved	03/14/2016	JulieMcCord
SFSP Public Release (Open Sites)	 <input checked="" type="checkbox"/>	03/13/2016	<input type="checkbox"/>	Approved	03/14/2016	JulieMcCord

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

STEP 6

2015 - 2016 SFSP Budget Detail

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

Budget Version: Original

Operating Reimbursement

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
Sub Total			\$35,256.00

Administrative Reimbursement

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
Sub Total			\$3,692.00

Projected Operating Costs

Food for all vended and self-pre meals:		\$25,000.00
Total Site Labor (complete checklist item for each site):		\$5,000.00
Non Food Supplies:		\$480.00
Utilities:		\$500.00
Kitchen or Truck Rental:		\$0.00
Equipment Rental:		\$0.00
Transportation:	Rate per mile: 0.00	\$0.00
Other:		\$0.00
Sub Total		\$30,980.00

Projected Administrative Costs

Total Administrative Salaries:		\$2,500.00
Expenses for Attending Workshop:		\$350.00
Utilities:		\$200.00
Office Supplies:		\$78.00
Audit Fees:		\$0.00
Transportation (administrative and monitoring):	Rate per mile: 0.00	\$0.00
Telephone:		\$0.00
Postage:		\$0.00
Legal Fees:		\$0.00

Use Allowance:	\$0.00
Office Building Maintenance:	\$0.00
Other:	\$0.00
Sub Total	\$3,128.00

Cost Reimbursement Summary

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	\$0.00
Amount from other funding resources (e.g. grant, donations)	\$0.00
Other funding resources	
Balance	\$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 7 CFR Part 225.17 and 2 CFR Part 200? Yes No

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.

Actions	Notes	Version	Uploaded By

Created By: jmcord on: 3/13/2016 10:32:03 PM Modified By: jmcord on: 3/13/2016 10:57:19 PM

STEP 7
Optional

Attachments

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

Attachments

Action	File Name	Type	Date	Comment
View Modify	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](#)

SAMPLE

**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	
View Modify	Jun 2016	Operating			Pending Approval	
	Jun 2016	Administrative			Pending Approval	
Add	Jul 2016				n/a	
Add	Aug 2016				n/a	
	Sep 2016				n/a	
Totals			\$ 0.00	\$ 0.00		

** See Manual*

- When Add - include Amount in justification along with purpose
- Send email to julie.mccord @ state.sd.us
jacquelynn.mattheis @ state.sd.us