

Summer Food Service Program

Training for Sponsors of the SFSP
April 23, 2020

<https://www.education.ne.gov/ns/training/sfsp-training/>

Training Home	SFSP Training
School Meals Program >	COVID-19 SFSP Training Resources
Child and Adult Care Food Program >	SFSP Training PowerPoint (called 2020 Training) – please review this training resource for information on program requirements and guidance on recordkeeping
Summer Food Service Program ▾	SFSP Meal Pattern Chart – schools can choose to continue the NSLP meal pattern but have the option to use the SFSP meal pattern; all non-school sponsors must follow the SFSP meal pattern
Forms & Resources	SFSP Production Record – schools may continue using the NSLP production records but this is available as an alternate option
Training	SFSP Daily Meal Count – Open Sites that meet the 50% F/R eligibility requirement are allowed to use a daily meal count tally sheet; participant names do not need to be collected
Program Information	Closed enrolled sites that do not meet the 50% F/R eligibility requirement must maintain daily meal count records using a roster of children who receive meals
News	SFSP Permanent Agreement – new SFSP sponsors that have not previously participated must sign and upload the
Team Nutrition >	
Healthy Schools	
Farm To School	
Child Nutrition Program (CNP)	

Handout → Green “Handout” box = form/resource available on SFSP Training webpage

Agenda

- ✓ **Current meal service waivers**
- Two meal service options: Open or Closed Enrolled SFSP
 - Program application & claims hints & tips
- Meal requirements & recordkeeping
- Program costs & procurement
- Monitoring



- **Intended to provide meals to children**
- **Not for adult meals**
- **Allowable meal combinations:**
 - Breakfast + lunch
 - Breakfast + supper
 - Breakfast + snack
 - Lunch + snack

Meal Times & Non-congregate Feeding

- Waiver #1: Meal service time flexibility
 - Flexibility for time & duration of meal service
- SP 08-2020/SFSP 04-2020/Waiver #2: Non-congregate feeding
 - Allows grab & go, delivery and drive-thru
- Meal distribution for more than one day at a time

Expires June 30, 2020

Meal Pick-up

- Waiver #5: Parent/guardian/adult pick-up without child present
 - Parents/guardians can take meals home to children
 - Steps to ensure meals are provided to adults of enrolled children
 - Require advance sign up to receive meals
 - Use a roster to mark names
 - Hang-tag for car

***Program integrity must be maintained**

Expires June 30, 2020

Meal Pattern Flexibilities

- Waiver #4 [Flexibility to serve meals that do not meet meal pattern](#) requirements when needed
 - Food chain interruptions
 - Spoilage
- Effort should be made to provide substitute
 - Purchase locally
 - Reach out to other distributors
 - Buy bulk and repackage (produce)
 - Serve two of the same component

Expires April 30, 2020

Monitoring Flexibilities

- Waiver #10: [waives some on-site monitoring](#) for SFSP sites
 - Omits onsite portion of site visits; instead, complete desk review of records
 - May delay four week window for completing reviews
 - If not continuing SFSP, must complete site visit in first four weeks
 - If SFSP continues, site visit may be conducted May – June
 - Non-school sponsors complete as normally would
 - Access the site visit form [here](#)

Expires June 30, 2020

Agenda

- Current meal service waivers
- ✓ Two meal service options: Open or Closed Enrolled SFSP
 - ✓ Program application & claims hints & tips
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Open SFSP Site

FREE meals to all children age 1 – 18 years

- School building with F/R meal eligibility $\geq 50\%$ or in *attendance area of school* with F/R meal eligibility $\geq 50\%$
- OR
- Site located in eligible area based on [census data](#)

- Mark each meal one at a time
- Must complete this form for each day meals served

DAILY MEAL COUNT FORM																					
Site Name:	Meal Type (circle) : B L SN SU																				
Address:	Telephone:																				
Supervisor's Name:	Delivery Time: Date(s):																				
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ①																					
First Meals Served to Children (cross off number as each child receives a meal)																					
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	32	33	34	35	36	37	38	39	40		
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80		
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100		
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120		
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140		
141	142	143	144	145	146	147	148	149	150	Total First Meals + ②											
A	<input type="text"/>	x	B	<input type="text"/>	=	C	<input type="text"/>	③													
<small>(A) is the total # meals served per distribution (B) the number of children served (C) equals total # meals to be claimed.</small>																					

Handout

Closed Enrolled SFSP Site

Use Closed Enrolled if:

- School building's F/R eligibility is less than 50%
- If meal service site does not fall in an eligible area

Closed Enrolled sites must ensure:

- **≥50%** participants enrolled eligible to receive F/R price meals or lie in eligible area
- **All meals served at these sites are reimbursed through the SFSP**

Income Eligibility Form

Parts 1, 2 and 3 completed by household:

- Provide children participant name(s)
- SNAP, TANF, FDIPIR = Free meals (not need income info)
 - Must provide case number (not EBT card number)
- Foster children qualify for Free meals

Part 4 completed Sponsoring Agency:

- Convert income to one common frequency and provide grand total for household
- Total household members with special attention to make sure family members are not counted twice
- Complete Office Use Only section at bottom
 - Make eligibility determination based on total income and total household size
 - Indicate which benefit is applied
 - Signature

Part 1. Children enrolled in Camp or Closed Enrolled Sites.
 Names (First, Middle Initial, Last) _____ SNAP, TANF or FDIPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [] Complete Part 3 if you are applying for other children in your household who you did not enter a SNAP, TANF or FDIPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often.

A. Name (List everyone in household, including children) (Example: Jane Smith)	B. Gross Income and how often it was received				C. Check if No Income
	1. Earnings from work, before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>
	\$ / week	\$ / week	\$ / month	\$ / week	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
 I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the report of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: _____ I do not have a Social Security Number.

Part 5. Participant's ethnic and racial identities (optional)
 Mark one ethnic identity: Hispanic or Latino Asian American Indian or Alaska Native
 Not Hispanic or Latino White Native Hawaiian or Other Pacific Islander
 Black or African American

Don't fill out this part. This is for official use only.
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free, Reduced, Denied
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Conferring Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

<https://www.education.ne.gov/wp-content/uploads/2017/07/2016SFSPPIEF.pdf>

Camp SFSP Site

Income Guidelines

<https://cdn.education.ne.gov/wp-content/uploads/2019/07/13-IEF-Guidelines-19-20.pdf>

NUTRITION SERVICES
 INCOME ELIGIBILITY GUIDELINES
 JULY 1, 2019 - JUNE 30, 2020

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,402	1,231
7	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
For each additional family member add:	5,746	479	240	221	111	8,177	682	341	315	158

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions:
 Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Camps

- Must maintain roster of daily meal counts
- Include site name, full names of participants, meal eligibility and record of how many of each type of meal
- If one week's meal distribution covers two different calendar months, these meals must be recorded separately

[Site Name]	Meal Eligibility (F/R/P)	April 6		April 7		April 8		April 9		April 10	
Child Names		B	L	B	L	B	L	B	L	B	L

Handout

Electronic Application

<https://nutrition.education.ne.gov>

Action	Form Name	Latest Version	Status
View Admin	1 ✓ Sponsor Application	Original	Approved
View	3 ✓ Budget Detail	Original	Approved
Details	? ✓ Food Production Facility List (2)		
Details	Site Field Trip List		
Details	4 ✓ Checklist Summary (2)		
Details	Application Packet Notes		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
2 Summer Food Service Program	1	10	0	0	0	0	11

< Back **Submit for Approval** Approve Return Deny

Handout

→ Use SFSP Application Guide for help

Sponsor Application

Summer Food Service Program

	Salutation	First Name	M.I.	Last Name
10. Name:		Kayte		Partch
11. Email Address:				
12. Phone:	(531) 299-9848	Ext:		Fax:
13. Title:		Director		
14. <input checked="" type="checkbox"/> This person completed current program year's NDE training.		Date Training Completed:	03/01/2020	

Primary Authorized Representative

	Salut	First Name	M.I.	Last Name
15. Name:		Kayte		Partch
16. Email Address:				
17. Phone:	(531) 299-9848	Ext:		Fax:
18. Title:		Director		
19. New Contact?		<input type="checkbox"/>		

Mailing Address

20. Address Line 1:	3215 Cuming St.			
Address Line 2:				
21. City:	Omaha			
22. State:	NE	Zip:	68131	
23. <input checked="" type="checkbox"/> This person completed current program year's NDE training.		Date Training Completed:	03/01/2020	

Training Attendance

24. If neither the Summer Food Service Program Contact nor the Primary Authorized Representative completed the current program year's NDE training, provide the name of the supervisory person who completed the training.

Person Who Attended:	xavier
25. Date Training Completed:	03/03/2020

Training date needs to be entered in ONE of these three numbers: #14, #23 or #25

Sponsor Application

- Make sure DUNS has been updated in the last 12 months
- Not updating can cause delay in reimbursement
- NEVER EVER pay for your DUNS number or renewal
- Visit sam.gov to renew your DUNS

Electronic Application

<https://nutrition.education.ne.gov>

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Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
2 Summer Food Service Program	1	10	0	0	0	0	11

Handout

→ Use SFSP Application Guide for help

- USDA waived pre-operational site visit for new sites
- Enter 4/1/2020 in #25 of each **new** site's application

22. Did this site operate last year? If no, enter pre-operational site visit date below. Yes No
23. Did this site have serious deficiency findings or significant operational deficiencies last program year? If yes, enter pre-operational site visit date below. Yes No N/A
24. Has this site experienced significant SFSP staff turnover since last program year? If yes, enter pre-operational site visit date below. Yes No N/A
25. Date of the Sponsor's pre-operational site visit, if applicable. 

School Data

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

27. Site Type:

28. Eligibility Method:

For School Data or Census Data Eligibility Methods, indicate the Start Date.

Eligibility Data - Start date:

Eligibility Data - Expiration date:

29. Primary service provided by this site:

If Service is Other, describe:

30. 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: %

Provide info where you see yellow highlights

Census Data

Area Eligibility Map

27. Site Type:

28. Eligibility Method:

For School Data or Census Data Eligibility Methods, indicate the Start Date.

Eligibility Data - Start date:

Eligibility Data - Expiration date:

29. Primary service provided by this site:

If Service is Other, describe:

30. 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: %

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.

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

Block Number:

Group Number:

Percentage of Needy Children (if known): %

Provide info where you see yellow highlights

Site Type

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

27. Site Type: Camp would be an option in #27

28. Eligibility Method:

For School Data or Census Data Eligibility Methods, indicate the Start Date.

Eligibility Data - Start date: No date needed here for closed enrolled

Eligibility Data - Expiration date:

29. Primary service provided by this site:

If Service is Other, describe:

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

32. 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: %

- **Meal service start and end dates**
 - Provide current known end date; this can be revised as needed
- **Make sure calculate total meal service days in each month correctly**
- **If using distribution method, check boxes for the days your meal service is covering**
 - E.g. distribute three meals on Monday morning and two meals on Thursday morning to provide meals for M-F then mark M-F boxes in #47 & #61



Breakfast

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

44. Menu Planning Option: SFSP Meal Pattern

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

OCT 2019	NOV 2019	DEC 2019	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020
0	0	0	0	0	7	21	15	0	0	0	0

46. Meal Serving Dates: Start: 03/23/2020 End: 05/21/2020

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

48. Meal Times: Start: 8:00 AM End: 10:00 AM

49. Average Daily Participation: 50

Lunch

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

58. Menu Planning Option: SFSP Meal Pattern

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

OCT 2019	NOV 2019	DEC 2019	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020
0	0	0	0	0	7	21	15	0	0	0	0

60. Meal Serving Dates: Start: 03/23/2020 End: 05/21/2020

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

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

63. Average Daily Participation: 50

Must provide meal service times even if not using them because doing a single meal distribution

Share details of meal service/distribution method in the “Comments from Sponsor” box at the bottom of the site application

Comments from Sponsor

Location will provide emergency meals due to the school closure due to the coronavirus. Staff will distribute 5 lunch meals and 5 breakfast meals per child.

If utilizing meal distribution, ask these questions:

- What food storage capabilities/space do households have?
- Will quality of food be maintained?
- Will foods be safe to eat for several days after distribution?
- Should you include storage instructions?

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- What food storage capabilities/space do households have?
- Will quality of food be maintained?
- Will foods be safe to eat for several days after distribution?
- Should you include storage instructions?



Accommodations for Special Dietary Needs

Special Meal Pattern and Dietary Needs

78. Will this site be serving children under age 1 year (infants 0 to 12 months)? Yes No
79. Does this site anticipate the need to plan and/or prepare special diets for children with disabilities? Yes No



Must accommodate special diets when known

Report the data for your community/county/area using

US Census Quick Facts

Ethnicity Data

75. Geographic Area (enter percentages):

Hispanic:	<input type="text"/>	%
Non-Hispanic:	<input type="text"/>	%

76. Participation Area (enter participants):

Hispanic:	<input type="text"/>	0.00 %
Non-Hispanic:	<input type="text"/>	0.00 %

Racial Participation Data

77. Geographic Area (enter percentages):

American Indian or Alaskan Native:	<input type="text"/>	%
Asian:	<input type="text"/>	%
Black or African American:	<input type="text"/>	%
Native Hawaiian or Pacific Islander:	<input type="text"/>	%
White:	<input type="text"/>	%

78. Participation Area (enter participants):

American Indian or Alaskan Native:	<input type="text"/>	0.00 %
Asian:	<input type="text"/>	0.00 %
Black or African American:	<input type="text"/>	0.00 %
Native Hawaiian or Pacific Islander:	<input type="text"/>	0.00 %
White:	<input type="text"/>	0.00 %

Q Enter state, county, city, town, or zip code

Race and Hispanic Origin		
White alone, percent		96.5%
Black or African American alone, percent (a)		0.8%
American Indian and Alaska Native alone, percent (a)		0.7%
Asian alone, percent (a)		0.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)		Z
Two or More Races, percent		1.5%
Hispanic or Latino, percent (b)		2.7%
White alone, not Hispanic or Latino, percent		94.2%

Will have to do some rounding when report in #82 & #84 of site application

Checklist Summary

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Admin	Sponsor Application	Original	Submitted
View Admin	Budget Detail	Original	Pending Approval
Details	Food Production Facility List (1)		
Details	Site Field Trip List		
Details	Checklist Summary (2)		
Details	Application Packet Notes		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	1	0	0	0	0	1

Required Forms/Documents to submit to NDE	Document Submitted to NDE	Date Submitted to NDE	Document on File w/NDE	Status	Status Date	Last Updated By
SFSP Permanent Agreement	<input checked="" type="checkbox"/>	03/23/2020	<input type="checkbox"/>	Pending Approval	03/23/2020	

Action	Checklist Item	Comment	Attachment Date/Time
View	SFSP Permanent Agreement		3/23/2020 12:34:10 PM

Required Forms/Documents to submit to NDE	Document Submitted to NDE	Date Submitted to NDE	Document on File w/NDE	Status	Status Date	Last Updated By
Income Eligibility Form	<input checked="" type="checkbox"/>	03/25/2020	<input type="checkbox"/>	Pending Approval	03/25/2020	JLKRUSE

Action	Checklist Item	Comment	Attachment Date/Time

New Sponsor

Closed Enrolled

Claim Reminders

- Claims submitted individually for each month meals are served
- Claims **must** be submitted & “accepted” no later than **60 days** after last day of month the meals were served

Month	Last Day for Submission
January	April 1 (Leap year March 31)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (Leap Year February 29)

Claims for Reimbursement

- Meal reimbursement allowed **ONLY** for the meal types reflected in your SFSP application
- Consolidate each monthly meal count by meal type for each site
- Will report:
 - Total meals
 - Total days meals served
 - Average Daily Attendance



Average Daily Attendance

Total meals served

÷

Number of days meals served

Round up to next whole number for any decimal value

Example: 1256 meals ÷ 22 days = 57.09 → 58

Applications **Claims** Compliance Reports Security Search

Claims > Claim Year at a Glance - SFSP >

2018 - 2019 SFSP Claim Year Summary

Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor

May 2019	0	Processed	07/22/2019	07/22/2019	\$3,198.07
Jun 2019	0	Processed	07/24/2019	08/14/2019	\$746,951.01
Jul 2019	0	Processed	08/21/2019	09/10/2019	\$82,155.68

Claim Month: August 2019

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

< Back Add Original Claim

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2019	0				

Actions	Site #	Site Name	1st Meal Amount	2nd Meal Amount	Previous Amount	Errors	Status
Add	0001	Ashland Park/Robbins	\$0.00	\$0.00	\$0.00		

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2019	0				

CFDA Number 10.559

General Information

	Total Number of Days Food Served	Average Daily Attendance
1. Breakfast	0	0
2. AM Snack	0	0
3. Lunch	0	0
4. PM Snack	0	0
5. Supper	0	0

Average Daily Attendance =
 Total of daily SFSP meal counts ÷ number of SFSP operating days

Self-Prep and/or Vended-Rural Meals Served to Children
 Report only meals meeting the requirement on the agreement.

	First Meals Served	Second Meals Served
6. Breakfast	0	0
7. AM Snack	0	0
8. Lunch	0	0
9. PM Snack	0	0
10. Supper	0	0

Created By: tVarmon on: 2/20/2020 8:35:27 AM Modified By: tVarmon on: 2/20/2020 8:35:28 AM

Processed, Accepted or Pending?

Processed: no errors in claim; processed for payment
Accepted: no errors in claim; just waiting for the payment processing date
Pending: steps in the claim acceptance process remain; you claim will not be paid

Authorized Representative receives email confirmation

Claim Month	Adj Number	Claim Status	Date Received	Date Processed
May 2018	1	Processed	08/02/2018	08/15/2018
Jun 2018	0	Accepted	08/02/2018	08/10/2018
Jul 2018	1	Pending	09/07/2018	09/10/2018
Aug 2018	0	Processed	09/07/2018	09/10/2018

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FOOD COMPONENTS AND FOOD ITEMS	BREAKFAST Serve all three	LUNCH OR SUPPER Serve all four	SNACK Serve two of the four
Milk	REQUIRED	REQUIRED	
Fluid milk (whole, low-fat, or fat-free)	1 cup ¹ (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ³	1 cup (½ pint, 8 fluid ounces) ⁴
Vegetables and Fruits – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Vegetable or fruit or	½ cup	½ cup total ⁴	½ cup
Full-strength vegetable or fruit juice	½ cup (4 fluid ounces)		½ cup (6 fluid ounces) ⁵
Grains/Breads⁶ – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Bread or	1 slice	1 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1 serving ⁷	1 serving ⁷	1 serving ⁷
Cold dry cereal or	½ cup or 1 ounce ⁸		½ cup or 1 ounce ⁸
Cooked cereal or cereal grains or	½ cup	½ cup	½ cup
Cooked pasta or noodle products	½ cup	½ cup	½ cup
Meat/Meat Alternates Equivalent quantity of any combination of...	OPTIONAL	REQUIRED	
Lean meat or poultry or fish or	1 ounce	2 ounces	1 ounce
Alternate protein products ⁹ or	1 ounce	2 ounces	1 ounce
Cheese or	1 ounce	2 ounces	1 ounce
Egg (large) or	½	1	½
Cooked dry beans or peas or	½ cup	½ cup ¹	½ cup ¹
Peanut or other nut or seed butters or	2 tablespoons	4 tablespoons	2 tablespoons
Nuts or seeds ¹⁰ or		1 ounce-50% ¹¹	1 ounce
Yogurt ¹²	4 ounces or ½ cup	8 ounces or 1 cup	4 ounces or ½ cup

Handout

**Must serve
three
components**

Breakfast Meal Pattern

Select All Three Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
1 fruit/vegetable	1/2 cup	juice, and/or vegetable
1 grains/bread	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains

**Must serve all
four components**

Five items:

- **1 Milk**
- **2 Fruit or 2 Veg
or 1 Fruit + 1
Veg**
- **1 Grain**
- **1 Meat**

Lunch or Supper Meal Pattern

Select All Four Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
2 fruits/vegetables	3/4 cup	juice, 1 fruit and/or vegetable
1 grains/bread ²	1 slice 1 serving 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or hot cooked cereal or pasta or noodles or grains
1 meat/meat alternate	2 oz. 2 oz. 2 oz. 1 large 1/2 cup 4 Tbsp. 1 oz. 8 oz.	lean meat or poultry or fish ³ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butter or nuts and/or seeds ⁴ or yogurt ⁵

Production Records

- Documentation that all required components of meal were provided in minimum required serving sizes
- **Daily** record must be completed as meal is prepared
 - Not the day before or the day after
- Must have production record for every meal claimed for reimbursement



Summer Food Service Production Record
(for Sponsors operating the Summer Food Service Program- not for use with any other Program)

Circle Meal record is for: **Breakfast** Lunch Snack Supper

Sponsor Name: _____

Site Name: _____ Date: _____

Planned # of Meals	Planned # Portions	Offered	Versus Serve
Children _____	List serving size for each food item	Yes _____	No _____
Program Adults _____ Non-Program Adults _____	Number of Meals Planned _____	Only _____	Allowed for School Sponsors _____
Menu: List each food item			

Food Items Used and Form	List Recipe with measurement prepared or Product Name and Number or if Commodity	Amount Prepared	Amount Leftover
Meat/Meat Alternate			
Fruits/Vegetables			
Grains/Breads			
Milk			
Other (e.g. margarine, jelly)			

Children + Program Adults + Non-Program Adults = Actual Count of Meals Served

Handout

SUMMER FOOD SERVICE PROGRAM MEAL PATTERNS

FOOD COMPONENTS AND FOOD ITEMS	BREAKFAST Serve all three	LUNCH OR SUPPER Serve all four	SNACK Serve two of the four
Milk	Required	Required	
Fluid milk (whole, low-fat, or fat-free)	1 cup ¹ (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ³	1 cup (½ pint, 8 fluid ounces) ²
Vegetables and Fruits - Equivalent quantity of any combination of...	Required	Required	
Vegetable or fruit or	½ cup	¾ cup total ⁴	¾ cup
Full-strength vegetable or fruit juice	½ cup (4 fluid ounces)=50% ⁴		¾ cup (6 fluid ounces) ⁵
Grains/Breads⁷ - Equivalent quantity of any combination of...	Required	Required	
Bread or	1 slice	1 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc or	1 serving ⁸	1 serving ⁸	1 serving ⁸
Cold dry cereal or	¾ cup or 1 ounce ⁹		¾ cup or 1 ounce ⁸
Cooked cereal or cereal grains or	½ cup	½ cup	½ cup
Cooked pasta or noodle products	½ cup	½ cup	½ cup
Meat and Meat Alternates - Equivalent quantity of any combination of...	Optional	Required	
Lean meat or poultry or fish or	1 ounce	2 ounces	1 ounce
Alternate protein products ¹⁰ or	1 ounce	2 ounces	1 ounce
Cheese or	1 ounce	2 ounces	1 ounce
Egg (large) or	½	1	½
Cooked dry beans or peas or	¾ cup	½ cup ²	¾ cup ²
Peanut or other nut or seed butters or	2 tablespoons	4 tablespoons	2 tablespoons
Nuts or seeds ¹¹ or		1 ounce=50% ¹²	1 ounce
Yogurt ¹³	4 ounces or ½ cup	8 ounces or 1 cup	4 ounce or ½ cup

Summer Food Service Production Record

(for Sponsors operating the Summer Food Service Program- not for use with any other Program)

Circle Meal record is for: Breakfast **Lunch** Snack Supper

Sponsor Name: MidNebraska Food Bank

Site Name: Cooper Park Date: ~~June 6~~ June 6, 2020

- Complete **Sponsor Name & Site Name** on master copy
- Each day circle meal type and write full date
 - e.g. June 6, 2020

Handout

Food Buying Guide

<https://foodbuyingguide.fns.usda.gov/Home/Home>

HOME

MEAL COMPONENTS

FOOD ITEMS

TOOLS

APPENDICES

HELP

LOG OUT

WELCOME TO THE FOOD BUYING GUIDE

The Interactive Food Buying Guide allows for easy display, search, and navigation of food yield information. In addition, users can compare yield information, create a favorite foods list, and access tools, such as the Recipe Analysis Workbook (RAW) and the Product Formulation Statement Workbook.

Food Items Search

Exhibit A Grains Tool

Download Food Buying Guide

FBG Calculator

Recipe Analysis Workbook (RAW)



MEATS/MEAT ALTERNATES



FRUITS



MILK



VEGETABLES



GRAINS



OTHER FOODS

Ground Beef (85/15)

Beef, Ground, fresh or frozen^{9,10}
no more than 15% fat, (Like IMPS #136)
Footnote

Pound

12.00

1 oz cooked lean meat

FBG

servings x serving size = total needed

$$29 \times 2 \text{ oz} = 58 \text{ oz}$$

Servings per purchase unit

$$12 \text{ oz per } 16 \text{ oz} \rightarrow 12 \div 16 = .75$$

$$58 \div .75 = 77.33 \text{ oz} \rightarrow 77.33 \div 16 = 4.83 \text{ pounds}$$

What I need in ounces ÷ edible portion per ounce equal total ounces needed

French Fries, Frozen

Potatoes, French Fries, frozen <i>Crinkle cut, Low moisture, Ovenable</i>	Pound	16.20	1/4 cup cooked vegetable
--	-------	-------	--------------------------

FBG

servings x serving size = total needed

$$29 \quad x \quad \frac{1}{2} \text{ c} \quad = \quad 14.5 \text{ c}$$

Servings per purchase unit

8.1 $\frac{1}{2}$ c servings per pound

FBG quantity in $\frac{1}{4}$ c sizes.
I need to serve $\frac{1}{2}$ c portions
of French fries

$$14.5 \div 8.1 = \mathbf{1.8 \text{ pounds}}$$

What I need in cups \div # $\frac{1}{2}$ c servings per pound = pounds I need to prepare

Apples (fresh, quartered)

Apples, fresh <i>125-138 count Whole, Includes USDA Foods</i>	Pound	11.40	1/4 cup raw, cored, peeled fruit
--	-------	-------	----------------------------------

FBG

servings x serving size = total needed

$$29 \quad x \quad \frac{1}{4} \text{ c} \quad = \quad 7.25 \text{ c}$$

Servings per purchase unit

11.4 $\frac{1}{4}$ c servings per pound

$$7.25 \div 2.85 = \mathbf{2.54 \text{ pounds}}$$

What I need in cups \div # $\frac{1}{4}$ c servings per pound = pounds I need to prepare

Record what you prepared

Summer Food Service Production Record

Sponsor Name: _____

City: _____ State: _____

Planned # of Meals: _____

Children: _____ Program Adults: _____ Non-Program Adults: _____

Planned # Portions: _____

List serving size for each food item

Other Versus Serve: _____ Yes _____ No

Only allowed for School Sponsors

Menu: List each food item _____

Number of Meals Planned _____

Food Items Used and Form	Prepared or Product Name and Number or a Commodity	Amount Prepared	Amount Leftover
Meat/Meat Alternate			
Fruits/Vegetables			
Grains/Breads			
Milk			
Other (e.g. margarine, jelly)			
Children + _____	Program Adults + _____	Non-Program Adults + _____	Actual Count of Meals Served _____

Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number or a Commodity	Total Amount Prepared	Amount Leftover
Meat/Meat Alternate	85 % lean ground beef	5 pounds	
Fruits/Vegetables	French fries, frozen Apple slices, fresh	2 pounds 1 pound	
Grains/Breads	Bun, enriched white	2 pkgs @ 1 pound each	
Milk			
Other (e.g. margarine, jelly)	1% white Unflavored soy	30 ½ pints 2 cups	

Group B	Oz Eq for Group B	Minimum Serving Size for Group B
<ul style="list-style-type: none"> • Bagels • Batter type coating • Biscuits • Breads - alt (for example sliced, french, Italian) • Buns (hamburger and hot dog) 	1 oz eq = 28 gm or 1.0 oz 3/4 oz eq = 21 gm or 0.75 oz 1/2 oz eq = 14 gm or 0.5 oz 1/4 oz eq = 7 gm or 0.25 oz	1 serving = 25 gm or 0.9 oz 3/4 serving = 19 gm or 0.7 oz 1/2 serving = 13 gm or 0.5 oz 1/4 serving = 6 gm or 0.2 oz

Final Production Record

Summer Food Service Production Record

(for Sponsors operating the Summer Food Service Program- not for use with any other Program)

Circle Meal record is for: **Breakfast Lunch Snack Supper**

Sponsor Name: Mid Nebraska Food Bank

Site Name: Cooper Park Date: June 6, 2020

Planned # of Meals Children <u>25</u> Program Adults <u>1</u> Non-Program Adults <u>3</u>		Planned # Portions List serving size for each food item		Other Meals Served Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Menu: List each food item		Number of Meals Planned <u>29</u>		Only allowed for School Sponsors
Hamburger on bun		24x 2oz. patty 24x 2oz. bun		
French fries		24x 1/2 c.		
Apple slices		24x 1/4 c.		
1% white milk		24x pint		
Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number of Containers	Total Amount Prepared	Amount Leftover	
Meat/Meat Alternate	35% lean ground beef	5 pounds		
Fruits/Vegetable	French fries, frozen Apple slices, fresh	2 pounds		
Grains/Breads	Bun, white enriched	2 pkg. @ 1 pound ea.		
Milk	1% white Unflavored soy	30 pints 2 cups		
Other (e.g. margarine, jelly)				

Counting Meals

Open Sites

- Complete separate daily meal counts for breakfast and lunch for every day meals are served
- Completed at the time of meal service
 - Not before or after meal service

DAILY MEAL COUNT FORM																			
Site Name:										Meal Type (circle): B L SN SU									
Address:										Telephone:									
Supervisor's Name:					Delivery Time:					Date(s):									
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ①																			
First Meals Served to Children (cross off number as each child receives a meal):																			
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	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	Total First Meals + ②									
A <input type="text"/> x B <input type="text"/> = C <input type="text"/> ③																			

DAILY MEAL COUNT FORM

Site Name: **Lincoln Elementary** Meal Type (circle): B **L** SN SU
 Address: **123 A Street, Anytown** Telephone: _____
 Supervisor's Name: **Kayte Partch** Delivery Time: _____ Date(s): **March 24, 25, 26, 2020**

Meals received/prepared 50 + Meals available from previous day 5 = 55 (Total meals available) ①

First Meals Served to Children (cross off number as each child receives a meal):

✓	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	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	Total First Meals = 52 ②									

A 3 x B 52 = C 156 ③

Box A indicates # of meals included in each package & should correspond with date(s) at top of form

This is the # of meals you include in your monthly claim total

DAILY MEAL COUNT FORM

Site Name: **Lincoln Elementary** Meal Type (circle): B **L** SN SU
 Address: **123 A Street, Anytown** Telephone: _____
 Supervisor's Name: **Kayte Partch** Delivery Time: _____ Date(s): **March 24, 25, 26, 2020**

Meals received/prepared 10 + Meals available from previous day 5 = 15 (Total meals available) ①

First Meals Served to Children (cross off number as each child receives a meal):

✓	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	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	Total First Meals = 36 ②									

A x B = C **NO!** ③

NOT OK TO DRAW A LINE THROUGH NUMBERS
DO NOT MARK THIS BEFORE CHILDREN RECEIVE MEALS
MUST HAVE TALLY MARK FOR EACH MEAL CLAIMED

DAILY MEAL COUNT FORM	
Site Name: Lincoln Elementary	Meal Type (circle): B (L) SN SU
Address: 123 A Street, Anytown	Telephone:
Supervisor's Name: Kayte Partch	Delivery Time: Date(s): March 24, 25, 26, 2020
Meals received/prepared <u>10</u> + Meals available from previous day <u>5</u> = <u>15</u> (Total meals available) ⓪	
First Meals Served to Children (cross off number as each child receives a meal):	
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 32 33 34 35 36 37 38 39 40	
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	
121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140	
141 142 143 144 145 146 147 148 149 150	Total First Meals + ⓪
A <input type="text"/> x B <input type="text"/> = C <input type="text"/>	36 NO! ⓪

Meals cannot be claimed if meal count form is incomplete or not completed accurately

Counting Meals

- Ways you cannot count meals:
 - Morning preparation counts
 - Anticipated meal counts
 - Before the meal is received
 - Counting in your head
- MUST count and record meals as they are served to each child
- Serve more meals than one meal count form has? Add additional forms



Counting Meals

- Delivery driver should mark meal count sheet or meal count roster at the time the meals are dropped off
- Use meal count roster for closed-enrolled sites
- Use tally sheet for open sites
- Use roster for closed enrolled sites



Second Meals

- Must provide all required meal components
- A second meal is not a second helping of the main entrée
- Serve second meals only after all children at site have received a first meal
- Record all second meals on meal count sheet



DAILY MEAL COUNT FORM

Site Name: **Clinton Elementary** Meal Type (circle): B **(L)** SN SU
 Address: **2250 Platte St, Somewhere, NE** Telephone:
 Supervisor's Name: **Joan Smith** Delivery Time: Date: **6/2/2019**

Meals received/prepared **15** + Meals available from previous day **8** = **23** (Total meals available) 0

First Meals Served to Children (cross off number as each child receives a meal):

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	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + **17** 0

Second meals served to children:
~~1~~ ~~2~~ 3 4 5 6 7 8 9 10 Total Second Meals + **2** 0

Meals served to Program adults:
~~1~~ 2 3 4 5 6 7 8 9 10 Total Program Adult Meals + **1** 0

Meals served to non-Program adults:
~~1~~ 2 3 4 5 6 7 8 9 10 Total non-Program Adult Meals + **1** 0

TOTAL MEALS SERVED = **21** 0

<http://cnp.education.ne.gov/frameManager.asp> Total damaged/incomplete/other non-reimbursable meals + 0

Total leftover meals + **2** 0

These values go into your claim consolidation form

Does your total meals served value exceed our total available?

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2019	0				

CFDA Number 10.559

General Information

	Total Number of Days Food Served	Average Daily Attendance
1. Breakfast	0	0
2. AM Snack	0	0
3. Lunch	0	0
4. PM Snack	0	0
5. Supper	0	0

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement.

	First Meals Served	Second Meals Served
6. Breakfast	0	0
7. AM Snack	0	0
8. Lunch	0	0
9. PM Snack	0	0
10. Supper	0	0

Total first meals for each month are entered here.

The values from the daily POS form #2 are added up to determine the total first meals.

Created By: tYarmon on: 2/20/2020 8:35:27 AM Modified By: tYarmon on: 2/20/2020 8:35:28 AM

Second Meals

- Reimbursement allowed for up to 2% of first meals
 - Example: serve 55 first meals and 10 second meals; you'll be reimbursed for one of those second meals
 - $55 \times .02 = 1.1$
- You need to have money to cover cost of meals above the 2% threshold were paid for (cannot be SFSP reimbursement)

*How will the other nine meals be paid for?

Combination Foods

CN Label for Processed or Combination Dishes

- Label states the amount of creditable Meat/Meat Alternate, Fruit/Vegetable and Grain/Bread
- Commercially prepared combination food items without a CN label or product formulation statement **cannot** be used

CN
 Three 1.18 oz. fully cooked whole
 grain strip-shaped chicken pattie
 fritters provide 2.00 oz. equivalent
 CN meat/meat alternate and 1.00 oz. CN
 equivalent grains for the Child
 Nutrition Meal Pattern Requirements.
 CN

Food Safety

- Maintain temperature logs
- Hand washing
- Sanitize surfaces and equipment
- Include storage instructions with meals



Leftover Meals

- Plan production to prevent leftover meals
- Cannot keep leftovers without proper holding equipment
- Use leftover meals first
- Adjust order for the next order accordingly
- Cold foods 41°F or below, hot 135 °F or above
 - If temp not maintained, must be discarded at end of meal service



Agenda

- Current meal service waivers
- Two meal service options: Open or Closed Enrolled SFSP
 - Program application hints & tips
- Meal requirements & recordkeeping
- ✓ Program costs & procurement
- Monitoring



Allowable Program Costs

Operating costs

- costs of food used
- non-food supplies for food service
- space for food service
- meals served to adult volunteers or paid staff who work directly with meal service



Allowable?

Transportation costs related to delivering meals to meals sites.

Yes. Transporting meals served to children at approved SFSP sites is allowable; use Federal mileage rate.



Program Funds

Sponsors must use all program reimbursement to:

- Pay for meals, staffing
- Year-end excess funds may transfer to another USDA Child Nutrition Program (CACFP, NSLP)
- Keep receipts and documentation of staff time to demonstrate that your SFSP funds were spent on allowable items

*If not used, State Agency will collect excess funds

Unallowable Costs

- Costs for excess meals ordered or prepared but not served
- Meals not meeting meal pattern
 - missing a component
 - Inadequate quantity
- Meals served at unapproved site or outside approved meal service time

How is Reimbursement Calculated?

Based on # meals served multiplied by the sum of administrative & operating rates

*Reimbursement allowed only with approved application with NDE

Operating Costs	Administrative Costs (2 levels)
Food	Self-preparation/rural sites
Non-food supplies for food prep, service	All other site types
Space for food service	Planning, organizing, administering the SFSP

Summer Food Service Program – 2020			
	Operating Costs	Administrative Costs	
		Rural or self-preparation sites	Other types of sites
Breakfast	\$2.16	\$.2150	\$.1700
Lunch or Supper	\$3.76	\$.3925	\$.3275
Snacks	\$.87	\$.1075	\$.0850

Procurement

Regulations found in 2 CFR Part 200 and 7 CFR Part 225

Three types:

- Micro-purchase
- Small Purchase
- Formal Purchase

Sponsor must create and maintain *purchasing plan*



Procurement

Micro-purchase: under \$10,000

- Price is reasonable
- Business distributed equitably amongst suppliers
- No formal bidding required

Small purchase: less than \$250,000

- Must get three bids
- Bids must be documented



Small Purchasing Plan

1. Plan purchases by forecasting meal counts with # new and returning sites
2. Plan meals to meet meal pattern through cycle menu for all meals served
3. Plan orders based on menu items and # meals and order frequency
4. Solicit bids from vendors providing specific information
 - a. Delivery schedules
 - b. Local foods
 - c. Payment due dates



INFORMAL PURCHASE RECORD

Vendor/Supplier Name										
Items to be Purchased: • Product specifications • Delivery Frequency	Quantity	Unit Price	Extended Price (Quantity x Unit Price)	VS* (✓)	Unit Price	Extended Price (Quantity x Unit Price)	VS* (✓)	Unit Price	Extended Price (Quantity x Unit Price)	VS* (✓)
2.										
3.										
4.										
5.										
6.										
7.										
TOTAL			\$			\$			\$	
*Vendor Selected (VS) <input type="checkbox"/>										
Date & Method of contact:										
Contact for price quote:										
Duration of price quote:										
Additional Notes:										
Signature of person completing this form:									Date:	

*Vendor Selected (VS); you can award all items to one bidder (lowest total price) or you can award bid on a line item basis (lowest item price)

Handout

Procurement

Formal purchase (\$250,000 or greater) requires:

- Invitation for a bid (IFB) or Request for Proposal (RFP)
- Public announcement
- Distribute announcement to multiple vendors
- Formal bid opening
- Evaluation process, cost with most weight



Invitation for Bid (IFB)

- Used when price is only factor to determine contract
- Contract goes to lowest bidder
- Sufficient time for bidders to respond
- Required public announcement and bid opening



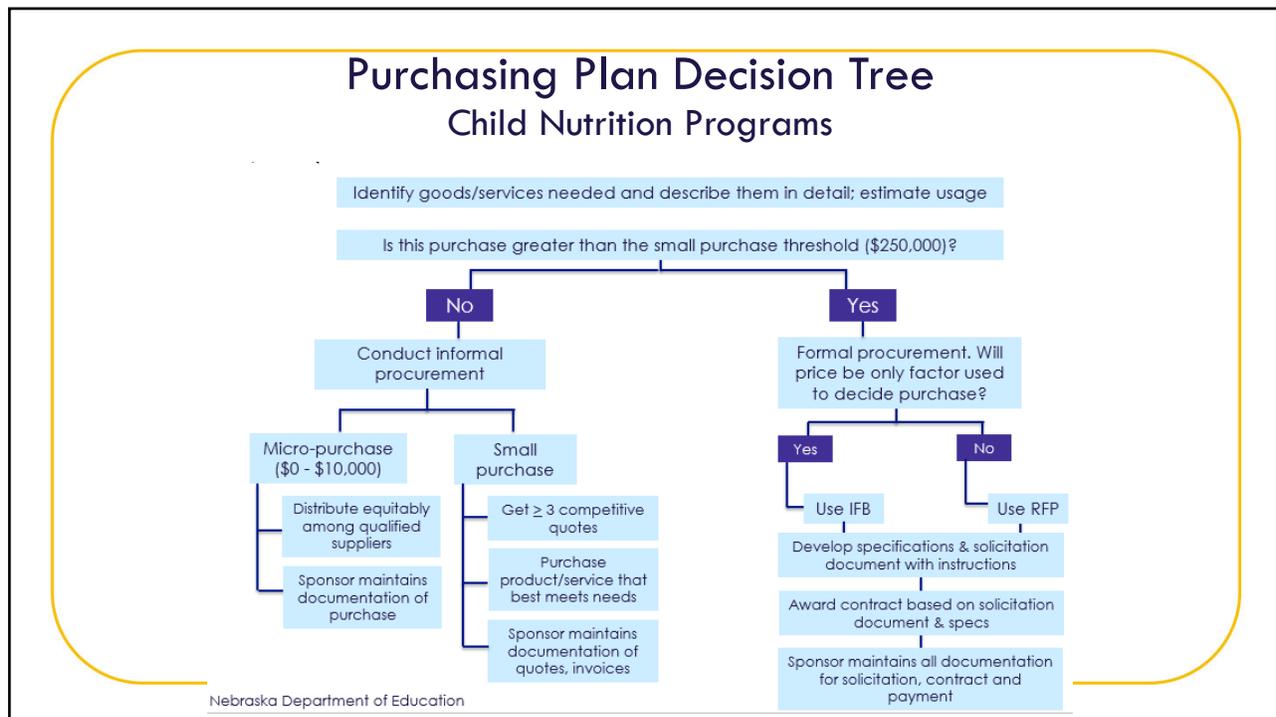
Request for Proposal (RFP)

- Used when multiple factors determine contract award
- Public announcement and bid opening
- Sufficient time for bidders to respond
- NDE RFP template must be used (add link to webpage and here)
- Evaluation criteria with cost having highest weight
- NDE approval before contract is implemented

Formal Procurement

- Contact State Agency if planning to use IFB or RFP for procuring meals through FSMC

*Formal procurement *NOT* required if meals obtained from School Food Authority



Agenda

- Current meal service waivers
- Two meal service options: Open or Closed Enrolled SFSP
 - Program application hints & tips
- Meal requirements & recordkeeping
- Program costs & procurement
- ✓ Monitoring



Site Supervisor

- At the site every day to supervise meal prep & service
- Maintain daily records
- Meals served have all required components
- Point-of-service meal count completed when meals are served



Annual Site Review

- Required for **all** sites within *first four weeks* of operation
 - If operating through the summer months, you can complete this review then
- On-site requirement is **WAIVED**
- Helps identify and correct issues
 - Increase monitoring when problems are identified
- Operate less than four weeks?
 - Still conduct this review

Handout

7 CFR 225.15(d)(3)



- Review each site's daily meal counts
- Review each site's daily production records
- Check for completeness & that records aren't missing
- Document findings and corrective actions taken

- Keep with other SFSP records
- Submit to NDE only if requested

Nebraska Department of Education
Summer Food Service Program
Site Visit Form

First week visit Annual visit (completed in first four weeks of operation)

Open site Closed enrolled or Upward Bound Camp

Date of site visit: _____ Monitor's arrival time: _____ Departure time: _____

Site name: _____ Site address: _____

Site Records and Compliance

	YES	NO	N/A
Site supervisor attended training.			
Site supervisor present at site matches name in NDE's online site application.			
There is adequate staff present to supervise meal service.			
*Vended meals are counted and checked for quality and safe temperature and signed for upon delivery.			
*Vended meals are delivered \pm one hour before meal service (if proper holding equipment not available).			
*Site supervisor is making appropriate meal order adjustments (for vended meals).			

Racial/Ethnic Data

Info gathered during site visit

- Visual identification to determine a participant's racial/ethnic category
- Include participant in the group to which child appears to belong, identifies with, or is regarded as a member of by the community
- Collect this info on the site visit form

**This would be part of the on-site visit*

Racial/Ethnic Data

Info gathered during site visit

- Visual identification to determine a participant's racial/ethnic category
- Include participant in the group to which child appears to belong, identifies with, or is regarded as a member of by the community
- Collect this info on the site visit form

**This would be part of the on-site visit*



Must be displayed at meal service site



Civil Rights

- All staff trained on Civil Rights requirements annually
- Refer to Civil Rights training:
https://www.education.ne.gov/ns/training/cacfp_alltraining.html
- Short nondiscrimination statement printed on program materials
“USDA is an equal opportunity provider”



NDE Nutrition Services is working remotely
Contact NSLP/SFSP specialists
by [phone or email](#)

Erica Arter	Laura Lutz
Mary Ann Brennan	Kayte Partch
Beth Haas	Michelle Stephens
Donna Handley	Shawn Vondracek

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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