



## SFSP Application Guide

Updated September 2, 2020

Access the SFSP application by logging in at: <https://nutrition.education.ne.gov>.

Click on the red Summer Food Service Program box in the lower left as shown in the picture below.



Click on "Applications" in the upper left. Then, select "Application Packet" from the list of items displayed.

| Item                        | Description                        |
|-----------------------------|------------------------------------|
| Sponsor Manager             | SFSP Sponsor's Profile, Site and H |
| Application Packet          | SFSP Applications Forms (Sponsor   |
| Advance Requests            | Request Sponsor's SFSP Advance(s   |
| Advance Requests Manager    | Manage requested Sponsor's SFSP    |
| Annual Audit                | Annual Audit                       |
| Annual Audit Status Summary | Annual Single Audit Status Summa   |
| Download Forms              | Forms Available for Downloading    |

Select the appropriate program year. If your school has not participated in the SFSP in the past, click the red "Enroll" button.

The application packet page will appear. Complete the items on the page in this order:

1. Sponsor application;
2. Site application(s) (see the green box in the picture of the application packet page below);
3. Budget Detail;
4. Checklist summary (if there is a red arrow next to it; if no red arrow then there is nothing for you to do there)

*\*Access each of the parts of the application from the application packet page that you see below.*

| Packet Assigned To: unassigned |                                     |                |                       |        |                      |       |                    |
|--------------------------------|-------------------------------------|----------------|-----------------------|--------|----------------------|-------|--------------------|
| Action                         | Form Name                           | Latest Version | Status                |        |                      |       |                    |
| View   Admin                   | Sponsor Application                 | Original       | Not Submitted         |        |                      |       |                    |
| View   Admin                   | Budget Detail                       | Original       | Pending Validation    |        |                      |       |                    |
| Details                        | ➔ Food Production Facility List (1) |                |                       |        |                      |       |                    |
| Details                        | Site Field Trip List                |                |                       |        |                      |       |                    |
| Details                        | ➔ Checklist Summary (1)             |                |                       |        |                      |       |                    |
| Details                        | Application Packet Notes            |                |                       |        |                      |       |                    |
| Details                        | Attachment List                     |                |                       |        |                      |       |                    |
| Site Applications              | Approved                            | Pending        | Return for Correction | Denied | Withdrawn/<br>Closed | Error | Total Applications |
| Site Application(s)            | 0                                   | 0              | 0                     | 0      | 0                    | 0     | 0                  |

### Sponsor Application

Complete the sponsor application fields for street and mailing address, and Program Contact (CC) and Authorized Representative (AR). If one of these positions participated in SFSP training, mark the box in #14 and/or #23 and provide the training date.

If neither the CC or AR participated in training, indicate the staff member who did attend in #24, and report the date in #25.

Provide answers to questions #26-30 shown in the picture below.

For schools that receive \$750,000 in federal funds (e.g. reimbursement from NSLP or other Federal grant programs), answer "Yes" to #29. "Yes" will trigger the Checklist Summary to require uploading of your school's most recent audit report.

**General Questions**

26. Does your agency provide year round public services to the community(ies) other than operating the SFSP?  Yes  No  
 If **No**, which of the following circumstances supports your need to operate SFSP?

If **Other**, please describe.

27. Indicate meal count procedures (Check all that apply)  
 Count each complete meal as it is served  
 Other  
 If **Other**, please describe.

28. List any federal agency providing financial support to your agency or enter "None":

29. Did your organization receive more than \$750,000.00 in federal funds in your last fiscal year?  Yes  No  
 If Yes, list ending month of Sponsor Fiscal year:   
 If Yes, 'Organization-Wide Audit' documentation is required.

30. Will Sponsor use CACFP meal pattern (226.20) for children ages 1-6?  Yes  No

Provide the zip code + 4 digits for the physical address for your school.


Report the most recent renewal date of your school's DUNS. This number cannot be more than 12 months old.

Check the confirmation box.

**Reporting Requirements**

Dun and Bradstreet Data Universal System Number (nine (9) digit DUNS Number):956898282  
 Click [here](#) if this number does not match your records. Please contact NDE to change the DUNS number. Normally, the DUNS number will not change unless the sponsor has changed their Federal Tax ID number (FTIN).

Physical address zip code from the System for Awards Management (SAM) Registration:   
 Click [www.usps.com](http://www.usps.com) to verify the zip code + 4.

Date the Registration was completed or renewed:  

Sponsors are strongly encouraged to maintain a copy of the confirmation email received from SAM Registration.

By checking the confirmation box and providing the date of registration or renewal, the Sponsor is confirming successful online registration or renewal in SAM Registration.

For further instructions, see Download Forms, document SAM\_SFSP.

Complete questions #31 and check the certification box for #32. Click "Save" at the bottom.

### Certification


31. State policies and rules require a sponsor to certify information regarding past business participation and criminal background. Please answer the following questions:
- a. Has the sponsor or any of the sponsor's principals participated in any publicly funded programs within the past seven years?  Yes  No
- NOTE: Principal** means any individual who holds a management position within, or is an officer of, the sponsor, including all members of the sponsor's board of directors, or otherwise exercises control of, or determines the actions of, the sponsor.
- Publicly funded** means money that is received from a local, state, or federal governmental agency.
- b. Within the past seven years, has the sponsor or any principals been declared ineligible to participate in any publicly funded programs for violating program requirements?  Yes  No
- If yes, answer question c.
- c. Were the violations corrected and eligibility restored, including payments of debts owed?  Yes  No
- d. Has the sponsor or any of the sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity?  Yes  No
- NOTE: A lack of business integrity** includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
32.  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.

### Site Application

Access the site application by clicking on your school name under "Site Application(s)" in the green box in the application packet page pictured below.

| Packet Assigned To: unassigned |                                     |                |                       |        |                   |       |                    |
|--------------------------------|-------------------------------------|----------------|-----------------------|--------|-------------------|-------|--------------------|
| Action                         | Form Name                           | Latest Version | Status                |        |                   |       |                    |
| View   Admin                   | Sponsor Application                 | Original       | Not Submitted         |        |                   |       |                    |
| View   Admin                   | Budget Detail                       | Original       | Pending Validation    |        |                   |       |                    |
| Details                        | ➔ Food Production Facility List (1) |                |                       |        |                   |       |                    |
| Details                        | Site Field Trip List                |                |                       |        |                   |       |                    |
| Details                        | ➔ Checklist Summary (1)             |                |                       |        |                   |       |                    |
| Details                        | Application Packet Notes            |                |                       |        |                   |       |                    |
| Details                        | Attachment List                     |                |                       |        |                   |       |                    |
| Site Applications              | Approved                            | Pending        | Return for Correction | Denied | Withdrawn/ Closed | Error | Total Applications |
| Site Application(s)            | 0                                   | 0              | 0                     | 0      | 0                 | 0     | 0                  |

*\*If your school is new to the SFSP or if you are returning and have new SFSP sites that need to have applications completed, click the blue “Add Site Application” in the bottom left (see below). A list of available sites will appear.*


| Action  | Site ID / Site Name |
|---|---------------------|
| View   Modify  | 0001                |
| <a href="#">Add Site Application</a>  |                     |

After all sites have been added, click “Modify” (for new sites) or “Revise” for already existing/approved sites.

Complete questions #1 through #15 with information about the school and personnel.

For a site that has not operated the SFSP in the past, answer the following questions as shown below:

*\*Enter a date that is before your first day of SFSP meal service for 2020 (consider your first day of SFSP meals back in the spring if you were new to the SFSP then) in #25. Pre-approval visit requirements have been waived for the SFSP and this visit does not need to be conducted; however, a date must be entered in the application.*

| General Site Information   |  |
|--|--|
| 16. Geographic Location:   | Rural  |
| 17. Has the site ever participated in the Summer Food Service Program under this Sponsor?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Site Eligibility   |  |
| 18. Is this site a licensed child care facility?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| 19. If this site is a licensed child care facility, will this site only serve children who are enrolled for care?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| 20. If this site will serve children who are enrolled for care and children from the community, will all children be served together and in a common area that is not licensed for child care? | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| 21. Is this site open only to enrolled summer school students who receive academic credit?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| 22. Did this site operate last year? If no, enter pre-operational site visit date below.   | <input type="radio"/> Yes <input checked="" type="radio"/> 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.                             | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A                  |
| 24. Has this site experienced significant SFSP staff turnover since last program year? If yes, enter pre-operational site visit date below.  | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A                  |
| 25. Date of the Sponsor’s pre-operational site visit, if applicable.   | <input type="text"/>  |
| 26. Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| If yes, list the name of the Sponsor and the name of the site that is within one-fourth mile. (If the site is under your sponsorship, you may list only the site’s name.)                      |  |
| The site within one-fourth mile is under my sponsorship:   | <input type="radio"/> Yes <input type="radio"/> No   |
| Sponsor Name:  | <input type="text"/>   |
| Site Name:   | <input type="text"/>   |
| Explain how the two or more sites will not serve the same group of children for the same type of meal service.   | <input type="text"/>   |

If your school operated the SFSP in the past, answer #23 and #24 “No”.

If your school was new to the SFSP in 2020, a date must be entered in #25. This date must be before your first day of meal service.

If your school intends to serve **only enrolled students** and not all community children ages 1 – 18 years, select **Restricted Open** in #27.

*\*If your school intends to provide meals to all community children ages 1 – 18 years, choose **Open** in #27.*

Please verify site eligibility by using one of the options below, which are listed in priority order.

**Priority 1:**  $\geq 50\%$  of enrolled students qualify for Free or Reduced price meals (see green heading below); or

**Priority 2:** site is located in an eligible area (see blue heading below); or

**Priority 3:** neither Priority 1 nor Priority 2 are applicable and Nebraska's statewide Area Eligibility Waiver must be used (see purple heading below).

**School sites with  $\geq 50\%$  F/R price meal eligibility (see picture below):**

Determine which claim month in SY2019-2020 validates  $\geq 50\%$  F/R eligibility. Choose School Data in #28. Enter the claim month in which  $\geq 50\%$  of students were eligible for F/R price meals in Eligibility Data – Start date.

Choose School in #29.

Enter School District and Site Name in #30. Enter the percent value of students eligible for F/R meals in the claim month noted in #28 above.

Do not enter information for census data (block number, group number, percentage of needy children).

Answer #31 to explain why your school is choosing to operate a Restricted Open site.

Do not answer #32 or #33.

**Site Type**

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:  %

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):  %

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:

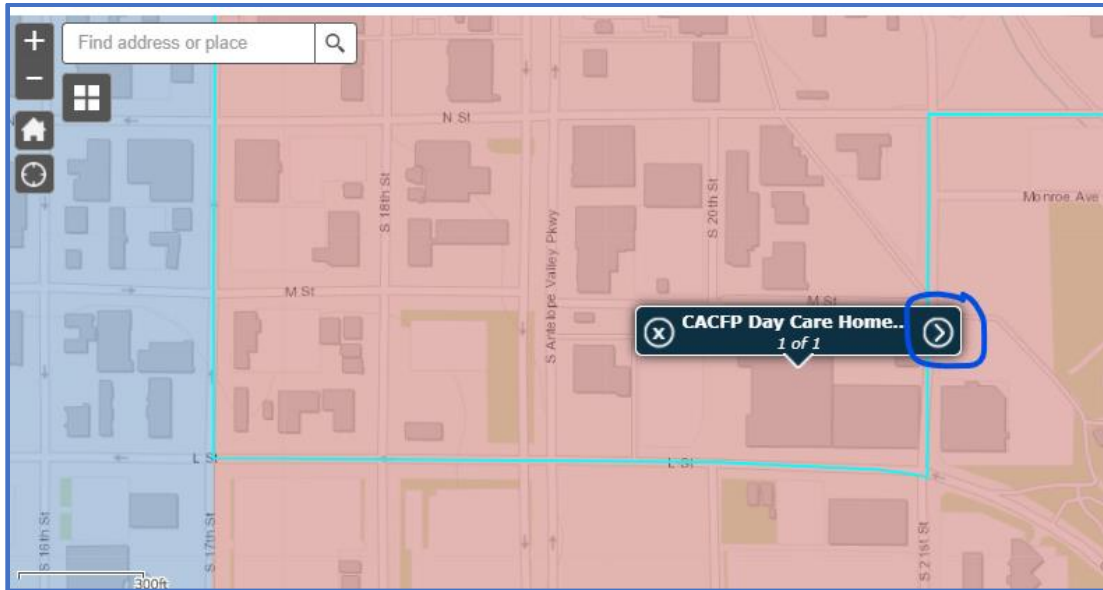
Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:

Percentage of enrolled children:  %

### School sites that do not have $\geq 50\%$ F/R price meal eligibility:

Visit the [USDA Area Eligibility Map](#) to determine if your meal service site is in an eligible area. Locations in pink shaded areas ARE area eligible.

Search your meal site location in the search box of the [USDA Area Eligibility Map](#) in the upper left. If the location of the site is in a pink shaded area like that shown in the picture below, click on the carrot (circled in blue) to display the GEOID number.



Highlighted in yellow is the GEOID. Copy and paste the GEOID number to use in the site application information. Note the CBG percentage or Census Tract value  $\geq 50\%$  and report it in the Percentage of Needy Children box in the site application (see below).

| CACFP Day Care Home (Tier I) and SFSP Summer Meal Site Eligibility for FY20: 311090018001 |              |
|---|--------------|
| GEOID   | 311090018001 |
| State   | Nebraska     |
| FY 2020 Area Eligible?  | YES          |
| CBG: Percentage of children (0-18) eligible for F/RP meals                                | 82.40        |
| CBG: Number of children (0-18) eligible for F/RP meals (Numerator)                        | 70.00        |
| CBG: Total children (0-18) (Denominator)  | 85.00        |
| Percentage of children (0-12) eligible for F/RP meals                                     | 84.60        |
| CBG: Number of children (0-12) eligible for F/RP meals (Numerator)                        | 55.00        |
| CBG: Total children (0-12) (Denominator)  | 65.00        |
| Census Tract: Percentage of children (0-18) eligible for F/RP meals                       | 85.50        |
| Census Tract: Percentage of children (0-12) eligible for F/RP meals                       | 86.00        |



Choose Census Data in #28. Record the date the [USDA Area Eligibility Map](#) was accessed in the eligibility start date box.

Choose School in #29.

Leave School District, Site Name and percent value of students eligible for F/R meals in #30 blank.

Paste the copied GEOID from the [USDA Area Eligibility Map](#) into Block Number and Group Number in #30. Record the percent value reported in the CBG or Census Tract of the Area Eligibility map.

Answer #31 to explain why your school is choosing to operate a Restricted Open site.

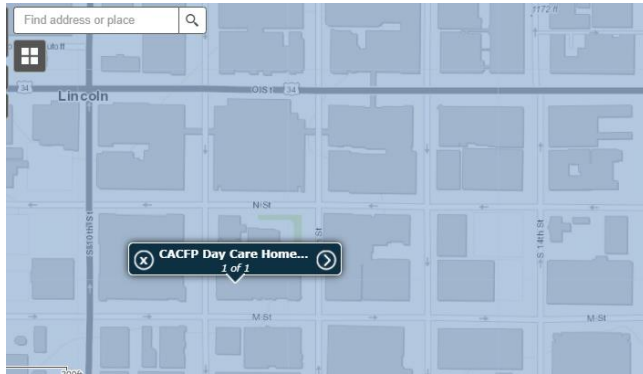
Do not answer #32 or #33.

| Site Type  |  |
|--|--|
| Indicate the Site Type, the Eligibility Method, and the Primary Service provided by this site.   |  |
| 27. Site Type:   | <input type="text" value="Restricted Open"/>           |
| 28. Eligibility Method:  | <input type="text" value="Census Data"/>               |
| For School Data or Census Data Eligibility Methods, indicate the Start Date.   |  |
| Eligibility Data - Start date:   | <input type="text" value="09/30/2024"/>                |
| Eligibility Data - Expiration date:  | <input type="text" value="09/30/2024"/>                |
| 29. Primary service provided by this site:   | <input type="text" value="School"/>                    |
|  | If Service is Other, describe:<br><input type="text"/> |
| 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:   | <input type="text"/>                                   |
| School Name:   | <input type="text"/>                                   |
| Percentage of Enrollment Eligible for Free and Reduced-price Meals:  | <input type="text"/> %                                 |
| 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.  | <input type="text"/>                                   |
| If census data is the selected eligibility method, enter the following:  |  |
| Block Number:  | <input type="text" value="XXXXXXXXXXXX"/>              |
| Group Number:  | <input type="text" value="XXXXXXXXXXXX"/>              |
| Percentage of Needy Children (if known):   | <input type="text" value="xx"/> %                      |
| 31. If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.  |  |
|  | <input type="text"/>                                   |
| 32. If site type is Closed Enrolled, provide the following information:  |  |
| Projected Number of Enrolled Children:   | <input type="text"/>                                   |
| Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:   | <input type="text"/>                                   |
| Percentage of enrolled children:   | <input type="text" value="0"/> %                       |

**School sites that do not have  $\geq 50\%$  F/R price meal eligibility and are NOT located in an eligible area according to the Area Eligibility Map:**

Visit the [USDA Area Eligibility Map](#) to determine if your meal service site is in an eligible area. Locations in pink shaded areas ARE area eligible.

Search your meal site location in the search box of the [USDA Area Eligibility Map](#) in the upper left. If the location of the site is in a blue shaded area like that shown in the picture below, it is not area eligible.



These sites will use Nebraska's state-wide Area Eligibility waiver to operate Open or Restricted Open SFSP sites.

Choose Census Data in #28.

Chose School in #29.

Leave School District, Site Name and percent value of students eligible for F/R meals in #30 blank.

Record "COVID19" in both Block Number and Group Number in #30. Leave the percent value box blank.

Answer #31 to explain why your school is choosing to operate a Restricted Open site.

Do not answer #32 or #33.

(See picture on next page.)

**Site Type**

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: 09/30/2024

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):  %

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:  %

Select the meal types you will be offering through the SFSP in #34. The SFSP allows schools to serve breakfast or lunch, or breakfast + lunch, or one main meal and snack each day.

Make appropriate selections in #35, #37, #38, #39 and #40. Answer "No" to #36.

**Site Operation**

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

Breakfast  AM Snack  Lunch  PM Snack  Supper

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

Cafeteria Style

Unitized meal

Family Style (Available to camp sites only)

Offer vs. Serve

Other (provide explanation)

36. Indicate if this is an outdoor or mobile site?  Yes  No

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

38. 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.

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

40. Indicate your plan for serving meals during inclement weather (ex: excessive heat, rain):

Other (provide explanation below):

By making meal type selections in #34, those meal types will become active for modification in the meal service options in #41 through #70 of the site application. An example for Breakfast is shown below.

Make appropriate selections in #41 and #42.

41. Meal Service Method:

42. Menu Planning Option:

43. Click 'Calendar' to select the Meal Serving Dates:

| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

44. Meal Serving Dates: Start:  End:

45. Meal Times: Start:  :00 End:  :00

46. Average Daily Participation:

Click on the green “Calendar” button; a window will open.

Entry of meal service start and end dates will fall into one of the three scenarios below:

1. Schools that served SFSP meals in August prior to the start of school AND plan to use the SFSP for free meals to all students beginning with the start of school in August: the start date is the first day of meal service for regular (before school started) SFSP in August and end date 9/30/2020. Select the correct Days To Include and then click the Update Calendar button.
2. Schools that did not serve meals in August prior to the start of school and plan to use the SFSP for free meals to all students beginning with any date on or after the start of school: the start date is the first day your school has chosen to implement free meals for all students and end date 9/30/2020. Select the correct Days To Include and then click the Update Calendar button.
3. Schools that have outstanding claim(s) from regular (before school started) SFSP operation: start date is the first day of the claim month for which a claim has not yet been entered, accepted and processed. Select the correct Days To Include and then click the Update Calendar button.

### 2020 SFSP Site Meal Serving Dates - Breakfast

#### Calendar Options

Calendar Year: 2020 - 2021

Start:  End:

Days To Include:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

Days Selected per Month

| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Total |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 21  | 22  | 43    |

Scroll down to the correct month(s) on the calendar to verify the days shaded in gray accurately reflect the site's meal service days. If any days need to be removed, click those dates in the calendar and they will no longer be shaded nor included in the total number of operation days. For example, sites that did not operate during the middle of August should unselect those dates in the calendar.

| August 2020 |    |    |    |    |    |    |    | September 2020 |    |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|----|----------------|----|----|----|----|----|----|----|
|             | Su | Mo | Tu | We | Th | Fr | Sa |                | Su | Mo | Tu | We | Th | Fr | Sa |
| >           |    |    |    |    |    |    | 1  | >              |    |    | 1  | 2  | 3  | 4  | 5  |
| >           | 2  | 3  | 4  | 5  | 6  | 7  | 8  | >              | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| >           | 9  | 10 | 11 | 12 | 13 | 14 | 15 | >              | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| >           | 16 | 17 | 18 | 19 | 20 | 21 | 22 | >              | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| >           | 23 | 24 | 25 | 26 | 27 | 28 | 29 | >              | 27 | 28 | 29 | 30 |    |    |    |

These steps ensure the total number of meal service days in each month are calculated correctly (see yellow highlighted total operating days below Aug and Sep in picture below are updated compared to the original information picture at the bottom of page 12). After you have verified the meal service days on the calendar are correct, return to the top and click the red "Save and Close" button. The window will close and you will be directed back to the site application page.

### Calendar Options

Calendar Year: 2020 - 2021      Start: 8/1/2020      End: 9/30/2020

Days To Include:     Sun     Mon     Tue     Wed     Thu     Fri     Sat   

Days Selected per Month

| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Total |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 16  | 21  | 37    |

Click the green "Refresh From Calendar" button; the page will refresh and information for #43 and #44 will be populated.

41. Meal Service Method:

42. Menu Planning Option:

43. Click 'Calendar' to select the Meal Serving Dates:

| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 16  | 21  |

44. Meal Serving Dates:      Start: 08/01/2020      End: 09/30/2020

45. Meal Times:              Start: 7 AM :30      End: 8 AM :30

46. Average Daily Participation:

*\*Note: the total meal service days for each month reflected in the site application match the total meal service days in the calendar after the Refresh From calendar button is clicked.*

Complete the site information by choosing meal start and end times in #45.

Provide the average daily participation in #46.

Enter the meal average daily participation by estimating the number of students who will participate in each meal service type.

Repeat the meal service information entry for all meals you offer.

The SFSP is not allowed to provide meals to infants because infant formula is not part of the SFSP meal pattern. Answer "No" to #71.

Schools must provide meals to students with special diets. Answer "Yes" to #72.

Facilities for food production will appear in #73 only if a production facility was entered from the SFSP application packet page (see orange box below).

Answer #74 with all applicable ways your school has used to notify students and families of SFSP participation and free meals.

**Special Meal Pattern and Dietary Needs**

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

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

**Food Production Facility Information**

73. 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:

**Outreach**

74. Indicate below your Outreach method(s):

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

**Food production facility from application packet page:**

| Action        | Form Name                     | Latest Version | Status   |
|---------------|-------------------------------|----------------|----------|
| View   Revise | ✔ Sponsor Application         | Rev. 1         | Approved |
| View   Revise | ✔ Budget Detail               | Original       | Approved |
| Details       | Food Production Facility List |                |          |
| Details       | Site Field Trip List          |                |          |
| Details       | ✔ Checklist Summary (1)       |                |          |
| Details       | Attachment List (3)           |                |          |

Visit the [US Census QuickFacts](#) to get information for #77. Small communities' information is not accessible in the system; data will be reported based on county information, which is available from the QuickFacts. See example below.

## How to use the US Census QuickFacts:

Search using the search bar in the upper left. Remember to search by county if your town/city does not produce results in the QuickFacts.

The data for your town/city/county (see orange box in picture below) will appear in the column closest to the reported percentages for Race and Hispanic Origin (see blue box in picture below).

The screenshot shows the US Census QuickFacts interface. At the top, there is a search bar with the text "Enter state, county, city, town, or zip code" and a dropdown menu for "Select a fact". To the right are buttons for "CLEAR", "TABLE", "MAP", and "CHART". Below the search bar, the word "Table" is displayed. The main content area shows a table with two columns: "Hamilton County, Nebraska" and "United States". The table is organized into sections: "All Topics", "PEOPLE", "Population", "Age and Sex", and "Race and Hispanic Origin". The "Race and Hispanic Origin" section is highlighted with a blue box, and the "Hamilton County, Nebraska" column is highlighted with an orange box. The data for the "Race and Hispanic Origin" section is as follows:

| Race and Hispanic Origin                                      | Hamilton County, Nebraska | United States |
|---|---------------------------|---------------|
| White alone, percent  | 97.7%                     | 76.3%         |
| Black or African American alone, percent (a)                  | 0.5%                      | 13.4%         |
| American Indian and Alaska Native alone, percent (a)          | 0.3%                      | 1.3%          |
| Asian alone, percent (a)                                      | 0.4%                      | 5.9%          |
| Native Hawaiian and Other Pacific Islander alone, percent (a) | Z                         | 0.2%          |
| Two or More Races, percent                                    | 1.2%                      | 2.8%          |
| Hispanic or Latino, percent (b)                               | 3.9%                      | 18.5%         |
| White alone, not Hispanic or Latino, percent                  | 94.1%                     | 60.1%         |

Use the values reported for your county to complete the information in #77 (see purple box in picture on page 17). You will need to round the percentage values as whole numbers (no fractions) to make the total of the Race & Ethnicity values equal 100%.

In #78 (see green box in picture below), enter the number of your enrolled students who belongs in each racial/ethnic category. The total of all values entered in #78 should equal the total number of students enrolled in your school.



| 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"/> 100.00 % |

Answer #79 and #80.

Add comments from Sponsor to share information about your meal service, including how you are serving meals and, if using the non-congregate waiver, how you are implementing it. Click "Save".

| Miscellaneous  |   |
|--|---|
| 79. Does this site participate in the USDA Special Milk Program?                             | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 80. Activities at Site   |   |
| <input type="checkbox"/> Recreational Program  |   |
| <input type="checkbox"/> Summer School   |   |
| <input type="checkbox"/> Cultural  |   |
| <input type="checkbox"/> No Organized Activities   |   |
| <input type="checkbox"/> Other (provide explanation)   | <input type="text"/>  |
| Comments from Sponsor  |   |
| <input type="text"/>   |   |
| Created By: sFriesz on: 9/10/2020 12:26:56 PM Modified By: sFriesz on: 9/10/2020 12:26:58 PM |   |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/>                    |   |

## Budget Detail

*\*If you have a 2019-2020 SFSP application that has already been approved, you do not need to update the Budget Detail.*

The Operating Reimbursement and Administrative Reimbursement amounts are calculated in the CNP system and values are automatically filled into these sections.

| <b>Operating Reimbursement</b>      |                   |                    |              |
|-------------------------------------|-------------------|--------------------|--------------|
| <b>Meal</b>                         | <b># of Sites</b> | <b>Total Meals</b> | <b>Total</b> |
| Breakfast                           | 0                 | 0                  | \$0.00       |
| Lunch                               | 1                 | 2,420              | \$9,099.20   |
| Snack                               | 0                 | 0                  | \$0.00       |
| Supper                              | 0                 | 0                  | \$0.00       |
| <b>Sub Total</b>                    |                   |                    | \$11,204.60  |
| <b>Administrative Reimbursement</b> |                   |                    |              |
| <b>Meal</b>                         | <b># of Sites</b> | <b>Total Meals</b> | <b>Total</b> |
| Breakfast                           | 0                 | 0                  | \$0.00       |
| Lunch                               | 1                 | 2,420              | \$949.85     |
| Snack                               | 0                 | 0                  | \$0.00       |
| Supper                              | 0                 | 0                  | \$0.00       |
| <b>Sub Total</b>                    |                   |                    | \$1,210.00   |

Estimate program operating costs and report those in the appropriate line items. Not all line items will have values to report. When estimating costs, take into account the total amount of reimbursement the program is estimated to receive above. Please estimate costs to match total reimbursement calculated. There should not be an excessive gap between a sponsor's reimbursements and expenditures.

| <b>Projected Operating Costs</b> |                                     |                         |
|----------------------------------|-------------------------------------|-------------------------|
| Food:                            |                                     | \$ <input type="text"/> |
| Non Food Supplies:               |                                     | \$ <input type="text"/> |
| Contracted Food Costs:           |                                     | \$ <input type="text"/> |
| Food Service Labor:              |                                     | \$ <input type="text"/> |
| Rent/Utilities:                  |                                     | \$ <input type="text"/> |
| Equipment Rental:                |                                     | \$ <input type="text"/> |
| Transportation of Food:          | Rate per mile: <input type="text"/> | \$ <input type="text"/> |
| <b>Sub Total</b>                 |                                     | \$0.00                  |

Estimate your program's administrative costs next. Complete indirect cost rate only if utilized by the SFA.

| Projected Administrative Costs |                                     |        |
|--------------------------------|-------------------------------------|--------|
| Administrator:                 | <input type="text"/>                | \$     |
| Monitor:                       | <input type="text"/>                | \$     |
| Secretary/Bookkeeper           | <input type="text"/>                | \$     |
| Printing, Mail, Phone:         | <input type="text"/>                | \$     |
| Office Supplies:               | <input type="text"/>                | \$     |
| Transportation:                | Rate per mile: <input type="text"/> | \$     |
| Indirect Costs Percent:        | <input type="text"/> %              | \$0.00 |
| Indirect Cost:                 | <input type="text"/>                | \$     |
| Audit Costs:                   | <input type="text"/>                | \$     |
| <b>Sub Total</b>               |                                     | \$0.00 |

Total SFSP Costs will populate based on Operational and Administrative costs reported above. The Total SFSP Reimbursement also populates from the Operating and Administrative Reimbursement sections at the top.

Total SFSP reimbursement must be greater than or equal to Total SFSP Costs.

| Cost Reimbursement Summary   |                      |             |
|--|----------------------|-------------|
| Total SFSP Costs   |                      | \$0.00      |
| Total SFSP Reimbursement   |                      | \$12,414.60 |
| Excess SFSP revenue amount from the prior program year or previous participation in SFSP | <input type="text"/> | \$          |
| Amount from other funding resources (e.g. grant, donations)                              | <input type="text"/> | \$          |
| Other funding resources  | <input type="text"/> |             |
| <b>Balance</b>   |                      | \$12,414.60 |

Report whether your school intends to sell meals to non-program adults (e.g. parents, teachers) and report the amount charged for the meals served to these adults. The adult meal price(s) your school charges when operating the school meals program (NSLP & SBP) can be used during SFSP operation.

| Adult Meal Information        |                           |                                     |
|-------------------------------|---------------------------|-------------------------------------|
| Will meals be sold to adults? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| If Yes, Price Charged for     |                           |                                     |
| Lunch                         | \$                        | <input type="text"/>                |
| Breakfast                     | \$                        | <input type="text"/>                |
| Snack                         | \$                        | <input type="text"/>                |
| Supper                        | \$                        | <input type="text"/>                |

Report how excess funds will be used. It is allowable to use excess SFSP funds in another USDA Child Nutrition Program (e.g. NSLP, CACFP).

Click "Save" at the bottom.

**Misc.**

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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 the other child nutrition programs

Is there a rental agreement, lease, or contract associated for any of the non-food costs  Yes  No

### Checklist Summary

Finally, enter the Checklist Summary. If items are required for submission, your school and or site name(s) will appear in blue, clickable hyperlinks. Click on the hyperlinked words and view the list of requested items. Attach the items requested, mark the box that the document was submitted. Finally, click "Save" and "Finish."

### Submitting the Application Packet

If everything is completed correctly, the red arrows are replaced with green checkmarks and the "Submit for Approval" button will activate and turn red. Click the "Submit for Approval" button.

| Action  | Form Name                     | Latest Version | Status           |
|---|-------------------------------|----------------|------------------|
| <a href="#">View</a>   <a href="#">Modify</a> | ✔ Sponsor Application         | Rev. 4         | Not Submitted    |
| <a href="#">View</a>   <a href="#">Modify</a> | ✔ Budget Detail               | Rev. 2         | Pending Approval |
| <a href="#">Details</a>                       | Food Production Facility List |                |                  |
| <a href="#">Details</a>                       | Site Field Trip List          |                |                  |
| <a href="#">Details</a>                       | Checklist Summary             |                |                  |
| <a href="#">Details</a>                       | Attachment List (1)           |                |                  |

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