



SFSP Application Guide

Updated October 22, 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; click the red “Enroll” button.

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

1. Sponsor application;
2. Food Production Facility List *ONLY* if school has vendor agreement to receive meals from other SFA.
3. Site application(s);
4. Budget Detail;
5. Checklist summary

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Pending Validation
Add	➔ Budget Detail		
Details	➔ Food Production Facility List (5)		
Details	Site Field Trip List		
Details	Checklist Summary		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	78	0	0	0	0	78

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 of 10/1/2020.

If neither the CC nor AR participated in training, indicate the staff member who did attend in #24, and report the date 10/1/2020 in #25.

Provide answers to questions #26-30 shown in the picture below. Record “NSLP” in #28.

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. (See picture on page 3.)

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

Answer "Yes" in #26.

Choose "Count each complete meal as it is served" in #27.

Record "NSLP" in #28.

Your answer to #29 could be "No" if your school doesn't receive \$750,000 annually.

Answer "No" to #30.

In Reporting Requirements, 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):
 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 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.

(Continue on next page.)

Complete questions #31a, #31b and #31d; then, 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.

Food Production Facility

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Pending Validation
Add	➔ Budget Detail		
Details	➔ Food Production Facility List		
Details	Site Field Trip List		
Details	Checklist Summary		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	78	0	0	0	0	78

A Food Production Facility should be entered *ONLY* if your school has an SFSP site that receives vended meals from another SFA. This facility will be used in #73 of the site application(s) *ONLY* if that site receives meals from a vendor. It is not necessary to add a Food Production Facility if the site(s) prepares meals onsite or at a central kitchen.

(Continue on next page.)

Select "Details" of the Food Production Facility List in the Application Packet page. Then, choose "Add Facility":

Action	Facility Name	Status
Found: 0		
No data to display.		
<input type="button" value=" < Back"/> <input type="button" value=" Add Facility"/>		

Complete the Food Production Facility Information, Facility Address, Facility Contact and Vended Facility Information sections. Click "Save" at the bottom; then click "Finish" when prompted.

Food Production Facility Information	
1. Food Preparation Type:	<input type="text" value="Vended"/> ▼
2. Facility Name:	<input type="text"/>
Facility Address	
3. Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
4. City:	<input type="text"/>
5. State:	<input type="text" value="NE"/> Zip: <input type="text"/>
Facility Contact	
6. Name:	Salutation <input type="text"/> ▼ First Name <input type="text"/> Last Name <input type="text"/>
7. Email Address:	<input type="text"/>
8. Phone:	<input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/>
9. Title:	<input type="text"/>

(Continue on next page.)

Complete the Vended Facility Information section as you see below. Provide your specific information for #10, #13 and #14. Save at the bottom and navigate back to the Application Packet page.

Vended Facility Information

10. If vended by a School Food Authority (SFA) or another SFSP Sponsor, enter SFA/Sponsor name. If vended by an entity other than an SFA or another SFSP Sponsor, enter the entity's name.

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

I will be using state agency's Invitation For Bid and contract (FNS 688)
 I am exempt from competitive bidding and will use a simple written agreement
 I have received state agency approval to use an alternate form

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

Yes
 No
 N/A

13. Contract Start Date:

14. Contract End Date:

15. Number of renewal years specified in the contract: ▼

16. Current extension number: ▼

Created By: _____ on: 10/22/2020 2:21:05 PM Modified By: _____ on: 10/22/2020 2:30:15 PM

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 “Add Site Application” in the bottom left (see below). A list of available sites will appear.

Action	Site ID / Site Name
View Modify 	0001
Add Site Application	

After all sites have been added, click “Modify” under “Action.”

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:

**The pre-approval date should be 8/1/2020. 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.*

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 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 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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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"/>	

Do not answer #19 or #20.

Answer “No” to #21.

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

If your school did not operate the SFSP in 2019-20, answer #22 “No” and enter 8/1/2020 in #25.

If the site operates within ¼ mile of another SFSP site, answer “Yes” to #26 and provide this explanation: “serves school’s students”.

(Continue on next page.)

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 on page 10); or

Priority 3: neither Priority 1 nor Priority 2 are applicable and Nebraska's statewide Area Eligibility Waiver must be used (see purple heading on page 11).

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:

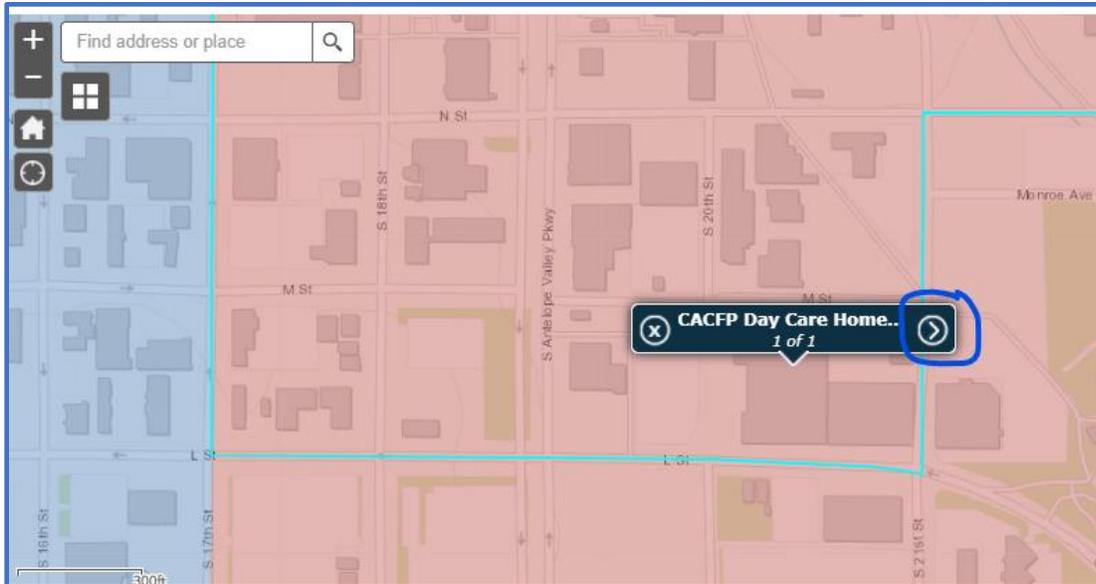
Percentage of Needy Children (if known): %

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

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. (See picture on page 9.)



The GEOID is highlighted in yellow in the picture below. 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. (See picture on page 10.)

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:

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:

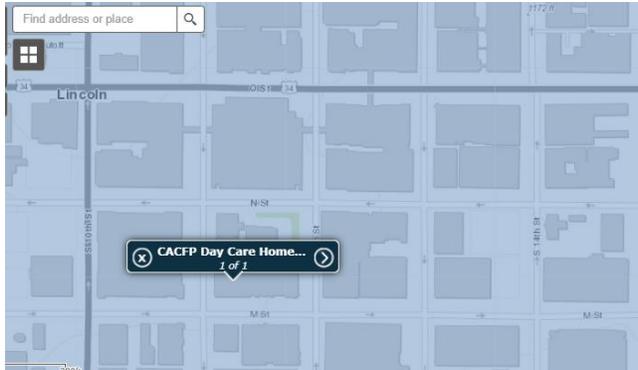
Percentage of enrolled children: %

(Continue on next page.)

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

Utilized 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):

(Continue on next page.)

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:	<input type="text"/>											
42. Menu Planning Option:	<input type="text"/>											
43. Click 'Calendar' to select the Meal Serving Dates:	<input type="button" value="Calendar"/>											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	0	0	0	0	0	0	0	0	0	0	0	0
	<input type="button" value="Refresh From Calendar"/>											
44. Meal Serving Dates:	Start:									End:		
45. Meal Times:	Start:	<input type="text"/>	<input type="text" value=":00"/>	End:	<input type="text"/>	<input type="text" value=":00"/>						
46. Average Daily Participation:	<input type="text"/>											

The current application will contain information for meals served beginning 10/1/2020 through the end of the 2020-21 school year. Click on the green "Calendar" button; a window will open. Update the end date to reflect the last day of school and select the days of the week that meals have been or will be served. If your school chooses to implement the SFSP after 10/1/2020, please update the start date to accurately reflect your SFSP start date.

2021 SFSP Site Meal Serving Dates - Breakfast

Calendar Options

Calendar Year: 2021 - 2022

Start: End:

Days To Include: Sun Mon Tue Wed Thu Fri Sat

Days Selected per Month

Click "Update Calendar" and scroll through the calendar window to unselect days that meals were not or will not be served. (See picture on next page.) Remove days that meals will not be provided by clicking to un-shade them. After ensuring days are correctly removed from the calendar, click the red "Save and Close" button at the top of the calendar window.

(Continue on next page.)

October 2020							November 2020							December 2020						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3										1	2	3	4	5
4	5	6	7	8	9	10	1	2	3	4	5	6	7	6	7	8	9	10	11	12
11	12	13	14	15	16	17	8	9	10	11	12	13	14	13	14	15	16	17	18	19
18	19	20	21	22	23	24	15	16	17	18	19	20	21	20	21	22	23	24	25	26
25	26	27	28	29	30	31	22	23	24	25	26	27	28	27	28	29	30	31		
							29	30												

January 2021							February 2021							March 2021						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2		1	2	3	4	5	6		1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28							28	29	30	31			
31																				

April 2021							May 2021							June 2021						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3							1			1	2	3	4	5
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30			
							30	31												

Back on the site application page, click the “Refresh From Calendar” button then wait several seconds and the operation days for each month will populate. Make sure the meal start and end times and Average Daily Participation are correct. The meal's Average Daily Participation is an estimate of the number of students who will be served that meal type.

Repeat these steps for each meal service.

Breakfast

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
22	21	19	15	20	20	22	13	0	0	0	0

44. Meal Serving Dates: Start: 10/01/2020 End: 05/20/2021

45. Meal Times: Start: 8 AM :00 End: 9 AM :00

46. Average Daily Participation:

(Continue on next page.)

Answer "No" to #71 and "Yes" to #72.

Special Meal Pattern and Dietary Needs	
71. Will this site be serving children under age 1 year (infants 0 to 12 months)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
72. Does this site anticipate the need to plan and/or prepare special diets for children with disabilities?	<input checked="" type="radio"/> Yes <input type="radio"/> No

SFSP sites are allowed to serve infants only after receiving permission from NDE Nutrition Services.

If your meals are vended by an SFA, a food production facility must be selected in #73. (See instructions for adding a Food Production Facility list on page 4.)

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:	<input type="text"/>
Facility 2:	<input type="text"/>

Choose applicable outreach methods for #74.

Outreach	
74. Indicate below your Outreach method(s):	
<input type="checkbox"/> Newspaper announcement/press release	
<input type="checkbox"/> TV/Radio	
<input type="checkbox"/> Flyers - neighborhood	
<input type="checkbox"/> Flyers - school	
<input type="checkbox"/> Posters and signs	
<input checked="" type="checkbox"/> Sponsor Website	
<input type="checkbox"/> School newspaper	
<input type="checkbox"/> Other	<input type="text"/>

(Continue on next page.)

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).

All Topics	Hamilton County, Nebraska	United States
Population estimates, July 1, 2019, (V2019)	9,324	328,239,523
PEOPLE		
Population		
Population estimates, July 1, 2019, (V2019)	9,324	328,239,523
Population estimates base, April 1, 2010, (V2019)	9,114	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.3%	6.3%
Population, Census, April 1, 2010	9,124	308,745,538
Age and Sex		
Persons under 5 years, percent	△ 6.6%	△ 6.0%
Persons under 18 years, percent	△ 24.1%	△ 22.3%
Persons 65 years and over, percent	△ 20.4%	△ 16.5%
Female persons, percent	△ 49.5%	△ 50.8%
Race and Hispanic Origin		
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)	△ 0.2%	△ 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 #75 (see purple box in picture below). Report the percentage values in #75 as whole numbers (no decimal values) to make the total of the Ethnicity Data values equal 100%.

Report the school site's Ethnicity Data in #76 so that the two values are equal to the site's enrollment or meal service attendance.

(Continue on next page.)

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 %

Use the values reported for your county's QuickFacts data to complete the information in #77 (see purple box in picture on page 17). Report the percentage values as whole numbers (no decimals) to make the total of the Racial Data values equal 100%.

In #78 (see green box in picture below), enter the number of the school building's enrolled students who belong in each racial category. The total of all five values entered in #78 should equal the total number of students enrolled in your school (and should be the same total in #76).

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 %

(Continue on next page.)

Answer #79 and #80.

Add Comments from Sponsor to share information about your meal service, including how the site is implementing available waivers, if any. Click "Save".

Miscellaneous

79. Does this site participate in the USDA Special Milk Program? Yes No

80. Activities at Site

Recreational Program

Summer School

Cultural

No Organized Activities

Other (provide explanation)

Comments from Sponsor

Created By: sFriesz on: 9/10/2020 12:26:56 PM Modified By: sFriesz on: 9/10/2020 12:26:58 PM

Complete the steps on pages 6 through 18 for each SFSP site.

Click "Back" at the bottom of the site list to return to the Application Packet page.

Click "Add" on the Budget Detail.

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Pending Validation
Add	➔ Budget Detail		
Details	➔ Food Production Facility List (5)		
Details	Site Field Trip List		
Details	Checklist Summary		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	78	0	0	0	0	78

(Continue on next page.)

Budget Detail

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

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

Estimate projected 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 the total reimbursement and costs.

Projected Operating Costs		
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"/>
Sub Total		\$0.00

(Continue on next page.)

Estimate the projected administrative costs. Provide the indirect cost rate only if utilized by the SFA.

Projected Administrative Costs		
Administrator:		\$
Monitor:		\$
Secretary/Bookkeeper		\$
Printing, Mail, Phone:		\$
Office Supplies:		\$
Transportation:	Rate per mile: <input type="text"/>	\$
Indirect Costs Percent:	<input type="text"/> %	\$0.00
Indirect Cost:		\$
Audit Costs:		\$
Sub Total		\$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"/>
Balance	\$12,414.60

Report the adult meal price(s). The adult meal price(s) used during normal school meals operation (NSLP & SBP) can be in the SFSP as well.

Adult Meal Information	
Will meals be sold to adults?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Price Charged for	
Lunch	\$ <input type="text" value="0.00"/>
Breakfast	\$ <input type="text" value="0.00"/>
Snack	\$ <input type="text" value="0.00"/>
Supper	\$ <input type="text" value="0.00"/>

(Continue on next page.)

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. Click “Save” at the bottom. You will be directed to the Application Packet page.

Misc.

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 listed above? Yes No

If the Checklist Summary has a red arrow, access it to upload required documents and mark the boxes to indicate those documents have been submitted to NDE. Documents do not need to be uploaded if the Checklist Summary does not have a red arrow.

Action	Form Name	Latest Version	Status
View Modify	✔ Sponsor Application	Original	Not Submitted
View Modify	✔ Budget Detail	Original	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	➔ Checklist Summary (1)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	78	0	0	0	0	78

Checklist Summary

If items are required for submission, site name(s) will appear in blue, clickable hyperlinks. Click on the hyperlinked words and view the list of requested items. Attach the items by clicking the blue paperclip and mark the box that verifies each document was submitted. (See picture on page 22.) Finally, click “Save” and “Finish.” Navigate back to the Application Packet by clicking “Back” at the bottom of the Checklist Summary page.

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
Organization-Wide Audit	 <input checked="" type="checkbox"/>	<input type="text" value="10/21/2020"/>	<input type="checkbox"/>	Pending Approval	10/21/2020

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

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
View Modify	<input checked="" type="checkbox"/> Sponsor Application	Rev. 4	Not Submitted
View Modify	<input checked="" type="checkbox"/> Budget Detail	Rev. 2	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	Checklist Summary		
Details	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