* CNIPS Application SFSP Renewal Camp Sponsors

2014

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications >

Select Program Year

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Currently, there are 2 Program Year(s) available. Select the year you wish to access.

Program Year	Date Range	Application Packet
NEW! 2013 - 2014	10/01/2013 - 09/30/2014	Not Started
2012 - 2013	10/01/2012 - 09/30/2013	Application Packet on File

< Back

SFSP Sponsor Application Packet Sequence

1. Sponsor Application

2. Management Plan

3. Food Production Facility

4. Site Application

5. Budget Detail

6. Checklist

- Ensure all site and sponsor checklist items are completed.

SUBMIT FOR APPROVAL

- Sponsor will receive email upon approval by SCN

7. Site Field Trip List (if applicable)

- Must email SCN consultant for review and approval once site field trips are completed

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

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Applications > Application Packet >

Program Year: 2013 - 2014

2013 - 2014 Application Packet

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Original	Pending Validation
Add	Budget Detail		
Details	Management Plan	Original	Pending Validation
Details	Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications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

< Back | Submit for Approval | Withdraw Packet

Show Packet History

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2013 - 2014

VIEW | **MODIFY** | DELETE

SFSP Sponsor Application
For School Year: 2013 - 2014

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Version: Original

Sponsor Type

1. Type of Agency: Private Non Profit Organization
2. Type of SFSP Organization: Private Nonprofit

Physical Address

3. Address Line 1: 100 Shady Lane
   Address Line 2:
4. City: Murray
5. State: KY Zip: 42071
6. County: CALLOWAY COUNTY (018)

Mailing Address

☐ Same as the Physical Address

7. Address Line 1: 100 Shady Lane
   Address Line 2:
8. City: Murray
9. State: KY Zip: 42071

Summer Food Service Program Contact

		Salutation	First Name	Last Name
10.	Name:	Mrs.	Jane	Doe

11. Email Address: J.Doe@CAC.org
12. Phone: (502) 555-1211 Ext: Fax: (502) 555-1212
13. Title: SFSP Program Director
14. ☐ This person attended current program year's SCN training. Date Training Completed:

Primary Authorized Representative

☐ Same as the Summer Food Service Program Contact

		Salutation	First Name	Last Name
15.	Name:	Mrs.	Jane	Doe

16. Date of Birth: 11/07/1966 (mm/dd/yyyy)
17. Email Address: J.Doe@CAC.org
18. Phone: (502) 555-1211 Ext: Fax: (502) 555-1212
19. Title: SFSP Program Director

Mailing Address

☐ Same as the Sponsor Mailing Address

20. Address Line 1: 100 Shady Lane
    Address Line 2:
21. City: Murray
22. State: KY Zip: 42071
23. ☐ This person attended current program year's SCN training. Date Training Completed:

Training Attendance

Training Attendance

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

Person Who Attended:

25. Date Training Completed:

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 circumstance applies?

If **Other**, please describe.

27. Indicate meal count procedures (Check all that apply)

☑ Count each complete meal as it is served

☑ Other

Students get name checked off

Outreach

28. Will the prototype Public Release provided by SCN be used? ◉ Yes ○ No

Certification

29. ☐ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

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Save | Cancel

VIEW | **MODIFY** | DELETE

Management Plan

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2013 - 2014

2013 - 2014 Application Packet

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Original	Pending Validation
Add	Budget Detail		
Details	Management Plan	Original	Pending Validation
Details	Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary		

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

< Back | Submit for Approval | Withdraw Packet

Show Packet History

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet >

VIEW | **MODIFY** | DELETE

2013 - 2014 SFSP Management Plan

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Management Plan Version: Original

Board Chairman
(Required for Private Non-profit Organizations)

	Salutation	First Name	Last Name
Name:	Dr.	Ellyn	Jones

Date of Birth: 05/10/1962 (mm/dd/yyyy)

Title: CAC Executive Director

Email Address: E.Jones@CAC.org

Phone: (502) 255-1212 Ext: Fax: (502) 255-1213

Home Address

Address Line 1: 100 Sycamore Lane

Address Line 2:

City: Murray

State: KY Zip: 42071

Administrative Staff

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

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

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

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

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

Administrative Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by SCN)
Overall Management		
Claims Preparation		
Accounting		
Training/Monitoring		

Operational Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by SCN)
Site Supervisor		
Volunteer(s)		

Sponsor Monitoring Plan

Have you developed a system to ensure all required monitoring visits will be conducted? ◯ Yes ◯ No

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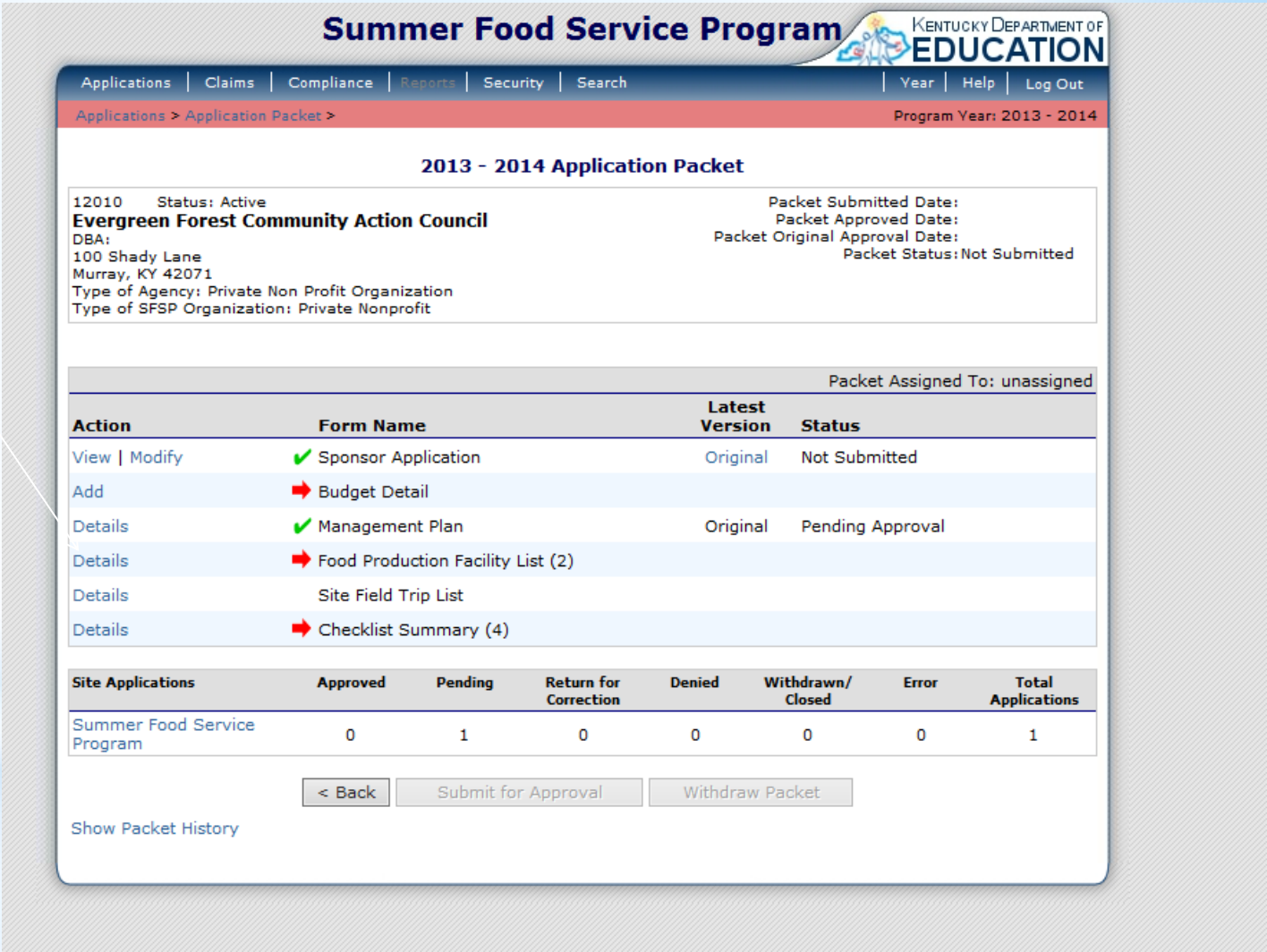
Save Cancel

VIEW | **MODIFY** | DELETE

3. Food Production Facility



Summer Food Service Program

Kentucky Department of Education

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet >

Program Year: 2013 - 2014

2013 - 2014 Application Packet

12010 Status: Active
Evergreen Forest Community Action Council
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Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Add	➡ Budget Detail		
Details	✔ Management Plan	Original	Pending Approval
Details	➡ Food Production Facility List (2)		
Details	Site Field Trip List		
Details	➡ Checklist Summary (4)		

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

< Back | Submit for Approval | Withdraw Packet

Show Packet History

Click on The Food Facility
You Will Be Using

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

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Applications > Application Packet > Food Production Facility List >

Program Year: 2013 - 2014

VIEW | **MODIFY** | DELETE

Food Production Facility

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Food Production Facility Information

1. Food Preparation Type: Central Kitchen
2. Facility Name: Evergreen Forest Central Kitchen

Facility Address

3. Address Line 1: 101 Shady Lane
   Address Line 2:
4. City: Murray
5. State: KY Zip: 42074

Facility Contact

6. Name: Salutation: Mrs. First Name: Lucy Last Name: Luck
7. Email Address: L.Luck@CAC.org
8. Phone: (502) 555-1212 Ext: Fax: (502) 555-1212
9. Title: Head Chef

If Vended

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 SCN-provided contract/agreement forms, approved alternate form or is exempt from competitive bidding and will use a simple written agreement.

- ◯ I will be using SCN's Invitation For Bid and contract (FNS 688)
- ◯ I am exempt from competitive bidding and will use a simple written agreement
- ◯ I have received SCN 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:

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Save | Cancel

VIEW | **MODIFY** | DELETE

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2013 - 2014

2013 - 2014 Application Packet

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Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Original	Pending Validation
Add	Budget Detail		
Details	Management Plan	Original	Pending Validation
Details	Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary		

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

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Show Packet History

Site application

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

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Applications > Application Packet > Packet Site List - SFSP >

Program Year: 2013 - 2014

VIEW | **MODIFY** | DELETE

SFSP Site Application
For School Year: 2013 - 2014

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

1000 Status: Active
EVERGREEN FOREST CAC
101 Shady Lane
Murray, KY 42071

Version: Original

Physical Address

1. Address Line 1: 101 Shady Lane
   Address Line 2:
2. City: Murray
3. State: KY Zip: 42071
4. County: CALLOWAY COUNTY (018)
5. Nearest cross street: Chestnut Street

Mailing Address

☐ Same as the Physical Address

6. Address Line 1: 101 Shady Lane
   Address Line 2:
7. City: Murray
8. State: KY Zip: 42071

Sponsor Contact for this Site

	Salutation	First Name	Last Name
9. Name:	Mrs.	Sara	Smith

10. Email Address: S.Smith@CAC.org
11. Phone: (502) 555-1213 Ext: Fax: (502) 555-1234
12. Title: Director AIMS I and II

Site Supervisor

☐ Same as the Sponsor Contact for this Site

	Salutation	First Name	Last Name
13. Name:	Mrs.	Sara	Smith

14. Email Address: S.Smith@CAC.org

15. Phone: (502) 555-1213 Ext: Fax: (502) 555-1234

16. Title: Site Supervisor I

General Site Information

17. Operation Dates: Start: End:

18. Enter the number of days the Site will operate each month:

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	0	0	0	0

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

☑ Breakfast ☐ AM Snack ☑ Lunch ☐ PM Snack ☐ Supper

20. Has the site ever participated in the Summer Food Service Program under this Sponsor? ◉ Yes ○ No

21. Geographic Location: Rural

Site Eligibility

22. Is this site a licensed child care facility? ○ Yes ○ No

23. Is this site open only to enrolled summer school students who receive academic credit? ○ Yes ○ No

24. Did this site operate last year? ○ Yes ○ No

If No, enter pre-operational site visit date below.

25. Did this site have serious deficiency findings or significant operational deficiencies last program year? ○ Yes ○ No ○ N/A

If Yes, enter pre-operational site visit date below.

26. Date of the Sponsor's pre-operational site visit, if applicable.

27. Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile? ○ Yes ○ No

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: ○ Yes ○ No

Sponsor Name:

Site Name:

Explain how the two or more sites will not serve the same group of children for the same type of meal service.

Site Type

28. Site Type: Open

Reason for operating a Restricted Open or Closed Enrolled Site:

29. Eligibility Method: School Data

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: Murray

School Name: Murray High School

Percentage of Enrollment Eligible for Free and Reduced-price Meals: 55.00 %

Program Year of School Data: 2012 - 2013

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.

Provide the following Census information:

Block Number:

Group Number:

Percentage of Needy Children: %

30. Primary service provided by this site: Recreation

Describe the Other service provided:

31. Closed Enrolled Site information:

Projected Number of Enrolled Children:

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

Percentage of Enrollment Eligible for Free and Reduced-price Meals: 0 %

Site Operation

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

- [ ] Cafeteria Style
- [x] Unitized meal
- [ ] Family Style (for Closed Enrolled and Camp sites only)
- [ ] Offer vs. Serve
- [ ] Other (provide explanation)

33. Describe the method used for making adjustments in the daily number of meals delivered in accordance with the number of children attending:

Meal counts are taken and adjusted daily after a call is made to the kitchen.

34. Is this a mobile site? ○ Yes ◉ No

If yes, what is the total number of stops, including this site?

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

Site Staff will communicate directly with the production facility or vendor

36. Are you requesting a waiver for the First Week Site Visit? ○ Yes ○ No

Breakfast

B1. Meal Serving Dates (non-camp only): ☐ Same as the Site Start: End:

B2. Enter the number of days the meal will be served each month: ☐ Same as the Site

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	0	0	0	0

B3. Days served: ☐ Mon-Fri ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

B4. Meal Times: Start: 7 AM :00 End: 8 AM :00

B5. Meal Service Method: Self-Prep - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only):

B8. Maximum number of meals that may be served (state use only): 125

B9. 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.

B10. Indicate your plan for the storage or disposal of leftover meals or components:

Throw away at the site

B11. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Serve indoors

Describe the Other plan:

Meal Time Exception

37. Provide explanation if any meal times will extend beyond the times indicated above in each meal section.

Camp Sessions

38. At least one session must be completed if Site Type is Camp - Residential or Camp - Non-Residential.
Note: Actual Eligible ADP may need to be updated prior to claim submission.

Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	# of Children Enrolled	Estimated Eligible ADP	Actual Eligible ADP
1	6/16/2014	Lunch	6/24/2014	Lunch	76	70	
2	6/18/2014	Lunch	8/8/2014	Lunch	80	72	
3							
4							
5							
6							
7							
8							
9							
10							

Special Meal Pattern and Dietary Needs

Special Meal Pattern and Dietary Needs

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

Food Production Facility

40. 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: All Smiles Kitchen

Facility 2:

Food Safety and Sanitation

41. Describe how your Sponsor will deliver and hold meals until the time of meal service according to the standards prescribed by state and local health department:

Meals are prepared in the kitchen where the food is then served, cafeteria style.

Outreach

Indicate below the date(s) that outreach will be conducted and list advertisement methods you plan to use.

42. Advertisement Date(s):

43. Advertisement Method:

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

44. Sponsor Comments:

Certification

45. ☐ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the School and Nutrition programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

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Save Cancel

OOPS I Did it AGAIN!

Summer Food Service Program

Kentucky Department of Education

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Packet Site List - SFSP > Program Year: 2013 - 2014

SFSP Site Application
For School Year: 2013 - 2014

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

1000 Status: Active
EVERGREEN FOREST CAC
101 Shady Lane
Murray, KY 42071

The Site Application has been saved with errors.

Information entered is either incomplete or is not in compliance with the Division of School and Community Nutrition rules and regulations. All errors listed on the form must be corrected before the Site Application can be processed.
You may correct the errors now by clicking '< Edit' or you may return to the Site Application later.

< Edit | Finish

Budget Detail

Summer Food Service Program

Kentucky Department of Education

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2013 - 2014

2013 - 2014 Application Packet

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100 Shady Lane
Murray, KY 42071
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Packet Submitted Date:
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Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Add	➡ Budget Detail		
Details	✔ Management Plan	Original	Pending Approval
Details	✔ Food Production Facility List (2)		
Details	Site Field Trip List		
Details	➡ Checklist Summary (6)		

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

< Back | Submit for Approval | Withdraw Packet

Show Packet History

Operating Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	$0.00
Lunch	1	1,050	$3,297.00
Snack	0	0	$0.00
Supper	1	1,050	$3,297.00
		Sub Total	$6,594.00

Administrative Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	$0.00
Lunch	1	1,050	$346.50
Snack	0	0	$0.00
Supper	1	1,050	$346.50
		Sub Total	$693.00

Projected Operating Costs

Food for all vended and self-prep meals:			$ 4,000.00
Non Food Supplies:			$ 1,000.00
Operational Personnel:			$ 0.00
Fringe Benefits:			$ 0.00
Facility and Utility:			$ 0.00
Equipment Rental:			$ 0.00
Transportation:	Rate per mile:	0.00	$ 0.00
Other:			$ 0.00
		Sub Total	$5,000.00

Projected Administrative Costs

Administrative Personnel:			$ 1,000.00
Fringe Benefits:			$ 0.00
Office Expense:			$ 0.00
Facility and Utility:			$ 0.00
Transportation:	Rate per mile:	0.00	$ 0.00
Other:			$ 0.00
		Sub Total	$1,000.00

Cost Reimbursement Summary

Total SFSP Costs		$6,000.00
Total SFSP Reimbursement		$7,287.00
Excess SFSP revenue amount from the prior program year or previous participation in SFSP		$ 1,000.00
Amount from other funding resources (e.g. grant, donations)		$ 0.00
Other funding resources		
	Balance	$2,287.00

Adult Meal Information

Will meals be served to non-program adults? ◯ Yes ◯ No

Will meals be provided at no cost to non-program adults? ◯ Yes ◯ No

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

Created By: scnsponsorcw on: 3/4/2014 1:35:44 PM Modified By: scnsponsorcw on: 3/4/2014 1:35:45 PM

Save Cancel

VIEW | **MODIFY** | DELETE

6.Checklist

Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2013 - 2014

2013 - 2014 Application Packet

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Packet Submitted Date:
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Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
View | Modify	✔ Budget Detail	Original	Pending Approval
Details	✔ Management Plan	Original	Pending Approval
Details	✔ Food Production Facility List (2)		
Details	Site Field Trip List		
Details	➡ Checklist Summary (6)		

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

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Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > Checklist Summary >

Program Year: 2013 - 2014

SFSP Checklist Summary

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Sponsor	Total Items	Submitted Items	Approved Items
Evergreen Forest Community Action Council	4	0	0

Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
Evergreen Forest CAC	2	0	0

< Back

SFSP Checklist

12010 Status: Active
Evergreen Forest Community Action Council
DBA:
100 Shady Lane
Murray, KY 42071
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Required Forms/Documents to send to SCN		Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status	Status Date	Last Updated By
VCA/Certification		☑	05/13/2013	☑	Approved	05/22/2013	cgallagher
Civil rights compliance		☑	05/13/2013	☑	Approved	05/24/2013	cgallagher
Free and Reduced Price Policy Statement		☑	05/13/2013	☑	Approved	05/22/2013	cgallagher
Food Service Management Contract		☑	05/23/2013	☑	Approved	05/24/2013	cgallagher
Statement of Authority		☑	04/09/2013	☑	Approved	05/22/2013	cgallagher
Training Agenda		☑	04/09/2013	☑	Approved	05/22/2013	cgallagher

Kentucky Department of Education

Summer Food Service Program

Viability, Capability and Accountability (VCA) Checklist

(All Private Non-Profit Organizations Must Complete)

The Kentucky Department of Education, School and Community Nutrition (SCN) requires all private non-profit organizations sponsoring the Summer Food Service Program (SFSP) with SCN to complete the SFSP Viability, Capability and Accountability (VCA) Checklist. VCA is a requirement per the SFSP regulations found in 7 Code of Federal Regulations (CFR) 225. The term "contracting entity", as referenced in this document pertains to a sponsor of the SFSP. The term "Program" in this checklist is defined as the SFSP. If necessary, updates to this VCA must be made yearly, or as necessity dictates.

Contracting entities must submit all required documents contained in this checklist. This checklist and all supporting documentation will be reviewed to determine an organization's financial and administrative capability and viability to participate in the SFSP. Ensure that all supporting documentation and any additional pages submitted include the name of the contracting entity (CE) and CNIPS Number (if known).

Read the following information carefully. Answer all questions completely. While the information in this checklist will assist in determining an organization's participation, it does not complete the application process or guarantee approval for Program participation.

☐ I certify that the VCA on file with SCN is current and up to date.

_____

Signature of Authorized Individual

Section I – Contracting Entity Information

Civil Rights Compliance

Kentucky Department of Education
School and Community Nutrition

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
PRE-AWARD NONDISCRIMINATION COMPLIANCE REVIEW FORM

CNIPS Number: _____ Name and Address of Sponsor: _____ _____ _____	Completion of the form is required by FNS Instruction 113-8 issued by the U.S. Department of Agriculture in order to participate in the Summer Food Service Program for Children.

Please Answer the Following Questions:

I. Estimated Daily Meal Participation by Ethnic/Race Group **(Do not list percentages)**:

Hispanic or Latino	Not Hispanic or Latino	**ETHNIC TOTAL**	White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander	**RACE TOTAL**

II. Are Civil Rights requirements (7 CFR 225.7(g) and FNS Instruction 113-1) for SFSP met? Check each area in which the Organization is compliant:

- ☐ Prominently display the USDA nondiscrimination poster "And Justice For All" at site(s) and the sponsor's office
- ☐ Make reasonable efforts to provide information in the appropriate translation concerning the availability and nutritional benefits of the program
- ☐ Make program information available to the public upon request
- ☐ Ensure that all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age or disability
- ☐ Include the non-discrimination statement, and instructions for filing a complaint, in public releases and in any program information directed to parents of participants or potential participants.

_____
Signature of Sponsor Representative

_____
Date Signed

Policy Statements

Camps and Closed Enrolled Sites

Please read and fully complete **either** Form A (If Your Program Charges for Meals) **OR** Form B (If All Participants Receive a Meal at No Charge) for your sponsor organization. Form may be signed electronically and uploaded.

Open Sites

Please ready and fully complete Form C. Form may be signed electronically and uploaded.

Training Agenda

Summer Food Service Program (SFSP)

(Sponsor Name Here)

SFSP Staff Training Agenda and Sign-in Sheet

(Date)

Agenda

(List the items to be discussed during the training – Be sure to include Civil Rights)

Staff Sign-in

Printed Name	Signature	Site Name	Time Arrived	Time Left

☐ I certify that the above attendees were trained in the aspects listed above as required for participation in the SFSP on _____, 201_.

_____

(Signature of Trainer)

Site Checklist-ALL

Required Forms/Documents to send to SCN		Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status	Status Date	Last Updated By
Health Department Notification Letters		☑	04/30/2013		Approved	05/14/2013	jlangfels
Media Release		☑	04/30/2013		Approved	05/14/2013	jlangfels

Action	Checklist Item	Comment	Attachment Date/Time
View | Modify	Media Release		5/13/2013 5:46:03 PM
View | Modify	Health Department Notification Letters		5/13/2013 5:45:53 PM

Save Cancel

Media Release

Attachment 12, Continued

Sample News Release
Enrolled Sites and Camps

The _____(name of sponsor)_____ is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential or non-residential camp, children must meet the income guidelines for reduced-price meals in the National School Lunch Program. The income guidelines for reduced-price meals by family size are listed on the next page.) Children who are part of households that receive Supplemental Nutrition Assistance Program (SNAP, formerly foods stamps) benefits, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the Program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows: [list all sites and the starting and ending times of meal service for each site]

{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}

To file a complaint of discrimination, write or call immediately to:

USDA
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Health Department Notification

{YOUR LETTERHEAD HERE}

{Sponsor Name}
{Street}
{City, State Zip Code}

{Date}

{Health Department Contact, Title}
{Name of Health Department}
{Street Address}
{City, State Zip Code}

Dear {Health Department Contact}:

We would like to inform you of our intention to sponsor the 2014 Summer Food Service Program (SFSP). This program is administered by the Kentucky Department of Education, School and Community Nutrition. SFSP regulations require that the local health department be notified of our intention in this regard as well as the information listed below.

Meal service(s) will be at the following site(s):

{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}

Meals for the above site(s) are prepared at {list a central location, or if prepared at the site, state "at the respective site(s)"}.

If you have any questions, please contact {Sponsor Contact} at {Sponsor Contact Number}.

Sincerely,

{Contact person, Title}
{Sponsor Name}

cc {Your Consultant}, Kentucky Department of Education
{Optional}, {Optional}

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).USDA is an equal opportunity provider and employer.

Don’t forget!!

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

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*Thank you!