Overview of Application Process for SFSP

The Summer Food Service Program (SFSP) requires the annual submission of an application or contract to participate in the SFSP. If you have any questions after reading through this overview, please contact SCN SFSP Support at 502-564-5625, extension 4933 (Cathy), 4939 (Jennifer), 4911 (Cyndi-PNP sponsors), or 4914 (Suzanne-PNP Sponsors) or email us at cathy.gallagher@education.ky.gov , jennifer.langfels@education.ky.gov , cyndi.willmarth@education.ky.gov , traci.bullock-ray@education.ky.gov

What can on-line contracts do for you?

Decrease the time you spend on the application process! Much of the information that is entered will 'roll-over' the following year and require that the Agency only update that information.

What do you need to know prior to entering the application information?

Everything that is part of the Application! You need to be prepared BEFORE sitting down at the computer to complete the application process. The following is an outline of what you will be asked for:

General Information:

- ☐ Name, address, phone number of the sponsoring agency
- ☐ Dates of operation for the entire summer operation
- ☐ Copy of your federal tax exempt status (if new)
- ☐ Decision on whether to request an advance payment
- ☐ Completed vendor agreement if purchasing meals from a vendor
- ☐ Planned summer menus if a new sponsor or concerned about meeting the meal pattern requirements
- ☐ Completed media release
- ☐ Completed letter to the health department

Administrative Personnel

- ☐ Names, title, number of hours devoted to SFSP, salary per hour

Budget Information

- ☐ Estimated income to be used to finance the SFSP
- ☐ Operational budget (food, non-food supplies, food service labor, kitchen utilities, cost of transporting food or children, delivery truck rental, etc.)
- ☐ Administrative budget (administrative labor – monitoring, completing the application, claims; administrative utilities, postage, office supplies, etc.)

Sponsor Management Responsibility

- ☐ Name of person(s) with various management responsibilities, titles

Sponsor Training Sessions

- ☐ Name of person(s) conducting the training, training date(s), topics to be covered

Civil Right Pre-Award Compliance Review Information

- ☐ Estimate of the racial ethnic make-up of the children you will be serving in the SFSP
- ☐ Efforts made to assure that minority populations have an equal opportunity to participate
- ☐ Effort made to contact minority and grassroots organizations
- ☐ List of federal agencies providing financial support to the sponsoring agency

Site Application Detail

- ☐ Name, address and phone number of site(s)
- ☐ Name of site supervisor
- ☐ Type of site and how it is eligible (supporting documentation of eligibility may be required to be mailed or faxed in to SCN
- ☐ Whether or not the site participates in any other child nutrition programs
- ☐ Tentative monitoring dates for each site
- ☐ Names of monitors

Site Meal Service Information

- ☐ Decisions on whether or not there is a need to request a meal pattern exceptions or variation (usually only requested if serving very young children)
- ☐ For school program only – decision on which menu planning system
- ☐ Decision on offer versus serve provision to use for each site
- ☐ Location of site(s) (indoor or outdoor), how many children can eat at one time, how meal service will be supervised
- ☐ Meal count procedure for each site
- ☐ Whether or not the site had participated in the SFSP in prior years; if 'YES', with which sponsor
- ☐ Whether or not meals are prepared on-site or delivered
- ☐ How meals are stored on-site

Food Service Personnel Information

- ☐ Name of food service person(s) at each site, total numbers devoted to SFSP, salary per hour, food service duty, dates of employment

Session Information

- ☐ Dates of operation for each site, number of days operating each month, operating days of the week and types of meal services requested
- ☐ Estimated number of children to be served at each site
- ☐ Estimated number eligible for free/reduced price meals
- ☐ Beginning and ending time of meal service

New Agencies Only

In order to access the on-line application, new agencies (those that have not operated the National School Lunch Program or the Child and Adult Food Program in CNIPS) must sign a security agreement and submit to SCN.

What kind of documents still need to be mailed/faxed/emailed to SCN?

All sponsors must submit a copy of the Letter to the Health Department. New sponsors that do not participate in the NSLP or CACFP will need to also submit a signed Permanent Agreement.

Questions throughout the CNIPS Sponsor Application will trigger the need to submit the above items. After entering all application information, you will be reminded of the documents that need to be attached to the application (in CNIPS on the checklist screen) in order for your application to be approved.

- Application deadline :

May 14 or 30 days prior to first day of operation

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

8. Advance Request (if applicable)

- Must email SCN consultant for review and approval once advance request is completed

Summer Food Service Program

CNIPS

Child Nutrition Information and Payment System

CNIPS is a user-friendly web application that allows authorized users to submit and approve application, claims and miscellaneous forms via the Internet.

Accessing the Web site

KDE website>Federal programs/School and Community Nutrition>Overview>Online reporting.

Or: https://cnips.education.ky.gov

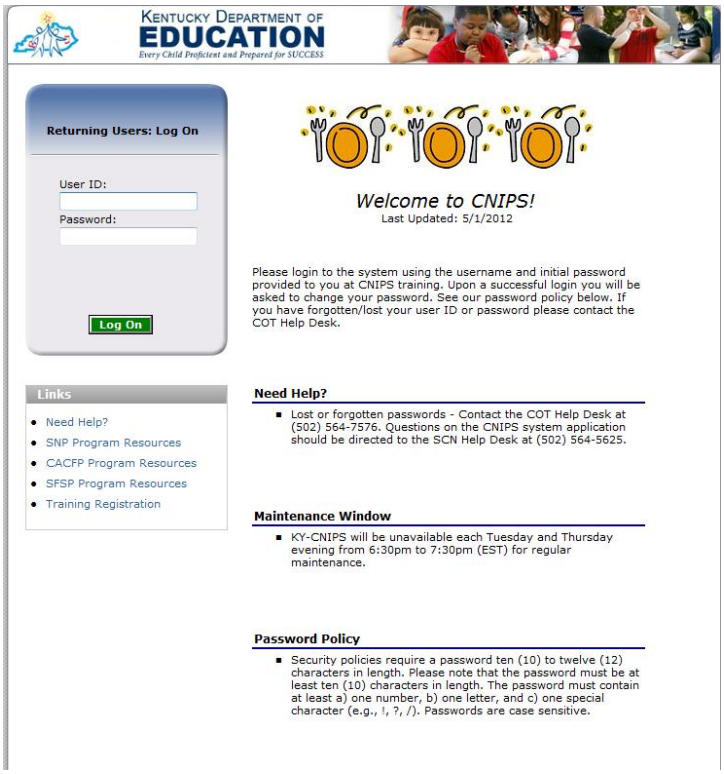
Before you can begin using CNIPS, you must be assigned a user ID and password by the CNIPS Help Desk that provides the required security rights.

Enter your **User ID.**

Enter your **Password.**

If this is your first time logging on, the system will automatically require you to change your password.

Password must be 10-12 characters in length and must contain at least one number, one letter, and one special character (!,?, /). Passwords are case sensitive

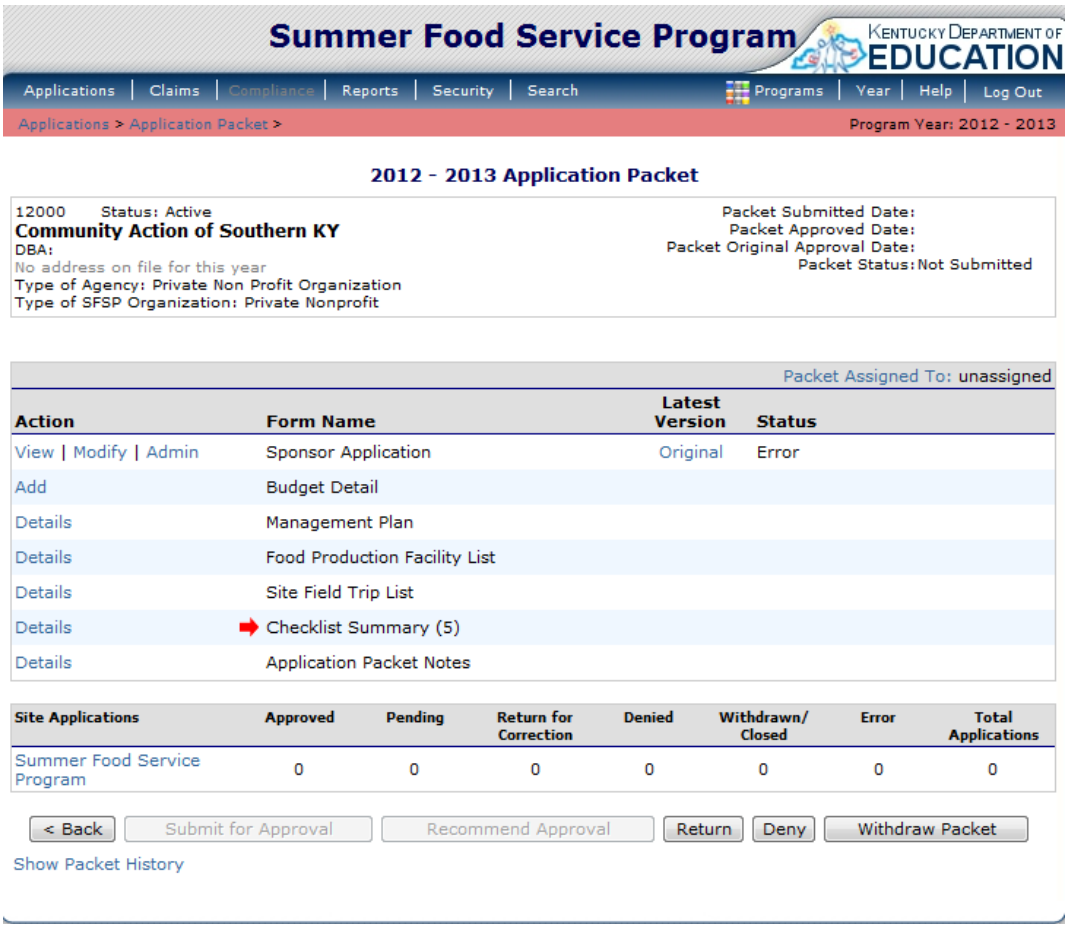


Menu Items

Selected School Year

Your Sponsor information: check accuracy.

Select: Applications>Application Packet



Under “action”, Click **Modify** for Sponsor Application

Let’s start filling out the Sponsor Application.

SFSP SPONSOR APPLICATION

Check to see that the sponsor type is correct. Please notify your program consultant if the type of agency is incorrect:

Version: Original

Sponsor Type

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

Enter the physical address of the sponsoring organization. No PO boxes or other type of information should be entered here.

Physical Address

3. Address Line 1:
   Address Line 2:
4. City:
5. State: KY Zip:
6. County:

Mailing Address

☐ Same as the Physical Address

7. Address Line 1:
   Address Line 2:
8. City:
9. State: KY Zip:

Entering the mailing address where all correspondence from the state agency should be sent to.
Tip: *Use the 'Same as the…' feature to automatically pre-populate the information if the address is same as the physical address.*

Enter the individual responsible for administering the summer food service program within your organization. *Please note:* salutation is required, phone extension and fax number are not.

Summer Food Service Program Contact

	Salutation	First Name	Last Name
10. Name:			

11. Email Address:
12. Phone: Ext: Fax:
13. Title:
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:			

16. Date of Birth: (mm/dd/yyyy)

17. Email Address:

18. Phone: Ext: Fax:

19. Title:

Mailing Address

☐ Same as the Sponsor Mailing Address

20. Address Line 1:

Address Line 2:

21. City:

22. State: KY Zip:

23. ☐ This person attended current program year's SCN training. Date Training Completed:

This can be the same as the **Summer Food Service Contact**. Be sure to complete the date that training on summer feeding was completed. **Be sure to enter salutation!**

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:

This will be needed to be reported. Someone from the sponsoring organization that is a supervisory person must attend training.

General Questions-#'s 26-29 – if 26 is answered "no", you will be given some options:
"Food service to children of migrant workers",
"Failure to operate would deny program to a needy area"
"Failure to operate would deny a significant number of children",
"Operate residential camps",
Other.

Outreach

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

Certification

30. State policies and rules require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:

1. Has the agency or any of the agency'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 (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.

   If yes, submit a listing of the publicly funded programs in which the sponsor and its principals have participated in the past seven years and currently participate in.

2. 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 #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed? ○ Yes ◉ No

   If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.
   If no, submit a detailed explanation.

4. 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.

   If yes, submit a detailed explanation.

The following is an excerpt. Please read thoroughly before checking the box.

31. ☑ 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.

Comments to Sponsor:

Created By: bblunt on: 12/13/2012 1:08:51 PM Modified By: bblunt on: 12/13/2012 1:09:55 PM

Save Cancel

Your consultant may leave a message for you in the "Comments to Sponsor".

Finally, click **Save** and **Finish**.

SFSP Management Plan

Sponsors will need to indicate the number of people who will be working in each position, whether they are performing in the same function as last year in SFSP, and if they attended training by SCN.

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

2012 - 2013 SFSP Management Plan

11756 Status: Active
Jennifer's Summer of Fun
DBA:
100 Main St.
Louisville, KY 44400
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:	Honorable	John	Jennifer

Title: Chairman
Email Address: john.jennifer@fun.org
Phone: (555) 333-5555 Ext: Fax:
Address 1: 400 Holly lane
Address 2:
City: Lousiville
State: KY Zip: 40045

Administrative Staff

Name: Jan Jones Position title: Food Service Director
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: Sally Stallone Position title: Administrative assistant
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

The administrative staff would include coordinators, monitors, finance staff, trainers.

Administrative Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by SCN)
Overall Management	1	04/20/2013
Claims Preparation	1	04/20/2013
Accounting	1	04/20/2013
Training/Monitoring	1	04/20/2013

Operational Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by SCN)
Site Supervisor	1	04/30/2013
Volunteer(s)	2	04/30/2013

Sponsor Monitoring Plan

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

Internal Use Only

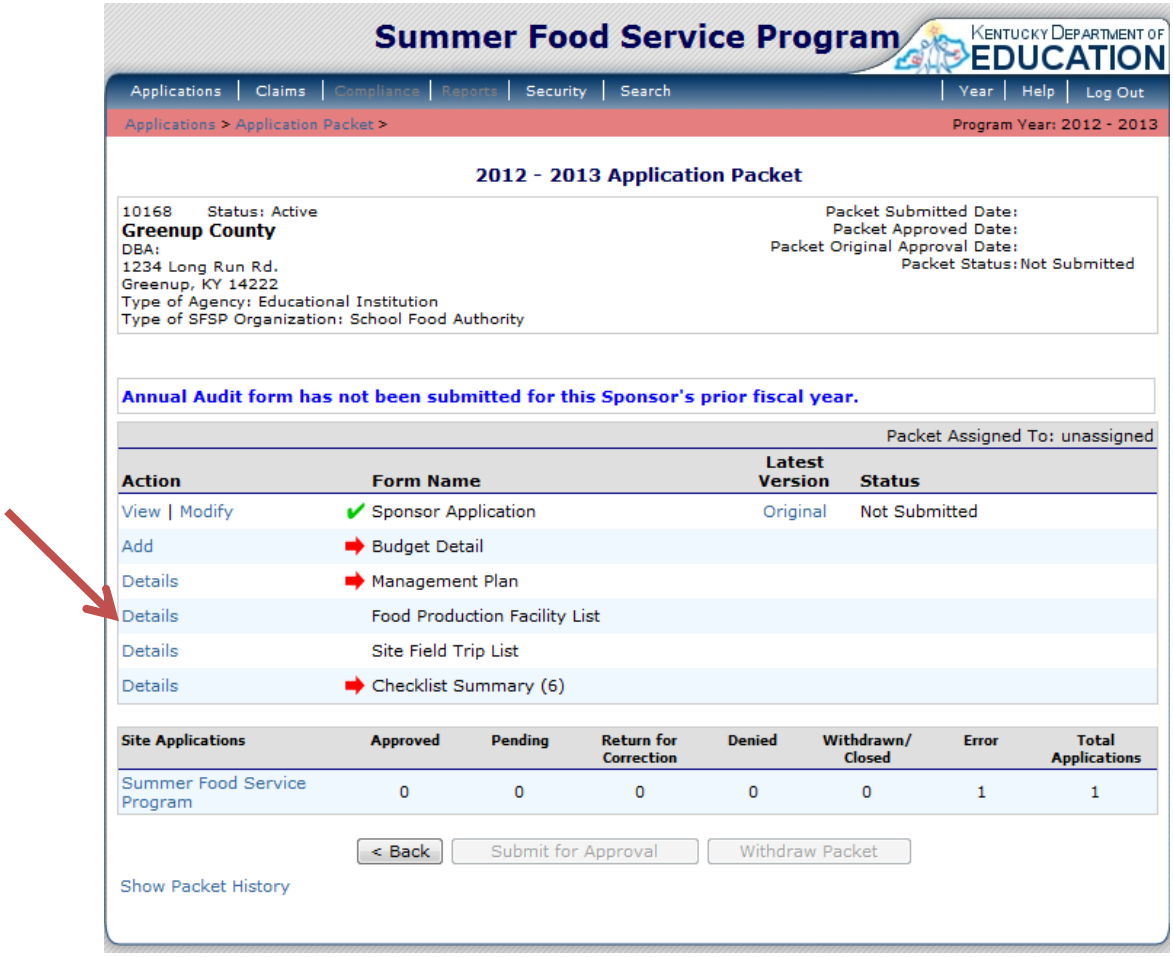
Status: Pending Approval

Internal Comments:

Comments to Sponsor:

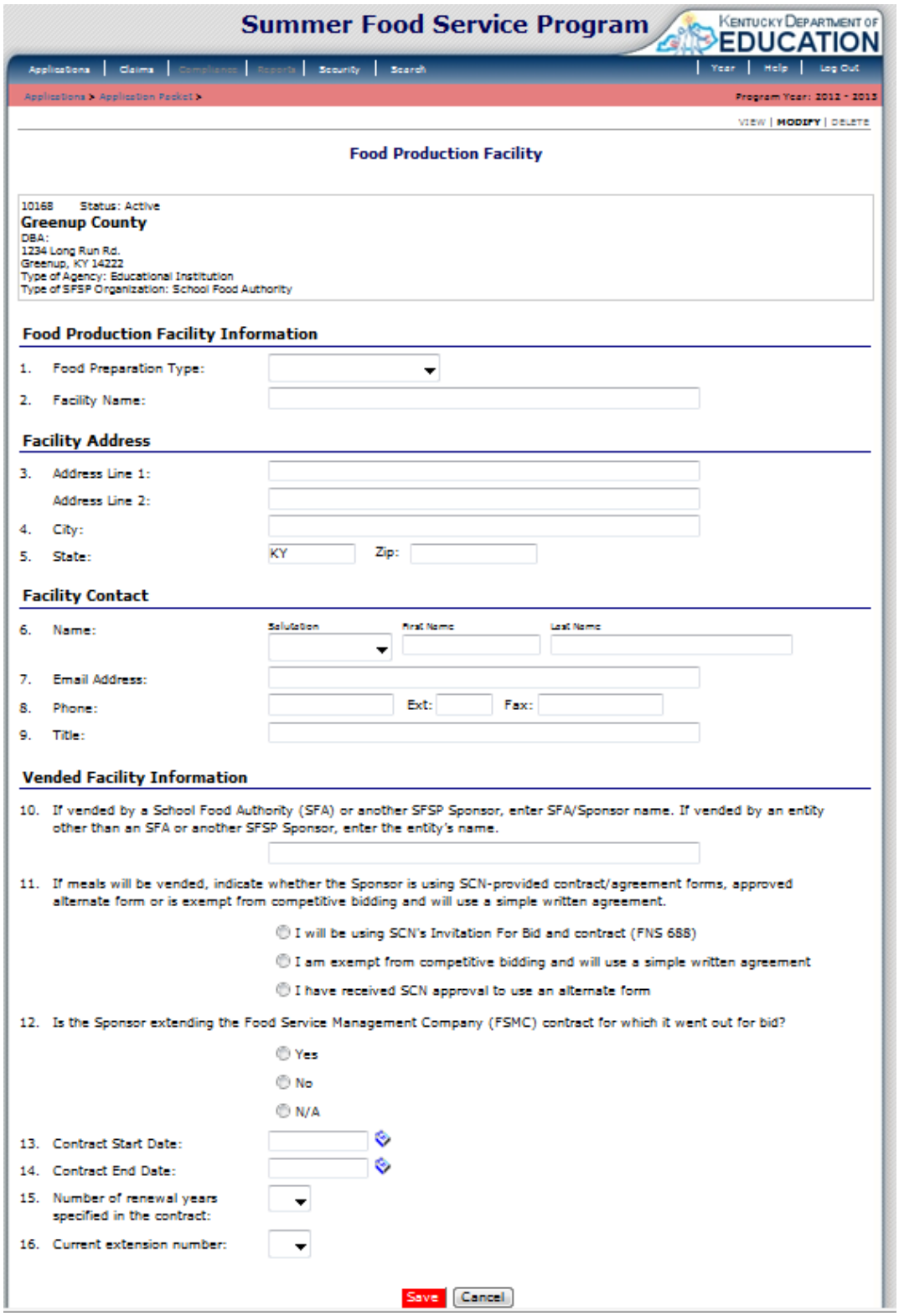
Save Cancel

Food Production Facility List



The Food Production Facility List will need to be completed before adding site applications. The site application requires the food production facility to be chosen from a list auto-populated by the completion of this form. Without this information, you will not be able to complete the site application(s).

In the Food Production facility form the type of food preparation facility determines if the Vended Facility information is available to complete. If Central Kitchen is chosen, Vended Facility is greyed out and cannot be completed. If Vended is indicated, the questions for Vended Facility will be made available to complete.



Summer Food Service Program

KENTUCKY DEPARTMENT OF EDUCATION

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

Applications > Application Packet >

Program Year: 2012 - 2013

VIEW | MODIFY | DELETE

Food Production Facility

10168 Status: Active
Greenup County
DBA:
1234 Long Run Rd.
Greenup, KY 14222
Type of Agency: Educational Institution
Type of SFSP Organization: School Food Authority

Food Production Facility Information

1. Food Preparation Type:
2. Facility Name:

Facility Address

3. Address Line 1:
   Address Line 2:
4. City:
5. State: KY Zip:

Facility Contact

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

Vended Facility Information

10. If vended by a School Food Authority (SFA) 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

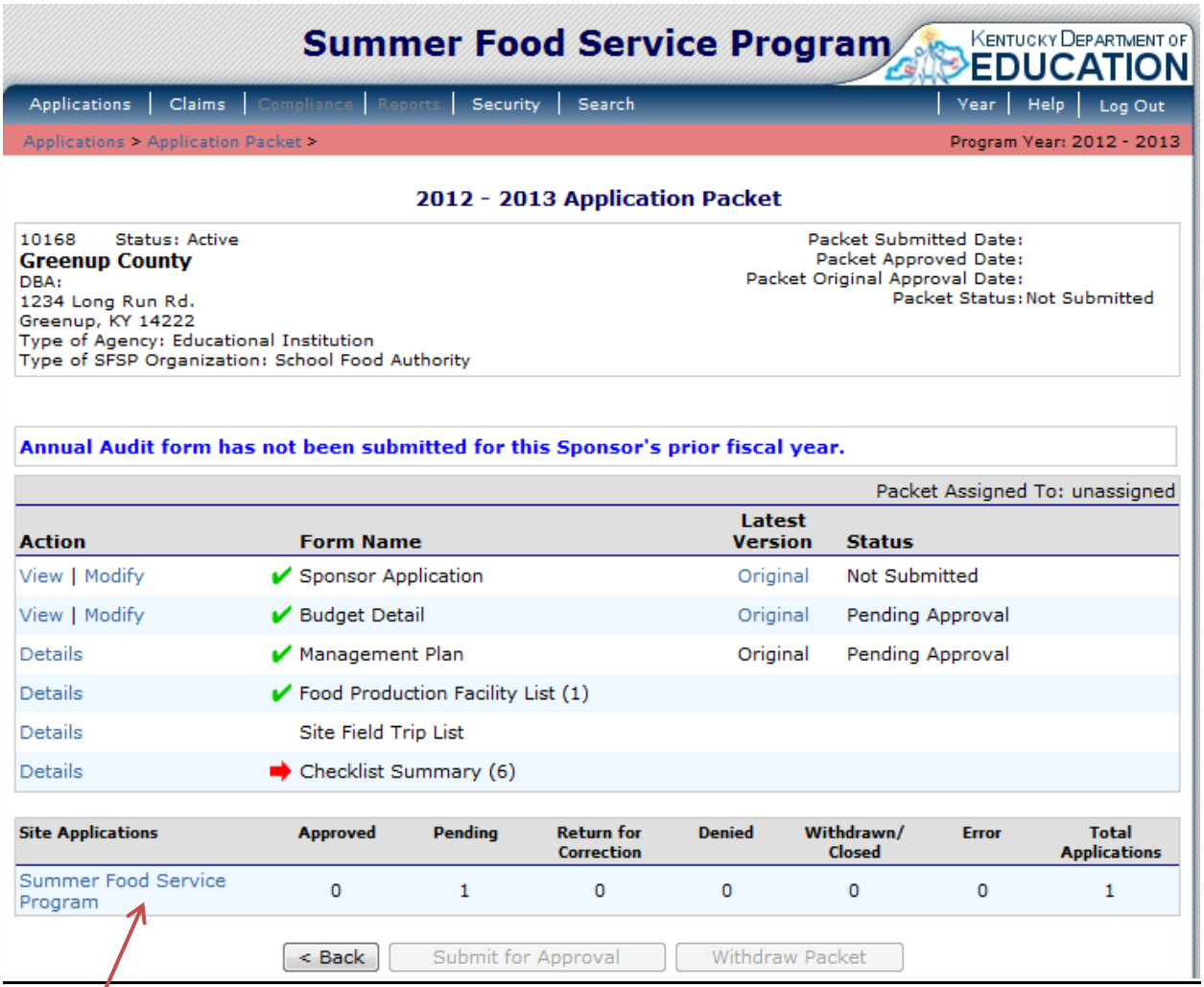
13. Contract Start Date:
14. Contract End Date:
15. Number of renewal years specified in the contract:
16. Current extension number:

Save Cancel

Click **Save** and **Finish**.

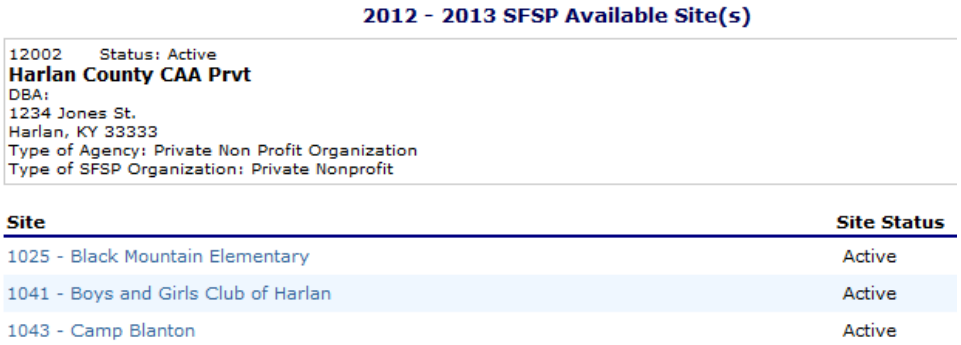
Now to Site Applications.

Site Application SFSP CNIPS



Click on Summer Food Service Program

Click Add to complete site application information



Click the site you seek to add from the list of available sites.

Version: Original

Physical Address

1. Address Line 1: 89 fun lane
   Address Line 2:
2. City: louisville
3. State: KY Zip: 40333
4. County: JEFFERSON COUNTY (056)
5. Nearest cross street: simpson and hall

Mailing Address

☐ Same as the Physical Address

6. Address Line 1: 89 fun lane
   Address Line 2:
7. City: louisville
8. State: KY Zip: 40333

Sponsor Contact for this Site

	Salutation	First Name	Last Name
9. Name:	Mrs.	Hally	Hall

10. Email Address: hally.hall@summer.org
11. Phone: (555) 555-5555 Ext: Fax:
12. Title: site supervisor

Site Supervisor

☑ Same as the Sponsor Contact for this Site

	Salutation	First Name	Last Name
13. Name:	Mrs.	Hally	Hall

14. Email Address: hally.hall@summer.org
15. Phone: (555) 555-5555 Ext: Fax:
16. Title: site supervisor

As with the sponsor application, be sure to include salutation and area code for phone number.

General Site Information

17. Operation Dates: Start: 06/03/2013 End: 06/14/2013
18. Enter the number of days the Site will operate each month:

OCT 2012	NOV 2012	DEC 2012	JAN 2013	FEB 2013	MAR 2013	APR 2013	MAY 2013	JUN 2013	JUL 2013	AUG 2013	SEP 2013
0	0	0	0	0	0	0	0	10	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: Urban

Operation date cannot be beyond 09/30. You cannot enter more meal types than are allowed or you will get an error message. Geographic location will be entered automatically based on site profile.

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.

#23, if "yes", cannot add site. If #24 is "no", you must enter a pre-op visit date in #26. If there is another SFSP or SSO program site within ¼ mile of this site, you must answer the questions regarding the sponsor and site. (this is shown only partially in the above snapshot).

Site Type

28. Site Type: Open

    Reason for operating a Restricted Open or Closed Enrolled Site:
29. Eligibility Method: Housing Authority Information

    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: %

    Program Year of School Data:

    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: Food Service Only

    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 Type:

Is this a an open, restricted open, closed-enrolled, or camp? Reason must be given if it is a "restricted open" or "closed enrolled" site.

#29. How is Eligibiliy Determined? School field is enabled if eligibility method is "school data"

#30. Primary service provided by this site: If site type is "open" or "restricted open", the following choices are given: emergency shelter, migrant, recreation, food service only, school or other.

If the site is "closed-enrolled", the choices that are given: culture, emergency shelter, migrant, recreation, religious, or other.

#31-this will auto-calculate the percentage of enrolled children that are eligible for free and reduced meals. (must be at least 50%)

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:

    Call the central kitchen with attendance figure

34. Is this a mobile site? ○ Yes ◉ No

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: 06/03/2013 End: 06/14/2013

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

OCT 2012	NOV 2012	DEC 2012	JAN 2013	FEB 2013	MAR 2013	APR 2013	MAY 2013	JUN 2013	JUL 2013	AUG 2013	SEP 2013
0	0	0	0	0	0	0	0	10	0	0	0

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

B4. Meal Times: Start: 9 AM :00 End: 10 AM :00

B5. Meal Service Method: Vended by another SFSP Sponsor

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 80

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

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:

Refrigerate and serve the following day

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

Serve indoors

Describe the Other plan:

B1. "same as site" –only if this is the operation days in #17.

L1-L11 are filled out in the same format.

Lunch

L1. Meal Serving Dates (non-camp only): ☐ Same as the Site Start: 06/03/2013 End: 06/14/2013

L2. Enter the number of days the meal will be served each month: ☐ Same as the Site

OCT 2012	NOV 2012	DEC 2012	JAN 2013	FEB 2013	MAR 2013	APR 2013	MAY 2013	JUN 2013	JUL 2013	AUG 2013	SEP 2013
0	0	0	0	0	0	0	0	10	0	0	0

L3. Days served: ☐ Mon-Fri ☐ Sun ☑ Mon ☑ Tue ☑ Wed ☑ Thu ☑ Fri ☐ Sat

L4. Meal Times: Start: 11 AM :30 End: 12 Noon :30

L5. Meal Service Method: Vended by another SFSP Sponsor

L6. Menu Planning Option: SFSP Menu Pattern

L7. Average Daily Participation (non-camp only): 100

L8. Maximum number of meals that may be served (state use only):

L9. 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.

L10. Indicate your plan for the storage or disposal of leftover meals or components:

Refrigerate and serve the following day

L11. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Serve indoors

Describe the Other plan:

Notice anything missing below? #38 would be a set of questions only if site type is "camp".

Meal Time Exception

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

none

Special Meal Pattern and Dietary Needs

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

If you answer "Yes" to #39, you will need to submit an Infant Feeding waiver.

You will need to have the Food Production Facility List in the Application Packet completed before completing question #40. This will be needed if a site receives meals from a central kitchen or is vended by one of the following: SFA, FSMC or another SFSP sponsor.

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: Jennifer's 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 delivered at 7:00 a.m. and held in refrigerator unit.

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

Outreach

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

42. Advertisement Date(s):

xxx 05/01/2013

43. Advertisement Method:

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

Certification

44. [x] 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.

Read, check certification, click Save and Finish.

SFSP Budget Detail

Click **Add** on the Budget Detail to view the budget screen.

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify | Admin	Sponsor Application	Original	Not Submitted
Add	Budget Detail		
Details	Management Plan		
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	Checklist Summary (7)		
Details	Application Packet Notes		

Click

2012 - 2013 SFSP Budget Detail

11756 Status: Active
Jennifer's Summer of Fun
DBA:
100 Main St.
Louisville, KY 44400
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Budget Version: Original

Operating Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	$0.00
Lunch	0	0	$0.00
Snack	0	0	$0.00
Supper	0	0	$0.00
		Sub Total	$0.00

Administrative Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	$0.00
Lunch	0	0	$0.00
Snack	0	0	$0.00
Supper	0	0	$0.00
		Sub Total	$0.00

The above information will be generated from the site information. You will complete site applications first. You will not enter information here.

You will enter projected operating and administrative costs:

Projected Operating Costs		
Food for all vended and self-prep meals:		$0.00
Non Food Supplies:		$0.00
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	$0.00

Tip: Review previous year's costs for a baseline in entering this information.

Projected Administrative Costs		
Administrative Personnel:		$0.00
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	$0.00

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

Will meals be served to non-program adults? Will meals be provided at no cost to non-program adults?

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

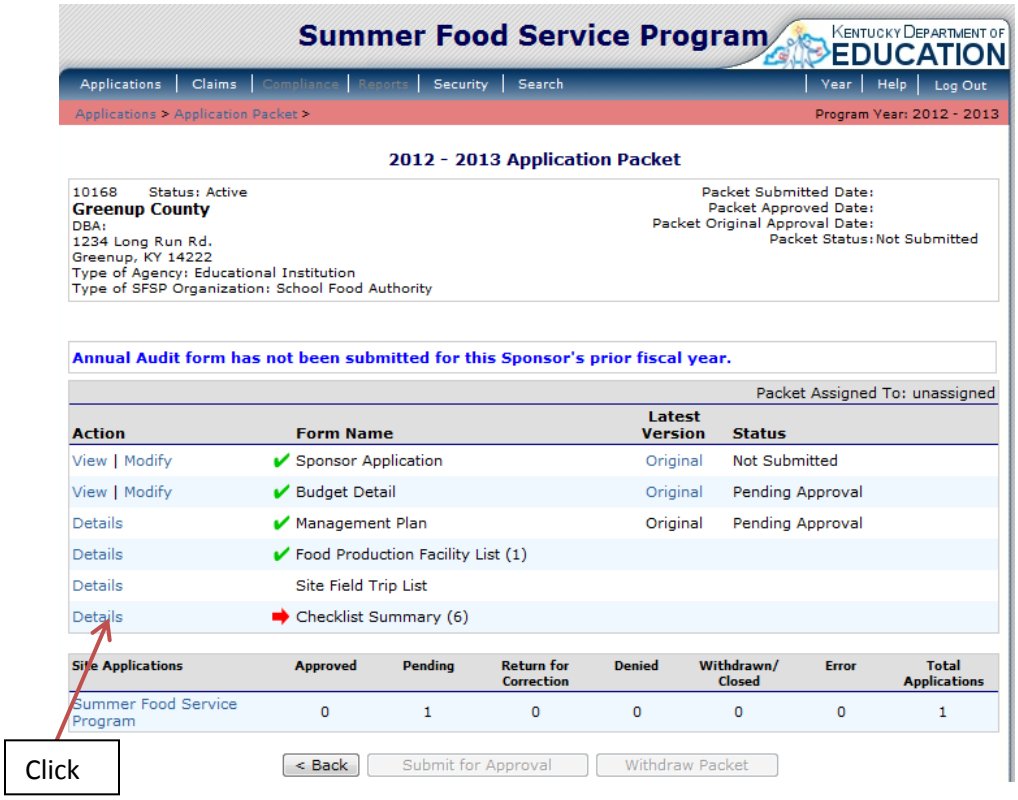
Misc.

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

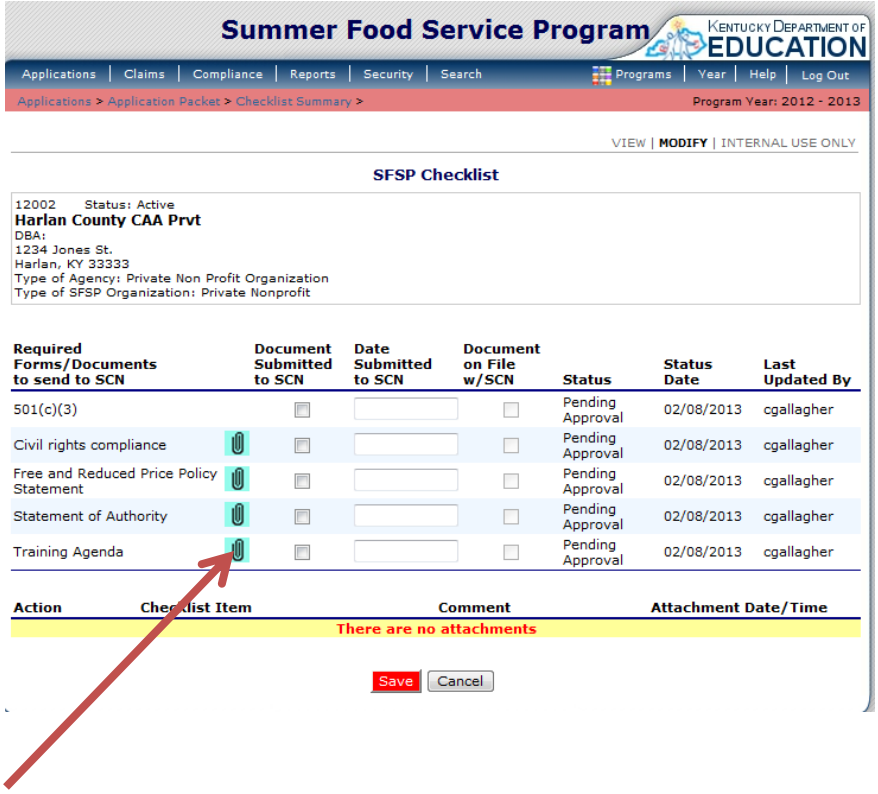
SFSP Application Packet Checklist



Sponsor Level Checklist Items

Sponsor and Site level checklist items appear on the screen.

Begin with the sponsor level checklist by clicking on the sponsor name hyperlink.



The paperclip icon shows that you can upload a document. Click on the icon to get this screen:

Click **Browse…** to locate the file to upload. Comments are optional.

When finished click **Save**.

When you upload a document, you can click the box “submitted” and the date will auto-populate.

Required Forms/Documents to send to SCN		Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status
501(c)(3)		☐		☐	Pending Approval
Civil rights compliance	📎	☐		☐	Pending Approval
Free and Reduced Price Policy Statement	📎	☑	02/12/2013	☐	Pending Approval
Statement of Authority	📎	☐		☐	Pending Approval
Training Agenda	📎	☐		☐	Pending Approval

Action	Checklist Item	Comment
View | Modify	Free and Reduced Price Policy Statement	

Save Cancel

Now we can complete the Site checklist. SFSP has site checklists in addition to the Sponsor Checklist.

Summer Food Service Program — Kentucky Department of Education

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

Applications > Application Packet > — Program Year: 2012 - 2013

2012 - 2013 Application Packet

12000 Status: Active
Community Action of Southern KY
DBA:
No address on file for this year
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

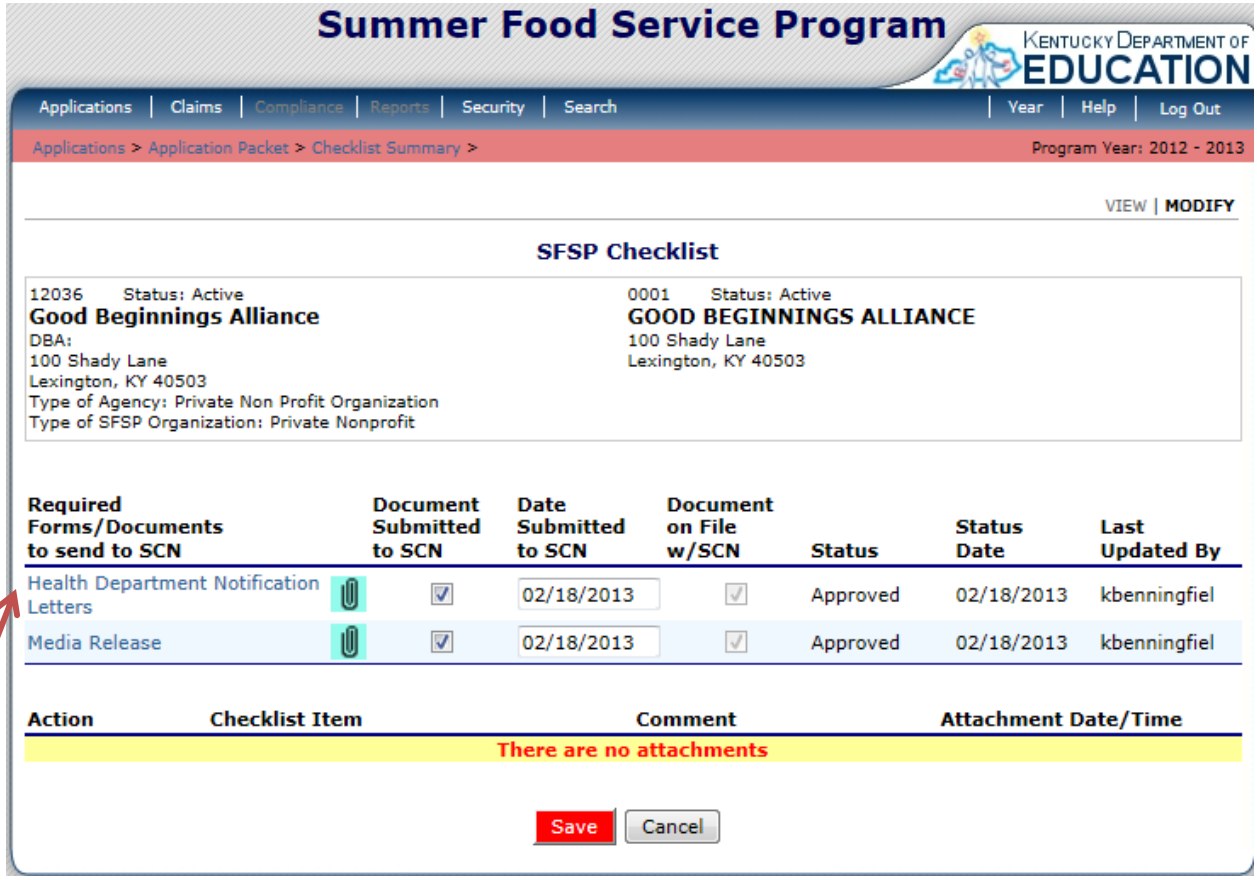
Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View | Modify | Admin	Sponsor Application	Original	Error
Add	Budget Detail		
Details	Management Plan		
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	Checklist Summary (5)		
Details	Application Packet Notes		

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

< Back | Submit for Approval | Recommend Approval | Return | Deny | Withdraw Packet

Show Packet History



Here is where you will upload your Health Department Notification letter and Media Release. These will be uploaded at the time of your application only. Any changes in meal service times, dates, or type will necessitate a new media release and health department notification, but the changed documents will not be submitted on CNIPS, to SCN. Keep these on file to substantiate that these were done. Be sure to go into the sites affected and change any information in the site application(s).

For those sponsors with numerous sites who use a media release and health department letter that lists all sites in one document, you can upload these forms on the first site on the list. Any added sites will necessitate revised information being uploaded at this site as well. When you go to the site checklists for the remaining sites, simply check the box "Document submitted to SCN". We will find your documents for all of the sites under the first site's checklist.

Tip! Items without a paperclip should be faxed or mailed to SCN.

When finished click on **Save.**

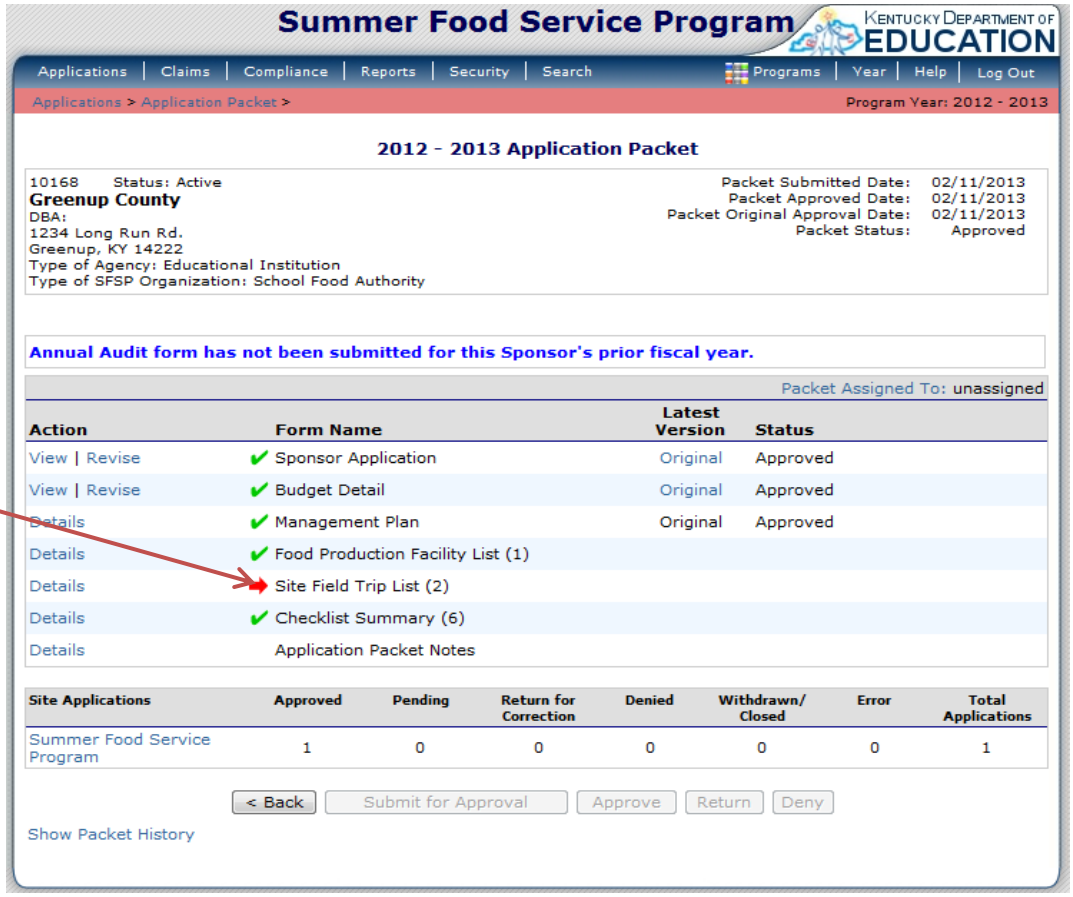
Then click **Finish**.

When finished click **Back** to return to the Sponsor Application Packet screen.

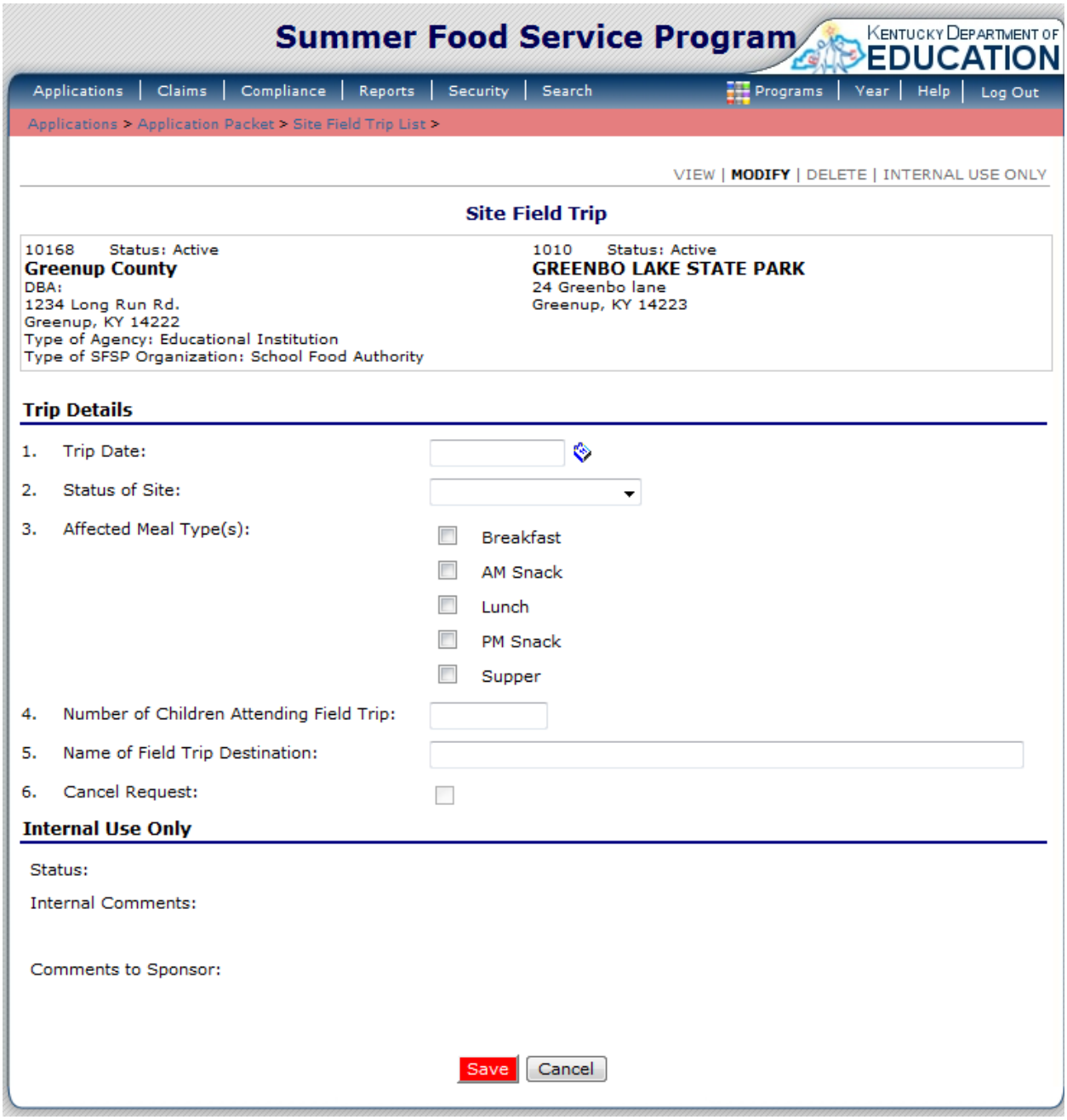
Tip! The Total Items should equal the Submitted Items.

SFSP Application Packet Site Field Trip

Once the application packet is approved, you can complete the "Site Field Trip List".



Click to create new field trip


Summer Food Service Program
KENTUCKY DEPARTMENT OF EDUCATION
Applications | Claims | Compliance | Reports | Security | Search
Programs | Year | Help | Log Out
Applications > Application Packet > Site Field Trip List >
VIEW | MODIFY | DELETE | INTERNAL USE ONLY
Site Field Trip
10168 Status: Active
Greenup County
DBA:
1234 Long Run Rd.
Greenup, KY 14222
Type of Agency: Educational Institution
Type of SFSP Organization: School Food Authority
1010 Status: Active
GREENBO LAKE STATE PARK
24 Greenbo lane
Greenup, KY 14223
Trip Details
1. Trip Date:
2. Status of Site:
3. Affected Meal Type(s):
Breakfast
AM Snack
Lunch
PM Snack
Supper
4. Number of Children Attending Field Trip:
5. Name of Field Trip Destination:
6. Cancel Request:
Internal Use Only
Status:
Internal Comments:
Comments to Sponsor:
Save
Cancel

SFSP Advance Requests

This can be completed only <u>after</u> a sponsor has an approved sponsor application packet.

Sponsors use the Advance Requests menu option to submit a request for operational or administrative payment advances and to view the status of their submitted requests.

- **A sponsor may request up to three (3) Operating Advances and up to two (2) Administrative advances for a designated program year.**
- **The SFSP Advance Request for YYYY-YYYY screen enables only claim periods for the Sponsor based on the application information.**
- **At least one site must have at least 10 operating days in order to request an advance.**
- **SCN determines the monetary amount granted for each advance request.**