



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Peter Lyskowski
Acting Director



Jeremiah W. (Jay) Nixon
Governor

Dear Prospective Summer Food Service Program Applicant:

Enclosed is the application packet for the Summer Food Service Program (SFSP). A copy of our training schedule is also included. Please note that training is mandatory for new sponsors. Training for experienced sponsors is optional, but recommended. Experienced sponsors with new staff members should strongly consider sending new personnel to one of the New Sponsor Training sessions for a comprehensive introduction to the SFSP.

Please submit your **complete** and **accurate** application by the following deadlines:

- ◆ April 1, or the first business day of April, for May commodity delivery
- ◆ May 1, or the first business day of May, for June commodity delivery or June advances
- ◆ The final deadline is May 15, or 30 days prior to your first day of operation, whichever is earlier.

Completed applications should be mailed to: Missouri Department of Health & Senior Services, Bureau of Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO, 65102 or they may be faxed to 1-573-526-3679.

If there are questions regarding the SFSP application process or other aspects of the program, please call 888-435-1464 or 573-751-6251. Your interest in the SFSP is appreciated and we look forward to the possibility of working with you this summer!

Sincerely,

Lola Phillips, Associate Chief
Bureau of Community Food and Nutrition Assistance

LP

Enclosures

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Summer Food Service Program (SFSP) New Sponsor Paper Application Instructions:

Prior sponsors should log into the web-based system to submit their application. If you need a new user ID please submit the Network User Access Request form to the address/fax number listed below. If you have forgotten your user ID or password, please call DHSS-CFNA at 888-435-1464.



- The training flyer is enclosed for your convenience. Federal regulations require new SFSP sponsors to attend training. **All prior sponsors are required to attend training in 2016.** If you have new personnel, it is highly recommended they participate in the new sponsor training.
- The six-page Sponsor Application and the three-page Site Information Sheet (one for each site) must be completed.
- A completed Policy Statement.
- **Vended sponsors:** please be sure to complete the Food Service Management Company name and address on Page 1 of the sponsor application. Please note that final approval of your application is pending receipt of your signed FSMC contract. *See the Vended Sponsor's Guide at: <http://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/laws.php> for information on required procurement procedures.*
- The Network User Access Request form may be completed for one to two individuals for access to the SFSP database.
- Please be sure all questions are complete and that all the forms have been **signed and dated**.
- Vendor Input/ACH-EFT Application must be completed in order to establish direct deposit. Direct deposit is required.
- The Income Eligibility Guidance is for sponsors of **camps or enrolled sites**. Sponsors of camps or enrolled sites must keep documentation of income eligibility on file. Refer to the instructions and forms included in the booklet.
- It is required that you train your program personnel; please use the Documentation of Training form as your sign-in sheet for your training session(s).

Be sure to keep a copy of the application for your records.

Please submit **the complete, signed and dated application** to the following address by the deadline dates listed in the application letter.

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
920 Wildwood (for shipping services such as UPS or FEDEX) or via fax: 573-526-3679
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102

If you have questions about the application forms, the approval process, or need technical assistance, please call our toll free number 1-888-435-1464.

Summer Food Service Program (SFSP) New Applicant Checklist

Please submit your application to the following address by the deadline date that applies to you. (Dates are listed in the application cover letter). Be sure to keep a copy of the application for your records. Please ensure all questions are complete and all forms have been signed and dated. *Applications missing question responses, signatures, and dates are not considered submitted for SFSP.*



Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
930 Wildwood (for shipping services such as UPS or FEDEX)
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102
or via fax to:573-526-3679

Use this checklist to ensure all required items are enclosed with your application packet.

<ul style="list-style-type: none"> <input type="checkbox"/> Form CACFP 1000 <input type="checkbox"/> Form CACFP 1001 <input type="checkbox"/> Form CACFP 1002 <input type="checkbox"/> SFSP Web-Access Form <input type="checkbox"/> Form SAMII <input type="checkbox"/> BMA <input type="checkbox"/> DUNNS <input type="checkbox"/> E-verify <input type="checkbox"/> IRS Letter 	<ul style="list-style-type: none"> Sponsor Application (4 Pages) Site Information Sheet (3 Pages) (One for each meal site) Policy Statement Provides User Id and Password for SFSP database Vendor Input/ACH-EFT Application (direct deposit form) Business Management Assessment (5 Pages) DUNNS – (3 Pages) E-verify Non-Profit Organizations submit copy of IRS Letter
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Use this checklist to ensure sites are ready for operation.

<u>FORM NAME/NUMBER</u>	<u>DESCRIPTION</u>
<input type="checkbox"/> Documentation of Training	Required before start of program operations. Kept onsite for MDHSS review.
<input type="checkbox"/> Pre-Operational Site Review	Completed for each new site prior to application submission and kept onsite for MDHSS review.
<input type="checkbox"/> And Justice For All Poster	Must be displayed in a prominent location at each site where it can be easily viewed.
<input type="checkbox"/> Sponsor/Site Agreement	Before adding an unaffiliated new site, ensure you obtain a sponsor site agreement.
<input type="checkbox"/> Daily Meal Count Form	Completed at the point of service for each meal. Must be dated and kept with monthly records.
<input type="checkbox"/> Medical Food Substitution Form	Have a few copies available for participants with allergies and or special dietary needs. Must be signed by a physician.
<input type="checkbox"/> 1 st & 4 th Week Site Review Form	Sponsors are required to conduct reviews during the 1 and 4 th weeks. There is also space to record your



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION
 ASSISTANCE SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION AND BUDGET
 (Please TYPE or PRINT Clearly)

1. Name of Sponsoring Organization		2. Mailing Address (P.O. Box or Street Address, City, State & Zip Code)	
3. Street Address (if different from 2.) (Street Address, City, State & ZIP Code)		4. County	
5. Responsible Individual Name Position Responsible Individual's Email Address Responsible Individual's Telephone # () - Ext. Responsible Individual's Fax # () - Ext.	6. Food Program Contact's Name Position Food Program Contact's Email Address Food Program Contact's Telephone # () - Ext. Food Program Contact's Fax # () - Ext.	7. Financial Contact's (Optional) Name Position Financial Contact's Email Address Financial Contact's Telephone # () - Ext. Financial Contact's Fax # () - Ext.	
8. Type of Sponsor: <input type="checkbox"/> School Food Authority (public or private, non-profit) <input type="checkbox"/> Upward Bound <input type="checkbox"/> Government Entity (State, Local, Municipal or County) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) Example: County Health Dept. <input type="checkbox"/> Private Non-Profit (PNP) Organization <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> Private Non-Profit (PNP) Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.			
9. Method of Meal Preparation: <input type="checkbox"/> Self-Preparation OR <input type="checkbox"/> Vended		10. If Method of Meal Preparation is Self Preparation, are meals prepared: <input type="checkbox"/> At each site <input type="checkbox"/> At a central kitchen	
11. If food is prepared at a vendor kitchen (Food Service Management Company or School Food Service Authority) or at a central kitchen (serving more than one site) list the facility name, address and contact information below for each separate facility:			
Facility Type: <u>(Column A)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.	Facility Type: <u>(Column B)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.	Facility Type: <u>(Column C)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.	
If meals are served via a central kitchen, list all sites served by each central kitchen: Use additional sheets if necessary.			
Column A:			
Column B:			
Column C:			

12. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?
 Yes No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

13. Does any other agency other than the sponsor provide site personnel? (If meals are vended, mark yes and enter the information for the FSMC below)
 Yes No
 If **Yes**, provide the name, agency and title of person responsible:

14. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel: Yes No
 ♦Purpose of the Program ♦Meal Pattern Requirements ♦Site Eligibility ♦Site Operations ♦Recordkeeping ♦Duties of a Monitor ♦Civil Rights

15. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: Yes No
 1. Monitor sites and note areas of non-compliance 2. Discuss problems with site supervisor
 3. Recommend corrective action 4. Follow-up in one week to assure corrections are made

16. Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program? Yes No
 If **Yes**, please submit a written explanation regarding the circumstances to MDHSS—BCFNA.

17. List the names of other Federal agencies providing assistance to the applicant organization.

18. Has the applicant ever been found to be in noncompliance with regard to Civil Rights regulations for any of the agencies listed in question #17, Yes No
 IF yes please explain:

19. List the estimated percentage ethnic make-up of the population of the area to be served (**percentages must total 100%**):

Hispanic or Latino	Not Hispanic or Latino	Total
%	%	100%

20. List the estimated percentage racial make-up of the population of the area to be served (**percentages must total 100%**):

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

21. What efforts will be used to assure that minority populations have equal opportunity to participate? (check all that apply)

Distribution of brochures or Program information at public locations. Public service announcements in:

Paid or free advertisements in local newspapers. Local Newspaper

Personal contact with community groups and/or parents. Radio

Television

22. Do these efforts also reflect methods used to assure minority and grassroots organizations participate in the program as required by program regulations?
 Yes No

22. Has your organization ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? Yes No
 If **Yes**, explain:

23. Is your organization faith-based or affiliated with a church?
 Yes No

23. Advances
 Does the applicant organization elect to receive advance payments? Yes No
 If **Yes**, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in any month(s) selected:

Month	Operating Advance	Requested Amount	Administrative Advance	Requested Amount
June 1 st	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
July 15 th	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
August 15 th	<input type="checkbox"/>	\$		

Note: Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the requested amount.

SPONSOR BUDGET

1. Administrative Staffing Plan

List administrative positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet included with your application packet.

A Title of Position	B. Number of Staff	C. Hours per day on SFSP Admin	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3 of the Sponsor Budget)						\$	

2. Operational Staffing Plan

List operational positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A Title of Position	B. Number of Staff	C. Hours per day on SFSP Operations	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget)						\$	

3. Monitoring Plan

List monitoring positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Name	B. Number of Sites	C. Hours per day on SFSP Monitoring	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G
			\$			\$
			\$			\$
			\$			\$
			\$			\$
Total monitoring salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget)						\$

4. Total SFSP Budget

BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	AMOUNT APPROVED BY DHSS
1. Annual Administrative Salary/Benefits		
a. Total Salaries		
b. Benefits		
1) Health Insurance		
2) Workman's Compensation		
3) Life Insurance		
4) Retirement Plan		
5) FICA		
6) Other (specify)		
2. Travel Expense		
a. Mileage		
b. Per Diem		
c. Leased vehicle		
d. Rental vehicle		
4. Printing		
5. Postage		
6. Annual Contracted Services		
a. Audit A-133 (required by 7 CFR 226)		
b. Professional (specify)		
8. Telephone		
a. Office Telephone Service		
b. Cellular Service		
c. Internet Service Provider		
BUDGET CATEGORY BY LINE ITEM (Cont.)	AMOUNT REQUESTED	AMOUNT APPROVED BY DHSS

9. Office Rent/Use Allowance		
a. Rent/Lease		
b. Use Allowance or Depreciation (circle one)		
c. Insurance (cover loss of Federal property)		
d. Maintenance		
e. Janitorial		
10. Utilities		
a. Gas/Electric		
b. Water/Sewer		
c. Trash Removal		
d. Other (specify)		
Total of Direct Expenses:		
11. Annual Indirect Costs (Submit C.A.P.)		

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 3)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 3)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	Total Approved Administrative Budget	Total Operational Costs	\$
			Grand Total	
Administrative Meals x Rates	\$	\$	Operational Meals x Rates	

MULTI-STATE OPERATIONS

Does the organization operate in more than one State? Yes No Please list the states _____

Does the local affiliate send money from the non-profit food service account or money from the SFSP to the parent organization? Yes No

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
 Vendor Input/ACH-EFT Form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
 Copy of entire, current Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)
 Completed and signed Policy Statement (new sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated by the applicant organization (sponsor) at all sites.
5. Reimbursement will be claimed only for meals served to eligible children.
6. Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) site(s).

NAME, TITLE, AND SIGNATURE OF THE FINANCIALLY AND/OR ADMINISTRATIVELY RESPONSIBLE PARTY

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶ □□

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶ □□

TITLE

DATE

TITLE

DATE

DHSS USE ONLY BELOW THIS LINE

APPROVED BY DHSS—CFNA REPRESENTATIVE

▶ □□

TITLE

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET (Please TYPE or PRINT clearly)

1. Name of Sponsor:		2. Name of Site:	
3. Street Address of Site (where children are fed). Include street, city, state & ZIP code:			4. County:
5. Site Supervisor's Name:		6. Site Supervisor's Position:	7. Site Supervisor's mail address:
8. Site Supervisor's Telephone Number: () - Ext.		9. Site Supervisor's Fax Number: () - Ext.	
10. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Areas considered urban include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield and St. Joseph. All others are considered rural.		10. b. Urban sites and sponsors with more than one site: Describe the geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.	
11. Site Type (choose only one): <input type="checkbox"/> Open Site Using School Data Percentage of Students Eligible for Free or Reduced Price Meals: _____ % School Name _____ District Name _____ <input type="checkbox"/> Open Site Using Census Tract Data (Contact MDHSS—BCFNA for assistance 888-435-1464) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (Mail in documentation to MDHSS—BCFNA) <input type="checkbox"/> Enrolled Site (Income Eligibility Forms must be collected) Projected # Enrolled in SFSP: _____ Projected # Eligible for Free or Reduced-price Meals _____ <input type="checkbox"/> Camp—(Income Eligibility Forms are Required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS)			
12. Is there regularly scheduled, organized activity at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes a list of the activities is required. Please list below or attach a schedule of daily activities.</i>			
13. Is this site a Child Care Center, Group Home, or Family Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> Licensed or <input type="checkbox"/> Licensed Exempt			
14. Does the system used to serve meals to children at the site ensure that each child receives a complete meal, and that meals are counted at the point of service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Does the site have the necessary staff and facilities so that the meal service is organized and properly supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Leftover meals are handled by: <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen			

17. What method is used at the facilities for holding meals at proper temperatures?

Delivered within one hour of meal service
 Prepared onsite and held at proper temperature
 Stored properly and at the proper temperature

18. Sites can adjust meal deliveries by:

Calling a request into the sponsor Writing a request to the sponsor
 Faxing a request into the sponsor E-mailing a request to the sponsor All methods are used

19. Is Offer vs Serve requested for this site? Yes No

20. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? (The application will not be processed until a site visit is completed)

Yes No Date of site visit: _____

21. Operating Dates

Begin Date (First date SFSP meals to be served at site): _____ / _____ / _____

End Date (Last date SFSP meals to be served at site): _____ / _____ / _____

20. Total number of operating days each month: <i>Exclude weekends and holidays if you will not serve meals on those days.</i>	May	June	July	August	September	TOTAL

21. Meal Service Information:

Note: You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.

Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served							Estimated Number to be served (ADP)	Estimated Number Eligible (Camps Only)	CAP (MDHSS use only)
				M	T	W	T	F	S	S			
Breakfast	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
AM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
Lunch	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
PM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
Supper	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			

22. If Central Kitchen Meal Type was chosen, list the name of the Central Kitchen preparing the food.

23. Meal Time Waiver is requested.

Select this option if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. (Example: Weeks 1-3 will site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack)

24. How many children can eat at this site at one time? _____

25. How many staff members supervise the meal service? _____

26. Please list any holidays the site will not be serving or any specific dates during the dates of operation when the site will not be in operation. (i.e., July 4 or Every other Friday beginning mm/dd/yyyy.)

27. If this is an outdoor site, where will meals be served during inclement weather?
Please provide the address and procedures for alternate meal service.

28. For Residential and Day Camps Only (use additional sheets if necessary)

Session	Begin Date	End Date
1		
2		
3		
4		
5		

29. For Field Trips and Off Site Meals Only (use additional sheets if necessary)

Field Trip	Date	Meal (Breakfast, Lunch, AM or PM Snack)
1		
2		
3		
4		
5		

30. Comments

Yes No This site operated last year and is in good standing with the sponsor. I request waiver for the first week monitoring. I certify this site will be monitored within the first four weeks.

I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Authorized Sponsor Representative	Title	Date
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MDHSS USE ONLY BELOW THIS LINE

Approval Signature of MDHSS—BCFNA Representative	Title	Date
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 P.O. Box 570, Jefferson City, MO 65102-0570

MDHSS-BCFNA USE ONLY

**NETWORK USER ACCESS REQUEST
(SFSP)**

SOCIAL SECURITY NUMBER	OFFICE TELEPHONE
NAME (Last Name, First Name, MI)	ORGANIZATION NAME (Must Match SFSP Application)
DIVISION DCPH/BCFNA – Summer Food Service Program (SFSP) 888-435-1464	AUTHORIZED REPRESENTATIVE (Must Match SFSP Application)
ADDRESS (PO Box/Street, City, State, ZIP)	COUNTY
	EMAIL ADDRESS OF REQUESTOR

SOFTWARE ACTION REQUESTED

ACTION REQUESTED: ADD ACCESS DELETE ACCESS

SFSP web-based system for application updates and claim submission.

COMMENTS

NOTES

Keep a copy of the signed form for your records.

*Submit a separate form for each individual needing access. (Copies can be made if needed.)
 Access is limited to two users per sponsor.*

Submit the completed, signed form by fax to 573-526-3679 OR by mail to SFSP, PO Box 570, Jefferson City, MO 65102.

I, the undersigned, understand that individual user IDs and passwords may not be transferred to others or shared. The individual user or the authorized representative must contact the Missouri Department of Health and Senior Services-Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) in writing if the user is leaving employment or changing job duties so that access may be revoked immediately. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. In addition, I agree not to divulge or share my passwords with anyone. I understand that misuse of another individual's user ID and password will not be tolerated. Access will be revoked immediately, and may only be restored by submitting a corrective action plan to MDHSS-BCFNA detailing how individual passwords will be protected and not shared. Claims for reimbursement submitted through misuse of another individual's user ID and password will be considered invalid, and must be repaid in full to the MDHSS-BCFNA.

MDHSS BCFNA USE ONLY

DATE RECEIVED:

USER SIGNATURE (Required) ➤	DATE
AUTHORIZED REPRESENTATIVE SIGNATURE (Must match SFSP application) (Required) ➤	DATE
MDHSS-BCFNA APPROVAL SIGNATURE ➤	DATE



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
POLICY STATEMENT FOR NEW SPONSORS

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program
(Name of Sponsoring Organization)
and accepts responsibility for providing program benefits to eligible children in the site(s) under its jurisdiction. The Sponsor assures the Missouri Department of Health and Senior Services (DHSS) that although there is no separate charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, the Sponsor:

- A. Agrees that in operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, religion, age, disability, or political beliefs. (Not all prohibited bases apply to this program.)
- B. Agrees to establish a procedure to account for meals claimed.

FOR SPONSORS OF CAMPS AND ENROLLED SITES ONLY, in addition to A and B, the Sponsor:

- C. Agrees that no meals will be claimed unless there is adequate documentation on file to support the claim. Adequate documentation (for each child's family) includes household income received by each household member, identified by source of income; names of all household members; social security number of either the head of household/primary wage earner or the adult signing the application; and the signature of an adult member of the household. Adequate documentation for a child who is a member of a food stamp or Temporary Assistance (TA) unit includes the name(s) and appropriate food stamp or Temporary Assistance case number(s) for the child(ren) and the signature of an adult member of the household.
- D. Agrees to maintain on file for three years all documentation to support claims.
- E. Agrees that there will be no physical segregation of, or other discrimination against any child. The names of the children for which meals may be claimed shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by any means. Further assurance is given that all children shall be served the same meals.

Shall describe below the method used for collecting payments from children who pay the full price of the meal while preventing the overt identification of children receiving a free meal:

- F. Shall attach a sample of the Income Eligibility Application, parent letter, and public release to be used. If the DHSS prototype forms will be used, indicate in the space below and do not attach the forms. Shall describe below the method for accepting Income Eligibility Applications:

G. Agrees to designate _____ to make determinations of
 (Name and Title)
 eligibility for purpose of claiming meals. The official will use the USDA eligibility criteria to make eligibility determinations conforming to the family size and income standards for reduced price school meals determined by the Secretary of Agriculture.

H. Agrees that the application and parent letter and/or any other descriptive material distributed to parents or guardians shall contain only the family size and income levels for reduced price school eligibility. It shall also include an explanation that households with income less than or equal to these values would be eligible for free meals. The application and parent letter shall not contain the income standards for free meals. It shall contain a statement that if a child is a member of a food stamp or Temporary Assistance unit, the child is automatically eligible to receive free program meals, subject to completion of an application as described in C of this policy statement. Finally, a statement shall also be included to the effect that "In certain cases, foster children are eligible for free meals regardless of household income. If such children are living with you and you wish to apply for such meals, please contact us."

I. Will establish a hearing procedure for families wishing to appeal a denial of an application for free meals. The Sponsor assures that if a family requests a hearing, the child shall continue to receive free meals until a decision is rendered.

FOR SPONSORS OF OPEN SITES ONLY, in addition to A and B, the Sponsor:

J. Agrees that no meals will be claimed unless there is adequate documentation on file to support the eligibility as an open site. Adequate documentation includes, but is not limited to census data and/or school data verifying 50 percent or more of the children meet the 185 percent poverty guidelines.

K. Agrees to maintain on file for three years all documentation to support claims for reimbursement.

L. Assures that all children shall be served the same meals.

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR		SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	
TITLE	DATE	TITLE	DATE

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES (SHADED FIELDS)

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.

FFY 2016

SFSP REIMBURSEMENT RATES

**ADMINISTRATIVE AND OPERATIONAL RATES ARE
COMBINED**

For Meals Served at Rural or Self-Prep Sites:

Breakfast	\$2.1325
Lunch or Supper	\$3.745
Supplement	\$0.8875

For Meals Served at Urban Vended Sites:

Breakfast	\$2.0925
Lunch or Supper	\$3.685
Supplement	\$0.865

ALLOWABLE SFSP COSTS AND NEEDED DOCUMENTATION

Sponsors are no longer required to differentiate between operating and administrative costs. However, sponsors must continue to document all costs attributable to the SFSP in order to demonstrate a non-profit food service. Costs are grouped by administrative and operational categories in this chart to assist in the discussion of different types of costs.

ADMINISTRATIVE COSTS	
COST	DOCUMENTATION
LABOR Completing the sponsor application Attending sponsor training Conducting pre-operational and first week visits Conducting site reviews Reviewing family size and income forms or school applications (enrolled sites and camps) Consolidating meal counts for more than one site Paying food program bills Payroll activity of summer food staff Clerical activity Completing claims for reimbursement Your time working with USDA when they conduct a review and time spent responding to the review	LABOR Time sheets showing name of person, activity and amount of time spent
OFFICE COSTS Telephone Postage Printing Rent (if special Summer Office is needed and special space is rented) Utilities used for administrative staff	OFFICE COSTS Bills Receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Rental Agreement
TRANSPORTATION COSTS Going to training Monitoring of sites	TRANSPORTATION COSTS Mileage records Gas receipts Basis for mileage charges

OPERATING COSTS	
COST	DOCUMENTATION
FOOD Purchases Costs associated with getting food Storing charges	FOOD Invoices Grocery tapes Delivery receipts Canceled checks Receiving reports Refunds and discounts Starting and ending inventories
LABOR Preparing Menus Purchasing/ordering food Delivering food Completing the meal production records Taking the meal count during the meal service Supervising/assisting children during the meal service Clean up after the meal service Supervising food service operations at the site or kitchen level, including the direct supervision of food service staff Processing, transporting, storing and handling food and supplies and transporting equipment, food and supplies	LABOR Time and attendance documents Payroll records including benefits
OTHER COSTS Non-food items (e.g. napkins, kitchen cleaning supplies, etc.) Utilities for food service Rental of facilities, equipment vehicles Transporting children (rural sites only) Transporting food Repairs of kitchen equipment	OTHER COSTS Invoices Grocery tapes Delivery receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Mileage records Gas receipts Basis for mileage charges



2016 Summer Food Service Program Training InformaΘon

Missouri Department of Health and Senior Services



Prior SFSP Sponsor Trainings

District	Dates	Times
Independence Northwest District Office 3717 S. Whitney Ave. Independence, MO 64055	February 25 March 14 April 13	8:30-11:30 12:30-3:30 8:30-11:30
Jefferson City Dept. of Health & Sr. Services 930 Wildwood Jefferson City, MO 65109	March 22 April 22 May 6	9:00-2:00
Springfield The Meyer Center 3545 S. National Springfield, MO 65807	March 3 March 3 April 5 April 22	9:00-1:00 1:00-3:00 10:00-12:00 10:00-12:00
Webb City Library 101 Liberty St. Webb City, MO 64870	March 1	10:00-12:00
Taneyhills Community Library 200 South 4th. St. Branson, MO 65616	March 9	10:00-12:00
Mountain View SBU Mountain View Campus 209 W. First St. Mountain View, MO 65548	March 2	10:00-12:00
St. Louis Eastern Health Office 220 S. Jefferson Ave. St. Louis, MO 63103	February 26 March 24 March 30 April 21 April 28	10:00-12:00
Cape Girardeau District Health Office Room 2 471 Siemers Drive Cape Girardeau, MO 63701	March 9 March 24 April 8 April 29	10:00-12:30

Training Topics

Financial Viability
Offer vs. Serve
Menu Planning
Program Integrity
Creditable Meal
And much more!



Federal Regulations require all SFSP sponsors to attend program training prior to being approved to operate.

New staff members of established SFSP's are encouraged to attend new sponsor training.

To register for training near you, please see our online registration form at:

<http://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/trainings.php>

Being a sponsor requires the highest level of commitment. Sponsoring means acΘng as the organizer for SFSP program sites. Sponsors must be able to provide capable staff, managerial skills, and food service capabilities. A sponsor may provide its own meals, purchase through an agreement with an area school, or contract for meals with a food vendor. Once approved, be sure to register your summer feeding sites for the NaΘnal Hunger Hotline at: hΣp://www.whyhunger.org/findfood

Missouri Department of Health & Senior Services
Bureau of Community Food & NutriΘn Assistance

PO Box 570

Jefferson City, MO 65102

Phone: 1-888-435-1464

Fax: 1-573-526-3679

Email:SFSP@health.mo.gov

Hearing Impaired: 1-800-735-2966

New SFSP Sponsor Trainings

District	Dates	Times
Independence Northwest District Office 3717 S. Whitney Ave. Independence, MO 64055	February 24 March 15 April 12 May 18	9:00-3:00
Jefferson City Dept. of Health & Sr. Services 930 Wildwood Jefferson City, MO 65109	February 24 March 21 April 21 May 3	9:00-3:00
Springfield February 23 & March 23 The Meyer Center 3545 S. National Springfield, MO 65807	February 23 March 23 April 12	9:00-1:00
April 12 - Southwest District Health Office 149 Park Central Square Suite 116 Springfield, MO 65807		
St. Louis Eastern Health Office 220 S. Jefferson Ave. St. Louis, MO 63103	February 23 March 11 April 8	9:00-3:30
Cape Girardeau District Health Office Room 2 471 Siemers Drive Cape Girardeau, MO 63701	February 25 March 17 April 21	10:00-1:30

An equal opportunity/affirmative action employer
Services provided on a nondiscriminatory basis.