

Missouri Summer Food Service Program (SFSP) Resources

To get an SFSP application packet go to <http://www.health.mo.gov/sfsp>, click on “Applications and Forms” to download “the entire SFSP application packet in one file” or call the toll-free number, 888-435-1464 to request via mail, fax or email.

Application Deadlines (for complete applications only)

- By April 1, if you want commodities delivered in May.
- By May 2, if you want commodities delivered in June.
- By May 2, if requesting a June advance.
- The final deadline for a completed application is **NO LATER THEN MAY 15 AND AT LEAST 30 DAYS PRIOR TO THE FIRST DAY OF OPERATION.**
 - For example, if SFSP operations begin June 2, a completed application is due no later than May 1.

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
P.O. Box 570
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.

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|--------------------------|----------------------|--|
| <input type="checkbox"/> | Form CACFP 1000 | Sponsor Application (6 pages)
Ensure that the name on the Sponsor Application is an exact match to your business title with the Secretary of State.
https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0 |
| <input type="checkbox"/> | Form CACFP 1001 | Site Information Sheet (3 pages) (one for each meal site) |
| <input type="checkbox"/> | Form CACFP 1002 | Policy Statement for New Sponsors (2 pages) |
| <input type="checkbox"/> | Form BMA | Business Management Analysis
https://health.mo.gov/atoz/bma/index.php
The BMA is required to be submitted each January 1, for all sponsors. |
| <input type="checkbox"/> | SFSP Web-Access Form | Provides User ID and Password for SFSP database |

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| <input type="checkbox"/> | Form SAMII | Vendor Input/ACH-EFT Application (direct deposit form) |
| <input type="checkbox"/> | FSMC Contract | Required only for Sponsors with Vended/Catered Meals
Contracts under \$150,000 go to:
http://health.mo.gov/living/dnhs_pdfs/R_SFSP_FSMC_less_than.pdf
Contract over \$150,000:
http://health.mo.gov/living/dnhs_pdfs/R_SFSP_FSMC_more_than.pdf |
| <input type="checkbox"/> | IRS Letter | Non-Profit Organizations submit copy of IRS letter |
| <input type="checkbox"/> | Rates | SFSP Rates: http://health.mo.gov/living/dnhs_pdfs/R_SFSP_rates.pdf |

Things to Watch

- Make sure all blanks are completed.
- Submit eligibility documentation for each open site.
- Retain a copy of your SFSP application for your files.
 - If you fax the application, retain the original as your file copy.
 - If you mail the application to DHSS, you should make a copy for your records.

Once approved, submit to DHSS with a signed contract.

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| <input type="checkbox"/> | DUNNS | DUNNS (4 pages) |
| <input type="checkbox"/> | E-Verify | E-Verify: https://www.uscis.gov/e-verify |

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 DHSS review. |
| <input type="checkbox"/> Pre-Operational Site Review | Sponsors are required to complete for each new site prior to application submission and kept onsite for DHSS 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.
http://www.fns.usda.gov/cr/and-justice-all-posters |
| <input type="checkbox"/> Sponsor/Site Agreement | Before adding a new site, ensure you obtain a sponsor site agreement. |

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| <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. |
| <input type="checkbox"/> | 1 st & 4 th Week Site Review Form (self-prep and vended sites) | Sponsors are required to conduct reviews during the 1 st and 4 th weeks. There is also space to records you beneficiary data which is required annually. |
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Useful Forms and Additional Information

- Menu-Meal Requirements
 - Food Chart
 - Four Components in Menu Planning
 - Meal Pattern Substitution
 - Child Nutrition (CN) Label
 - Food Production Record
 - Allowable SFSP Costs and Needed Documentation
 - Program Cost Report
 - Updating Changes to CNP Web
 - Requesting Advances
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Monitoring Information

- Corrective Action Plan Instructions and Form (CAP)
- Appeal Flyer