



**SUMMER FOOD SERVICE PROGRAM (SFSP)  
SPONSOR APPLICATION AND BUDGET**

FOR PARTICIPATING INSTITUTIONS ONLY	FOR DHSS USE ONLY
CURRENT CONTRACT NO.	NEW CONTRACT NO.

NAME OF ORGANIZATION					<input type="checkbox"/> New <input type="checkbox"/> Re-applying	
MAILING ADDRESS OF ORGANIZATION (IF DIFFERENT FROM STREET ADDRESS)				STREET ADDRESS OF ORGANIZATION		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
SECRETARY OF STATE CHARTER NUMBER		NAME OF ORGANIZATION SPONSOR / OWNER OF THIS INSTITUTION (IF DIFFERENT THAN NAMED ABOVE)				

**RESPONSIBLE INDIVIDUAL**

NAME		POSITION/TITLE	
E-MAIL			
PHONE		EXTENSION	FAX
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address			

**FOOD PROGRAM CONTACT**

NAME		POSITION/TITLE	
E-MAIL			
PHONE		EXTENSION	FAX
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address			

**FINANCIAL CONTACT**

NAME		POSITION/TITLE	
E-MAIL			
PHONE		EXTENSION	FAX
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address			

**TYPE OF SPONSORING ORGANIZATION (ONLY ONE BOX IN THIS SECTION MAY BE CHECKED)**

**School Food Authority** [public or private, non-profit]

**Governmental Entity** [unit of local, state, or federal government]

**Residential Camp** [overnight camp]

**Upward Bound**

**National Youth Sports Program** [sponsored by a public or private, non-profit college or university]

**Private Non-Profit (PNP) Organization** [Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations]

**Migrant**

**MEAL PREPARATION**

IS OFFER VS. SERVE (OVS) REQUESTED FOR ONE OR MORE SITES? (MUST RECEIVE PRIOR APPROVAL)

Yes  No

METHOD OF MEAL PREPARATION

Self-Preparation  Vended-Food Service Contract and/or caterer

IF SELF-PREPARATION, ARE MEALS PREPARED

At each site  At central kitchen

**FOOD SERVICE MANAGEMENT COMPANY**

If food is prepared by a Food Service Management Company (FSMC) or School Food Service Authority, list the vendor name, address and contact information below.

**FOOD SERVICE MANAGEMENT COMPANY/CATERER**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

**FOOD SERVICE MANAGEMENT COMPANY/CATERER**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

**FOOD SERVICE MANAGEMENT COMPANY/CATERER**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

**CENTRAL KITCHEN**

If food is prepared in a central kitchen, list the vendor name, address, contact information, and sites below.

**CENTRAL KITCHEN # 1**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #1

**CENTRAL KITCHEN # 2**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #2

**CENTRAL KITCHEN (CONTINUED)****CENTRAL KITCHEN # 3**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #3

DOES THE SPONSOR PROVIDE AN ONGOING, YEAR-ROUND SERVICE OF SOME TYPE TO THE COMMUNITY THAT WOULD BE SERVED BY SFSP?

 Yes  No

IF THE SPONSOR IS NOT A RESIDENTIAL CAMP, PLEASE DESCRIBE THE ONGOING, YEAR-ROUND SERVICES PROVIDED:

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

NAME

AGENCY

TITLE OF PERSON RESPONSIBLE

I WILL COVER THE FOLLOWING MINIMUM REQUIRED TOPICS IN MY TRAINING SESSIONS FOR ADMINISTRATIVE AND SITE PERSONNEL: PURPOSE OF THE PROGRAM - MEAL PATTERN REQUIREMENTS - SITE ELIGIBILITY - SITE OPERATIONS - RECORDKEEPING - DUTIES OF A MONITOR - CIVIL RIGHTS.

 Yes  No

I UNDERSTAND THE FOLLOWING PROCEDURES MUST BE USED TO CORRECT PROGRAM DEFICIENCIES OR AREA OF NON-COMPLIANCE, AND WILL INCORPORATE THEM INTO MY SFSP OPERATIONS:

- ✓ Monitor sites and note areas of non-compliance.
- ✓ Discuss problems with site supervisors.
- ✓ Recommend corrective action.
- ✓ Follow-up in one week to assure corrections are made.

 Yes  No

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, submit a written explanation regarding the circumstances to DHSS-CFNA.

LIST THE NAMES OF OTHER FEDERAL AGENCIES PROVIDING ASSISTANCE TO THE APPLICANT ORGANIZATION.

HAS THE APPLICANT EVER BEEN FOUND TO BE IN NONCOMPLIANCE WITH REGARD TO CIVIL RIGHTS REGULATIONS FOR ANY OF THE AGENCIES LISTED ABOVE.

 Yes  No If yes, explain:**LIST THE ESTIMATED PERCENTAGE ETHNIC MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED (MUST EQUAL 100%)**

Hispanic or Latino	Not Hispanic or Latino	Total
%	%	%

**LIST THE ESTIMATED PERCENTAGE RACIAL MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED (MUST EQUAL 100%)**

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

**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

Paid or free advertisements in local newspapers

Personal contact with community groups and/or parents

Public service announcements in

Local newspaper

Radio

Television

**DO THESE EFFORTS ALSO REFLECT METHODS USED TO ASSURE MINORITY AND GRASSROOT ORGANIZATIONS PARTICIPATE IN THE PROGRAM AS REQUIRED BY PROGRAM REGULATIONS?**

Yes  No

**HAS YOUR ORGANIZATION EVER BEEN FOUND TO BE IN NONCOMPLIANCE OF THE CIVIL RIGHTS LAWS BY ANY FEDERAL AGENCY?**

Yes  No

**IS YOUR ORGANIZATION FAITH-BASED OR AFFILIATED WITH A CHURCH?**

Yes  No

**MULTI-STATE OPERATIONS**

**DOES YOUR ORGANIZATION OPERATE IN MORE THAN ONE STATE?**

Yes  No If yes, name other 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

**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 ten or more days in any month(s) selected.

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

**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 for all 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).

**SPONSOR BUDGET**

**Administrative Staffing Plan (Office and Paperwork)**

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 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	F-Fringe Benefits	G-Total (BxCxDxE)+F	H-Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	

Total Administrative Salary/Fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs of the Sponsor Budget). \$

**SPONSOR BUDGET (CONTINUED)**

**Operational Staffing and Monitoring Plan (Food Prep, Food Service and Monitoring Staff)**

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 Admin	D-Salary per hour	E-Number of days	F-Fringe Benefits	G-Total (BxCxDxE)+F	H-Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Monitoring Staff			\$			\$	
Monitoring Staff			\$			\$	
Monitoring Staff			\$			\$	
Total operational and monitoring Salary/Fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs of the Sponsor Budget).						\$	

**BUDGET**

BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	DHSS USE ONLY
<b>Annual Administrative Salary/Benefits</b>		
<b>Total Salaries</b>		
<b>Benefits</b>		
<b>Health Insurance</b>		
<b>Workman's Compensation</b>		
<b>Life Insurance</b>		
<b>Retirement Plan</b>		
<b>FICA</b>		
<b>Other (specify)</b>		
<b>Sub-total</b>		
<b>Travel Expenses</b>		
<b>Mileage</b>		
<b>Per Diem</b>		
<b>Leased Vehicle</b>		
<b>Rental Vehicle</b>		
<b>Sub-total</b>		
<b>Printing</b>		
<b>Postage</b>		
<b>Annual Contracted Services</b>		
<b>Audit A-133 (required by 7 CFR 226)</b>		
<b>Professional (specify)</b>		
<b>Sub-total</b>		

**BUDGET (CONTINUED)**

BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	DHSS USE ONLY
<b>Telephone</b>		
Office Telephone Service		
Cellular Service		
Internet Service Provider		
Sub-total		
<b>Office Rent/Use Allowance</b>		
Rent/Lease		
<input type="checkbox"/> Use Allowance or <input type="checkbox"/> Depreciation		
Insurance (cover loss of federal property)		
Maintenance		
Janitorial		
Sub-total		
<b>Utilities</b>		
Gas/Electric		
Water/Sewer		
Trash Removal		
Other (specify)		
Sub-total		
<b>Annual Indirect Costs (submit Cost Allocation Plan)</b>		

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	DHSS Use Only Approved Administrative Budget	Operational Costs	Proposed Operational Budget
Salaries/Fringe	\$		Food Service Labor and Monitoring Staff Salaries/Fringe	\$
Rent for Office Space	\$		Food	\$
Office Supplies	\$		Supplies	\$
Administrative Mileage	\$		Transportation of Food	\$
Audit Fees	\$		Utilities	\$
Telephone	\$		Equipment Rent	\$
Postage	\$		Other (specify below)	
Printing/Copying	\$			\$
Advertising	\$			\$
Other (specify)	\$			\$
Indirect Costs	\$			\$
<b>Total Administrative Costs</b>	\$		<b>Total Operational Costs</b>	\$
			<b>Grand Total</b>	\$
<b>Administrative Meals X Rate</b>	\$		<b>Operational Meals X Rate</b>	\$

**CERTIFICATION**

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

- Yes  No The information on this form is true and correct to the best of my knowledge.
- Yes  No 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.
- Yes  No 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.)
- Yes  No The program is directly operated by the applicant organization (sponsor) at all sites.
- Yes  No Reimbursement will be claimed only for meals served to eligible children.
- Yes  No 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.
- Yes  No The program will promptly notify Food Nutrition Service (FNS) of any lawsuit or complaint filed against the program applicant or recipient or a sub-recipient alleging discrimination on the basis of race, color, or national origin.
- Yes  No The superintendent/board president/director and/or authorized representative accepts final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) sites(s).

**SIGNATURES**

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

<b>SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR</b>		<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>	
<b>TITLE</b>	<b>DATE</b>	<b>TITLE</b>	<b>DATE</b>
<b>PRINT OR TYPE NAME</b>	<b>DATE OF BIRTH</b>	<b>PRINT OR TYPE NAME</b>	<b>DATE OF BIRTH</b>

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY**

<b>APPROVED BY</b>	<b>TITLE</b>	<b>DATE</b>
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Missouri Department of Health and Senior Services  
 Community Food and Nutrition Assistance  
 PO Box 570  
 Jefferson City, MO 65102  
 Fax: 573-526-3679

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
  - 2. fax: (833) 256-1665 or (202) 690-7442; or
  - 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- This institution is an equal opportunity provider.