



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 and Voice dial: 711

Paula F. Nickelson
Acting Director



Michael L. Parson
Governor

Dear Prospective Summer Food Service Program Applicant:

Enclosed is the application packet for the Summer Food Service Program (SFSP).

Training is mandatory for all new sponsors. Sponsors must complete the online SFSP training modules which are located at www.health.mo.gov/sfsp under the heading, Training. All four training modules must be completed. Sponsors will have an opportunity to ask further questions during a one-on-one pre-approval session with an assigned Nutrition Specialist.

Please submit a complete and accurate SFSP 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 may be sent by email to sfsp@health.mo.gov, faxed to 573-526-3679 or mailed to Missouri Department of Health & Senior Services, Community Food and Nutrition Assistance. P.O. Box 570, Jefferson City, MO 65102.

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

Sincerely,

A handwritten signature in black ink that reads "Tanya Harvey".

Tanya Harvey, Summer Food Service Program Manager
Community Food and Nutrition Assistance

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 must log into the web-based system to submit the application. If you need a new User ID submit the SFSP Network User Access Request form to the address/fax number listed below. If you have forgotten your User ID or password, please call Community Food and Nutrition Assistance (CFNA) at 888-435-1464.

- All sponsors are required to complete the online training located on the SFSP website www.health.mo.gov/sfsp under the heading, Training.
- It is recommended that any new personnel complete the online sponsor training.
- The Sponsor Application and Budget and the Site Information Sheet, one for each site, must be completed.
- A Policy Statement for New Sponsors must be completed.
- Vended sponsors be sure to complete the Food Service Management Company (FSMC) name and address on page 2 of the Sponsor Application and Budget. Please note that final approval of your application is pending the receipt of the signed FSMC contract.
- The SFSP Network User Access Request may be completed for one or two individuals for access to the SFSP database.
- Complete all questions, sign, and date all forms.
- The Vendor Input/ACH-EFT Application must be completed to establish direct deposit. Direct deposit is required.
- Sponsors of camps and enrolled sites must keep documentation of income eligibility on file, refer to the instructions and forms in the Income Eligibility Guidelines for Camps and Enrolled Sites, available on the SFSP website under the heading, Manuals.
- All sponsors are required to train program personnel. Use the Documentation of Training to Program Personnel form as the sign-in sheet for training sessions.

Keep a copy of the application for your records.

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

Missouri Department of Health & Senior Services
Community Food and Nutrition Assistance
P.O. Box 570 (U.S Mail)
920 Wildwood Drive (shipping services such as UPS or FEDEX)
Jefferson City, MO 65102
Via fax: 573-526-3679
Via email: sfsp@health.mo.gov



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

Summer Food Service Program

Food That's In When School Is Out!

What is the Summer Food Service Program (SFSP)?

- The SFSP is a nutrition program federally funded by the United States Department of Agriculture, Food and Nutrition Services (USDA, FNS) and administered by individual states. In Missouri, SFSP is administered through the Missouri Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA).
- The SFSP provides nutritious meals to needy children ages 18 and under during the summer months when school lunch and breakfast programs are not operating or during time of emergency. The program also provides meals to individual's ages 18-21 who are determined by a state educational agency to be mentally or physically disabled, and who participate in a school program for mentally or physically disabled during the regular school year.
- SFSP sponsors receive financial and technical support to operate and administer the program.

What is a sponsor?

- A sponsor is an organization that contracts with DHSS to operate the SFSP.
- Sponsors accept full final administrative and financial responsibility for all sites under their jurisdiction. A site is the location where meals are served to participants.

What types of organizations can sponsor the program?

- Schools, both public and private, who participate in the National School Lunch Program (NSLP).
- Units of local, municipal, county, tribal, or state government residential summer camps.
- National Youth Sports Programs (NYSP) and Upward Bound.
- Private nonprofit organizations.
- Public or private nonprofit camps.
- Public or private nonprofit universities or colleges.
- Hospitals, Federally Qualified Health Centers, and medical clinics.
- Local Public Health Agencies.



What types of sites are approved for operation?

A site can be anywhere that is accessible to and accommodates children and has the necessary facilities to serve meals. Sites can be indoors or outdoors; for example, a school cafeteria, park, or church.

- Open Site – located in an area where at least half of the children are eligible for free or reduced-price meals through NSLP.
- Enrolled Site – at least half of the enrolled participants at the site are eligible for free or reduced-price meals based on properly completed Income Eligibility Forms.
- Residential Summer Camp – a residential camp that offers regularly scheduled food service as part of an organized program for enrolled participants.
- Migrant Feeding Site – food service sites that primarily serve children from migrant families, where regularly scheduled meal services are available.

How are meals provided?

A sponsor may provide meals to children by:

- Preparing meals in a central kitchen or on site at each location; or
- Obtaining complete meals from a vendor, which could be a public agency, a private nonprofit organization, a school district, or a commercial food service management company. Federal, state, and local procurement standards must be met.

What must be served for meals to qualify?

- SFSP sponsors must follow the meal pattern requirements as outlined in the Summer Food Service Program Regulations, 7 CFR 225.16. All meals served in the SFSP must meet these requirements in order to receive reimbursement. The meal pattern establishes minimum portion sizes of various food components that must be served to each child.
- The four meal components are: milk; vegetable, fruit, or juice; grains or bread; and meat or meat alternate.
 - Breakfast – milk; vegetable, fruit, or juice; grain or bread.
 - Lunch/Supper – milk; two different vegetables and/or fruits; meat or meat alternate; grain or bread.
 - Snack – choose two of the four components.

Which meals can be served?

- The type of site operated determines the number and type of meal services that can be approved.
- Sites may be approved for one or two meal service times; for example, lunch only, breakfast and lunch, or lunch and snack.
- Residential and nonresidential camps and sponsors of programs for children of migrant workers may be approved to serve either three meals or two meals and one snack.

How is a sponsor reimbursed?

- Reimbursement is based on claims for reimbursement that the sponsor submits to CFNA. The amount the sponsor is reimbursed is equal to the number of eligible meals served to children multiplied by the current reimbursement rates.

Where are the SFSP reimbursement rates?

- <https://mohealth.uservice.com/knowledgebase/articles/1167319-what-are-the-meal-reimbursement-rates>

What about recordkeeping?

- Sponsors must keep full and accurate records of the number of meals served to children to support each claim for reimbursement.
- Sponsors must maintain records of allowable costs such as food, kitchen labor, nonfood supplies, administrative labor, office supplies, printing, advertising, and travel for site monitoring or training., in order to operation of nonprofit food service.
- Sponsors must maintain all of these records for three full federal fiscal years and the current federal fiscal year.
- These records must be made available upon request to federal and state administering agencies for audit and review purposes.

What are a sponsor's administrative responsibility?

Administrative responsibilities include but are not limited to the following:

- Complete training required by the state administering agency.
- Train all personnel involved in the sponsor's SFSP and keep records of all trainings conducted.
- Locate eligible sites.
- Hire, train, and supervise staff and volunteers.
- Monitor sites and ensure sites comply with civil rights requirements.
- Keep full and accurate records to substantiate the claim for reimbursement and to demonstrate a nonprofit food service, such as allowable costs and daily records of the number of meals received, prepared and served.
- Prepare and submit claims for reimbursement.

What about monitoring the program?

- Sponsors must provide personnel to monitor sites regularly and document the review.
- The sponsor's monitors must ensure that its sites operate according to program guidelines and requirements, communicate any problems to the sponsor, and ensure correction of problems.

Will the program be reviewed?

- New sponsors will receive an administrative review by DHSS-CFNA and/or USDA that will include both administrative review at the sponsor's office and at least one meal service site. After the first year of operation, sponsors will be reviewed at least every three years.
- Sponsors must make SFSP records available for the administering agency review and must take any corrective actions required by the administering agency.
- Results of an administrative review may affect the amount of reimbursement the sponsor will receive.
- The review will involve an assessment of how the claim for reimbursement was prepared and a review of the supporting records maintained by the sponsor. Site operations will be assessed via an observation of the meal service operation and the recordkeeping of one or more sites.

How do I apply?

- Prospective new sponsors may download the application from www.health.mo.gov/sfsp.
- Click on the heading **Applications & Forms** then on **The Entire SFSP Application Packet** in one file. If you do not have internet access, call toll free 888-435-1464 or RELAY MISSOURI for Hearing and Speech Impaired at 800-735-2966, or email sfsp@health.mo.gov to request an application.

The application must be reviewed and approved by DHSS-CFNA before the organization can become a sponsor. The application deadline is May 15 or 30 days prior to the first day of operation, whichever is earlier. It can take up to 30 days to process and approve a complete application for a new sponsor.

The sooner you submit the application, the better.



This institution is an equal opportunity provider.

Summer Food Service Program Application Checklist

To get a Summer Food Service Program (SFSP) application packet go to www.health.mo.gov/sfsp, click on “Applications & Forms” and 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.

Reimbursement rates are available at www.health.mo.gov/sfsp.

Application Deadlines (for complete applications only)

- By April 1 if sponsor wants commodities delivered in May.
- By May 1 if sponsor wants commodities delivered in June.
- By May 1 if requesting a June advance.
- ***The final deadline for a completed application is no later than 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 3.

Please submit the SFSP application by email, mail, or fax to the address below by the deadline as listed above. Be sure to keep a copy of the application packet for your records. Please ensure all questions are complete and all forms have been signed and dated. Applications missing responses, signatures, or dates are not considered submitted.

Missouri Department of Health & Senior Services
Community Food & Nutrition Assistance
930 Wildwood
P.O. Box 570
Jefferson City, MO 65102
Or via fax to 573-526-3679
Or via email to sfsp@health.mo.gov

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

- Sponsor Application and Budget (DHSS-SFSP-604) ensure that Name of Organization is an exact match to your business title with the Secretary of State.
<https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>
- Site Information Sheet (DHSS-SFSP-603) one form for each site.
- Sponsor/Site Agreement (DHSS-SFSP-643) for sites not owned by the sponsor, obtain an annual sponsor/site agreement to use the location for the SFSP meal service. A template is provided in this packet.
- Policy Statement for New Sponsors (CACFP-1002)
- Annual Subrecipient Information Form (ASIF), the ASIF is required each calendar year for all sponsors. This takes the place of the Business Management Assessment (BMA).
- SFSP Network User Access Request (MO-580-1854E-SFSP) provides sponsor with User ID and Password for SFSP database.

- Vendor Input/ACH-EFT Application (MO-300-1489) required for direct deposit of funds for all sponsors.
- Food Service Management Contract (FSMC) for all sponsors with vended or catered meals. Contract information can be found at:
<https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/food-serv-man-contracts.php>
- Nonprofit organizations must submit a copy of the Internal Revenue Service letter.

Things to watch:

- All blanks are completed.
- Submit eligibility documentation for each open site.
- Retain a copy of your application, original if faxed and a copy if mailed.

Once approved, submit the E-Verify documentation to the Department of Health & Senior Services (DHSS) with the signed contract.

Use this checklist to ensure sites are ready for operation.

- Documentation of Training to Program Personnel, required before starting of program operations. Kept onsite for DHSS review.
- Pre-Operational Site Review, Site Selection Worksheets are required to be completed for each new site prior to application submission and kept onsite for DHSS review.
- "And Justice For All" poster must be displayed in a prominent location at each site and in the sponsor's office where it can be easily viewed. Contact SFSP staff for additional posters.
- Daily meal count forms completed at point of service for each meal. Must be dated and kept with monthly records.
- Medical Food Substitution Record (DHSS-SFSP-617). Have a few copies available for participants with allergies or special dietary needs.
- Monitor Site Review Form for Self-Prep and Vended Sites, sponsors are required to conduct reviews during the first and fourth weeks.

See the SFSP Manual for useful information including but not limited to:

- Making changes in the CNPWeb.
- Meal service requirement.
- Food chart.
- Four components in menu planning.
- Meal pattern substitutions.
- Processed food documentation.
- Food production record.
- Allowable SFSP costs.
- Requesting advances.
- Corrective Action Plan (CAP) instructions and form.
- Appeal procedures.



**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)
<input type="checkbox"/> Yes <input type="checkbox"/> No

METHOD OF MEAL PREPARATION
<input type="checkbox"/> Self-Preparation <input type="checkbox"/> Vended-Food Service Contract and/or caterer

IF SELF-PREPARATION, ARE MEALS PREPARED
<input type="checkbox"/> At each site <input type="checkbox"/> 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
Annual Administrative Salary/Benefits		
Total Salaries		
Benefits		
Health Insurance		
Workman's Compensation		
Life Insurance		
Retirement Plan		
FICA		
Other (specify)		
Sub-total		
Travel Expenses		
Mileage		
Per Diem		
Leased Vehicle		
Rental Vehicle		
Sub-total		
Printing		
Postage		
Annual Contracted Services		
Audit A-133 (required by 7 CFR 226)		
Professional (specify)		
Sub-total		

BUDGET (CONTINUED)

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

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	\$			\$
Total Administrative Costs	\$		Total Operational Costs	\$
			Grand Total	\$
Administrative Meals X Rate	\$		Operational Meals X Rate	\$

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

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

APPROVED BY	TITLE	DATE
-------------	-------	------



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
 This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET

NAME OF SPONSOR						
NAME OF SITE						
STREET ADDRESS OF SITE (WHERE CHILDREN ARE FED)		COUNTY				
CITY	STATE	ZIP CODE				
SITE SUPERVISOR'S NAME						
SITE SUPERVISOR'S POSITION						
SITE SUPERVISOR'S E-MAIL ADDRESS						
SITE SUPERVISOR'S TELEPHONE NUMBER						
SITE SUPERVISOR'S FAX NUMBER						
SITE LOCATION <input type="checkbox"/> Rural <input type="checkbox"/> Urban Refer to the USDA Rural Designation Map to determine if your area is considered Rural or Urban - https://www.fns.usda.gov/rural-designation						
SITE TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> Open Site Using School Data						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td> </tr> <tr> <td>SCHOOL NAME</td> <td>DISTRICT NAME</td> </tr> </table>			PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS		SCHOOL NAME	DISTRICT NAME
PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS						
SCHOOL NAME	DISTRICT NAME					
<input type="checkbox"/> Open Site Using Census Tract Data (contact DHSS-CFNA for assistance 888-435-1464) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (mail documentation to DHSS-CFNA) <input type="checkbox"/> Enrolled Site (Income Eligibility Forms must be collected)						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PROJECTED NUMBER ENROLLED IN SFSP</td> <td>PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td> </tr> </table>		PROJECTED NUMBER ENROLLED IN SFSP	PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS			
PROJECTED NUMBER ENROLLED IN SFSP	PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS					
<input type="checkbox"/> Residential Camp (Income Eligibility Forms required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS) <input type="checkbox"/> Upward Bound Program						
IS THERE A REGULARLY SCHEDULED, ORGANIZED ACTIVITY AT THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No List below the activities or attach a schedule of daily activities.						
IS THIS 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"/> license exempt?						
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						
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						
LEFTOVER MEALS ARE HANDLED BY <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen.						
WHAT METHOD IS USED AT THE FACILITIES FOR HOLDING MEALS AT PROPER TEMPERATURES? <input type="checkbox"/> Delivered within one hour of meal service. <input type="checkbox"/> Prepared onsite and held at proper temperature. <input type="checkbox"/> Stored properly and at the proper temperature.						
SITES CAN ADJUST MEAL DELIVERIES BY <input type="checkbox"/> Calling a request into the sponsor. <input type="checkbox"/> Writing a request to the sponsor. <input type="checkbox"/> All methods are used. <input type="checkbox"/> Faxing a request into the sponsor. <input type="checkbox"/> E-mailing a request to the sponsor.						
IS OFFER VS. SERVED REQUESTED FOR THIS SITE? (MUST RECEIVE PRIOR APPROVAL) <input type="checkbox"/> Yes <input type="checkbox"/> No						

PROGRAM REGULATIONS REQUIRE THAT THE SPONSOR CONDUCT A PRE-OPERATIONAL VISIT TO THE SITE BEFORE THE DEPARTMENT OF HEALTH AND SENIOR SERVICES WILL APPROVE THE SITE FOR PARTICIPATION. HAS THE SPONSOR CONDUCTED A PRE-OPERATIONAL VISIT TO THIS SITE?

Yes No

DATE OF SITE VISIT

The application will not be processed until a site visit is completed.

OPERATING DATES

BEGIN DATE (FIRST DATE SFSP MEALS TO BE SERVED AT SITE)

END DATE (LAST DATE SFSP MEALS TO BE SERVED AT SITE)

TOTAL NUMBER OF OPERATING DAYS EACH MONTH (exclude weekend and holidays if you will not serve meals on those days).

MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTAL

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 # to be Served	Estimated # Eligible (camps only)	DHSS Use Only	
				M	T	W	T	F	S	S				
Breakfast	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen													
AM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen													
Lunch	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen													
PM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen													
Supper	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen													

IF CENTRAL KITCHEN MEAL TYPE WAS CHOSEN, LIST THE NAME OF THE CENTRAL KITCHEN PREPARING THE FOOD.

IS THE FOOD SERVED AT THIS LOCATION PREPARED IN A SCHOOL FOOD PREPARATION FACILITY?

Yes No

IS THE FOOD SERVED AT THIS LOCATION PREPARED BY STAFF EMPLOYED BY THE SCHOOL TO PREPARE FOOD DURING THE SCHOOL YEAR?

Yes No

IS MEAL TIME WAIVER REQUESTED?

Yes No (Select yes 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 site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack.)

HOW MANY CHILDREN CAN EAT AT THIS SITE AT ONE TIME?

HOW MANY STAFF MEMBERS SUPERVISE THE MEAL SERVICE?

LIST ANY HOLIDAYS THIS SITE WILL NOT BE SERVING OR ANY SPECIFIC DATES DURING THE DATES OF OPERATION WHEN THIS SITE WILL NOT BE IN OPERATION (EXAMPLE JULY 4TH OR EVERY OTHER FRIDAY BEGINNING MM/DD/YY).

IS THIS LOCATION AN OUTDOOR SITE?

Yes No If an outdoor site, where will meals be served during inclement weather? Provide address and procedures for alternate meal service.

FOR RESIDENTIAL AND DAY CAMPS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)

Session	Begin Date	End Date

FOR FIELD TRIP AND OFF SITE MEALS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)

Field Trip	Date	Meal (breakfast, lunch, AM/PM snack)

COMMENTS

- 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
---	--------------	-------------

DHSS USE ONLY

APPROVAL SIGNATURE OF DHSS-CFNA REPRESENTATIVE	TITLE	DATE
---	--------------	-------------

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
 This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR/SITE AGREEMENT

NAME OF THE SPONSOR REQUESTING TO USE THE SITE FOR MEAL SERVICE:	
NAME OF SITE:	
ADDRESS OF SITE:	
NAME AND TITLE OF THE SITE'S OWNER/PROPERTY MANAGER/SCHOOL CONTACT:	
OWNER/PROPERTY MANAGER/SCHOOL CONTACT'S TELEPHONE NUMBER:	
<p>THE SPONSOR NAMED ABOVE AGREES TO:</p> <ul style="list-style-type: none"> ➤ Serve meals to children 18 years of age and under, or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled. ➤ Serve meals that meet the minimum meal pattern requirements. ➤ Provide staff that have been trained on all required topics to ensure there is adequate supervision of the site during the meal service. ➤ Monitor the site according to regulations and address any problems/issues found during meal service. ➤ Follow all safety and sanitation guidelines when preparing and serving meals, and maintain the site by removing all garbage and waste to the proper receptacles or by removing all trash from the site. ➤ Adhere to the Sponsor and Owner/Property Manager/School Contact's signed Site Agreement. ➤ Sponsor must notify the Owner/Property Manager/School Contact if the Sponsor is not able to comply with the above agreement. ➤ The Owner/Property Manager/School Contact may terminate the agreement with the Sponsor for failure to comply with the items listed on this agreement, but must give _____ days' notice for termination. <p>The Site Property Owner/Manager agrees that the Sponsor may use this location to serve SFSP meals.</p>	
SIGNATURES:	
OWNER/PROPERTY MANAGER/SCHOOL CONTACT OF THE SITE	DATE
SFSP SPONSOR REPRESENTATIVE	DATE



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

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program 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, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
- 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
 NETWORK USER ACCESS REQUEST

Social Security Number - -	Office Telephone / -
Name (Last, First, MI)	Organization Name (must match CACFP application)
Summer Food Service Program 888-435-1464	Owner/Authorized Representative (must match CACFP application)
E-mail Address of Requestor	
Address (PO Box/Street, City, State, Zip Code)	County
SOFTWARE ACTION REQUESTED	
Action Requested: <input type="checkbox"/> Add Access <input type="checkbox"/> Delete Access <input checked="" type="checkbox"/> SFSP web-based system for application updates and claim submission	
Comments:	
Notes <ul style="list-style-type: none"> ➤ Failure to log in to the system for any six-month period will cause your access to be deleted. ➤ Keep a copy of the signed form for your records. ➤ Submit a separate form for each individual needing access. (make copies as needed) ➤ Access may be limited for independent centers. 	
Submit the completed, signed form by fax to 573-526-3679 OR by e-mail to SFSP@health.mo.gov	
SIGNATURE	
I, the undersigned, understand that individual user IDs and passwords may not be transferred to others or shared. The individual user or the owner or authorized representative must contact the Missouri Department of Health and Senior Services-Bureau of Community Food and Nutrition Assistance (DHSS-CFNA) 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 the 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 DHSS-CFNA 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 DHSS-CFNA.	
User Signature: required	Date: / /
Owner/Authorized Representative Signature (must match CACFP application) required	Date: / /
Missouri Department of Health and Senior Services Use Only	
Approved By:	Date:



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN		*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE		*TYPE OF ENTITY	
		Corporation Sole Proprietor Individual	
		State Employee Other _____	
COMMENTS		* NEW TO DOING BUSINESS WITH THE STATE OF MISSOURI?	
		YES NO	
		* IF NO, UPDATING EXISTING INFORMATION?	
TO BE COMPLETED BY FINANCIAL INSTITUTION		I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.	
		This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.	
		I (We) hereby cancel my (our) ACH/EFT authorization.	
NAME/ADDRESS OF FINANCIAL INSTITUTION		*VENDOR SIGNATURE	
DEPOSITOR ROUTING NUMBER		X	
DEPOSITOR ACCOUNT NUMBER		*PRINT NAME	
NAME ON ACCOUNT		*TITLE	
TYPE OF ACCOUNT		EMAIL ADDRESS	
CHECKING SAVINGS		*TELEPHONE	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION		*DATE	
PRINT NAME			
TITLE			
TELEPHONE NUMBER	DATE		
CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) Exempt from Backup Withholding Under penalties of perjury, I certify that: I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and III. I am a U.S. person (including a U.S. resident alien). Certification instructions. You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
SIGNATURE			

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.

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.

If you are new to doing business with the state, please check yes. If you've done business with the State of Missouri before, please check no.

If you checked no on the question above, are you updating existing information in our system? If you checked yes on the question above, please move to the next question.

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

ADDITIONAL INFORMATION

If payments are to be sent to a different address, enter a REMIT TO 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. This must be a wet signature.

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.

Allowable SFSP Costs and Needed Documentation

Operating costs are allowable costs incurred by the sponsor for preparing and serving meals to eligible children and Program adults. These costs include, but are not limited to, cost of food used, labor, nonfood supplies, and space for the food service. Rural sites may include costs that are directly incurred in transporting children from rural homes to rural food service sites. All costs must be fully documented and they must represent actual Program 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 of rural children to meal 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