



Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Sarah Willson
Director

Mike Kehoe
Governor

Dear Prospective Summer Food Service Program Applicant:

Enclosed is the Sponsor Eligibility packet for the Summer Food Service Program (SFSP). This Sponsor Eligibility packet includes the SFSP Information Flyer, SFSP Eligibility Questionnaires for sponsor and sites, the SFSP Training Flyer for sponsor training dates, the New Application and Site Operation Checklists, a Sponsor/Site Agreement Form, a Documentation of Training Form for your staff, and the SFSP Allowable Costs document for your review. Many of these forms are also available as fillable forms on our website under the heading Applications and Forms, www.health.mo.gov/sfsp.

New applicants must first complete the SFSP Potential New Sponsor Questionnaire, and an SFSP Site Eligibility Questionnaire for each site where the sponsor plans to serve meals. **The questionnaires are due by May 1st. The questionnaires are not your application.** The purpose of the questionnaires is to determine if an applicant qualifies to participate in the program and to determine if the site is eligible. The new applicant must also complete a Network User Access Form to request access to the online CNPWeb online application. If the applicant and site are determined to be eligible, CFNA will approve the sponsor's Network User Access form. This allows the applicant access to the CNP web-based system where the applicant can enter their SFSP application online. **SFSP Application entry deadlines for Missouri are May 15th.**

All SFSP sponsors must complete training prior to approval of the online application. All new SFSP sponsors must attend one of the SFSP WebEx trainings. A list of WebEx trainings is included in this packet and on our website. To sign up for a WebEx training, please email SFSP@health.mo.gov. In the email, include the first and last name of the person who will attend, their email address, their title, the sponsor name, the mailing address, and the training date for the WebEx they want to attend. Please indicate SFSP 2025 Training in the subject line of the email. In addition, sponsors will have an opportunity to ask further questions during a one-on-one pre-approval session with an assigned Nutrition Specialist.

After at least one SFSP sponsor staff member has attended the state SFSP training, the SFSP sponsor must train their own staff on the SFSP regulations and requirements prior to the start of the program and should use the enclosed Documentation of Training form to show the completion of that staff training. This document must be kept on file at the sponsoring organization.

Once access is granted to the system, sponsoring organization must submit a complete and accurate SFSP application in the CNPWeb based system and upload all required documents by the following deadlines:

- April 1- May 1, if you are interested in receiving commodities.
- April 1 if requesting a June Advance.
- The final deadline is May 1 to submit a New Sponsor Questionnaire and May 15 to submit the online application in the CNPWeb based system.

Completed questionnaires may be sent by email to sfsp@health.mo.gov or faxed to 573-526-3679.

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,

Tanya Harvey, Summer Food Service Program Manager

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.

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.
- Meal sites can be approved as congregate sites or as rural non-congregate sites.

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.
- 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.
- Closed 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 or located in an area where at least half of the children are eligible for free or reduced-price meals through NSLP.
- Residential Summer Camp – a 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.
- Conditional Non-Congregate Site - a rural site that qualifies for Program participation because it conducts a non-congregate meal service for eligible children in an area that does not meet the definition of “areas in which poor economic conditions exist” and is not a “camp.”

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 Food Service Management Company (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.uservoice.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 find information regarding the application process at www.health.mo.gov/sfsp,
- 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 for application information.

The application must be reviewed and approved by DHSS-CFNA before the organization can begin reimbursable meal services.



The sooner you submit the application, the better.

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)
SFSP POTENTIAL NEW SPONSOR QUESTIONNAIRE

The Missouri Department of Health and Senior Services (DHSS) requires all new organizations participating as a nonprofit sponsor of the Summer Food Service Program (SFSP) to complete and sign this form as part of the pre-approval process. **Submitted Eligibility Questionnaires must be approved by DHSS prior to May 1st.**

Read the following information carefully. Answer all questions and provide the required documentation to support completed answers. While the information obtained in this eligibility questionnaire will aid in determining an organization's eligibility, it does not complete the application process or guarantee approval for program participation.

GENERAL INFORMATION			
1.1 ORGANIZATION NAME (MUST BE REGISTERED ON MO SECRETARY OF STATE):		1.2 FEDERAL ID # (FEID #)	1.3 DATE:
1.4 ORGANIZATION PHONE NUMBER:		1.5 ORGANIZATION FAX NUMBER:	
1.6 ORGANIZATION ADDRESS (STREET, CITY, ZIP CODE):		1.7 ORGANIZATION WEBSITE:	
1.8 SPONSOR TYPE (CHECK ONE):			
<input type="checkbox"/> PUBLIC OR NON PROFIT RESIDENTIAL SUMMER CAMP <input type="checkbox"/> UNIT OF LOCAL, MUNICIPAL, COUNTY, OR STATE GOVERNMENT <input type="checkbox"/> PUBLIC OR PRIVATE NONPROFIT COLLEGE OR UNIVERSITY, UPWARD BOUND <input type="checkbox"/> PROGRAM PUBLIC OR PRIVATE NONPROFIT ORGANIZATION ADD - PUBLIC SCHOOL DISTRICT			
1.9 OWNER, PRESIDENT OR EXECUTIVE DIRECTOR (PLEASE LIST MAIDEN NAME AND ANY ALIASES):		1.10 EMAIL ADDRESS:	1.11 DATE OF BIRTH:
1.12 CONTACT PERSON (IF DIFFERENT FROM ABOVE) (PLEASE LIST MAIDEN NAME AND ANY ALIASES):	1.13 POSITION TITLE	1.14 EMAIL ADDRESS:	1.15 DATE OF BIRTH:
1.16 What is the organization's mission?			
1.17 How does participation in the SFSP advance the organization's mission?			
<p>7 CFR 225.14 (c)(5) states "No applicant sponsor shall be eligible to participate in the Program unless it provides an ongoing year-round service to the community which it proposes to serve under the Program, except as provided for in 7 CFR 225.6(b)(4)."</p> <p>7 CFR 225.6(b)(4) states "State agencies may approve the application of an otherwise eligible applicant sponsor which does not provide a year-round service to the community which it proposes to serve under the Program only if it meets one or more of the following criteria: It is a residential camp; it proposes to provide a food service for the children of migrant workers; failure to do so would deny the Program to an area in which poor economic conditions exist; a significant number of needy children will not otherwise have reasonable access to the Program..."</p>			
1.18 NAME OF COUNTY(IES) IN WHICH ORGANIZATION INTENDS TO OPERATE:			
1.19 DESCRIBE THE YEAR-ROUND SERVICE(S) THE ORGANIZATION PROVIDES TO THE COMMUNITY IT WILL SERVE UNDER THE PROGRAM TO COMPLY WITH SPONSOR ELIGIBILITY REQUIREMENTS 225.14(c)(5):			

1.20 HOW LONG HAS YOUR ORGANIZATION BEEN PROVIDING THESE PROGRAM(S) IN THE COMMUNITY?

1.21 What meals/snacks do you anticipate providing? (Check all that apply)

- Breakfast AM Snack Lunch PM Snack Supper Evening Snack

1.22 How are meals currently or anticipated to be provided to your participants? (Check as appropriate)

- Self-Operation (buy food and cook on-site) Contract with a vendor/caterer (FSMC)
Name of vendor/FSMC: _____
- Central Kitchen for several sites Agreement with a local school or affiliated
Kitchen Name: _____ organization
Kitchen Address: _____ Specify: _____
- Do not know yet

NOTE: Please see the Food Service Management Contract Templates at this link:
<https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/food-serv-man-contracts.php>

1.23 Has the organization previously operated a Child Nutrition Program in Missouri or another state?

- YES NO

1.23a If yes, what state(s)? _____

1.23b What Child Nutrition Program(s)? CACFP NSLP SBP SFSP

1.23c Name of sponsor and/or agreement number your program operated under:

1.24 Have any of the organization's responsible parties (e.g., board members, program directors, etc.) participated in a Child Nutrition Program?

- YES NO

1.24a If yes, what state(s)? _____

1.24b What Child Nutrition Program(s)? CACFP NSLP SBP SFSP

1.25 Have any of the organization's Summer Food Service Program (SFSP) employees or board members ever been associated with any organization terminated for failure to correct serious deficiencies, received notices of serious deficiencies, and/or are included on the USDA National Disqualified List of Institutions?

1.25A IF YES, PROVIDE THE NAME OF THE ORGANIZATION AND WHAT POSITION THEY HELD AT THE ORGANIZATION.

1.26 SITES/ANTICIPATED SITES (LIST PHYSICAL ADDRESS OF EACH LOCATION) AND COMPLETE A SEPARATE SFSP SITE ELIGIBILITY QUESTIONNAIRE FOR EACH LOCATION:

ORGANIZATIONAL FISCAL, FINANCIAL VIABILITY, and FINANCIAL MANAGEMENT

The legal name and Federal Employer Identification Number (FEIN) in which the sponsoring organization is doing business with MO DHSS for SFSP operations is required to incur the costs of the program.

7 CFR Part 225.14(c)(1) states "No applicant sponsor shall be eligible to participate in the Program unless it demonstrates financial and administrative capability for Program operations and accepts final financial administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service."

7 CFR 225.14(d)(5)(iii) requires that "If the sponsor is a private non-profit organization, it must certify that it demonstrates that it possesses adequate management and the fiscal capacity to operate the Program."

Financial Viability will be measured based upon a sponsoring organization's ability to demonstrate there is a need for service, appropriate recruitment practices are in place and enforced, and the organization has the adequate financial resources to operate the Program on a daily basis.

2.1 WHO REVIEWS THE ORGANIZATION'S FINANCIAL STATEMENTS AND HOW OFTEN THEY ARE REVIEWED?

2.2 HOW OFTEN ARE THE ORGANIZATION'S FINANCIAL STATEMENTS AUDITED? 2.2A DATE OF THE LAST AUDIT

2.3 WHAT IS THE SYSTEM USED TO TRACK/MANAGE FINANCIAL-RELATED INFORMATION? 2.4 WHAT POSITION IN THE ORGANIZATION IS RESPONSIBLE FOR FINANCIAL RECORD KEEPING?

2.5 WHAT POSITION IN THE ORGANIZATION IS RESPONSIBLE FOR DEVELOPING AND EXECUTING THE ORGANIZATION'S BUDGET?

2.6 WHAT PROCEDURES ARE IN PLACE TO SUSTAIN THE SFSP IN THE EVENT OF A DELAY OR INTERRUPTION OF PROGRAM FUNDS?

2.7 WHAT POSITION IN THE ORGANIZATION WILL BE RESPONSIBLE FOR ENSURING FISCAL INTEGRITY AND ACCOUNTABILITY FOR ALL PROGRAM FUNDS?

2.8 DESCRIBE THE ORGANIZATION'S PLAN TO REPAY ANY DEBT OR UNALLOWABLE COSTS. THIS INCLUDES REPAYMENT OF DEBT RESULTING FROM PROGRAM OVER CLAIMS OR FROM COSTS EXCEEDING SFSP CLAIM REIMBURSEMENT, AS APPLICABLE. REPAYMENT FOR UNALLOWABLE COSTS RESULTING FROM THE USE OF PROGRAM FUNDS ON COSTS NOT INCLUDED IN THE BUDGET AND/OR COSTS THAT THE STATE AGENCY HAS DETERMINED NOT TO BE ALLOCABLE, NECESSARY, OR REASONABLE.

2.9 IS THIS ORGANIZATION CURRENTLY IN BANKRUPTCY? YES NO

2.10 HAS THIS ORGANIZATION BEEN IN BANKRUPTCY ANYTIME IN THE PAST 10 YEARS? YES NO

INCOME SOURCE TABLE 2.11

IDENTIFY CURRENT REVENUE THAT WILL BE USED TO SUBSIDIZE THE ORGANIZATION, EXCLUDING ANY PERSONAL INCOME.
(NOTE: ADDITIONAL INFORMATION MAY BE REQUESTED)

INCOME SOURCE (NAME OF BUSINESS, AGENCY, FAITH-BASED ORGANIZATION, ETC.)	FREQUENCY	TYPE (DONATIONS, EARNED INCOME, GRANTS, ETC.)	BEGIN AND END DATES	FUNCTION/PURPOSE	ANNUAL AMOUNT

CURRENT FINANCIAL OBLIGATIONS TABLE 2.12

LIST THE ORGANIZATIONS CURRENT FINANCIAL OBLIGATIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. SEE BELOW.

FINANCIAL OBLIGATION	FUNDING RESOURCE	EXPENDITURE AMOUNT	SCHEDULE/TERM DATE	PROGRAM OR ACTIVITY CATEGORY EXPENSED TO

ADMINISTRATIVE CAPABILITY

7 CFR 225.14(d)(5)(iii) requires that “If the sponsor is a private non-profit organization, it must certify that it demonstrates that it possesses adequate management and the fiscal capacity to operate the Program.”

7 CFR Part 225.14 (c)(1) states “No applicant sponsor shall be eligible to participate in the Program unless it demonstrates financial and administrative capability for Program operations and accepts final financial and administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service.”

7 CFR 225.14 (d)(3)(i)(ii) requires that “Sponsors which are units of local, municipal, county, or State government, and sponsors which are private nonprofit organizations, will only be approved to administer the Program at sites where they have administrative oversight. Administrative oversight means that the sponsor shall be responsible for: Maintaining contact with meal service staff, ensuring that there is adequately trained meal service staff on site, monitoring the meal service throughout the period of Program participation, and terminating meal service at a site if staff fail to comply with Program regulations; and Exercising management control over Program operations at sites throughout the period of Program participation by performing the functions specified in § 225.15.”

3.1 Indicate all resources that are currently available to efficiently operate the SFSP. Do not include any resources that will be funded through the SFSP or any Child and Adult Care Food Program (CACFP) funded resource.

Resource		Funding Source	Details
Office Space			Office Address:
Computer Equipment			
Computer Software (Program Related)			
Desk Equipment and Supplies			
Personnel Staff			Number of Staff:
Professional Services			Number of Staff:
Contracted Staff			Number of Staff:
Other (Attach separate explanation, if needed)			

3.2 Does the organization currently have sufficient staff with the necessary skills to:

- 3.2a Formulate and execute an administrative budget? YES NO
- 3.2b Assess and determine needs for the SFSP in the area served? YES NO
- 3.2c Effectively write and adhere to an outreach plan? YES NO

3.2d If you answered No to any of the above, how will the area be addressed?

3.3 Describe or attach the organization’s outreach plan to ensure that the public is aware of the meals you will be providing.

BOARD MEMBERS (Board of Directors should be separate and impartial)

(This section is not required for Government Agencies)

Name of Board Members	Date of Birth	Home Mailing Address	Phone Number	Term Expiration Date

4.1 IDENTIFY OWNER, MANAGER, OR EXECUTIVE DIRECTOR:

4.2 DESCRIBE THE OWNER, MANAGER OR EXECUTIVE DIRECTOR'S ROLE IN THE ORGANIZATION:

4.3 IDENTIFY THOSE IN A SUPERVISORY OR MANAGEMENT POSITION WITHIN THE ORGANIZATION THAT WILL WORK WITH THE SUMMER FOOD SERVICE PROGRAM:

4.4 IDENTIFY ANY BOARD MEMBERS THAT ARE RELATED AND SPECIFY RELATIONSHIP (E.G., PARENT, SIBLING, IN-LAW, ETC):

4.5 DOES THE ORGANIZATION MAINTAIN A LESS-THAN-ARM'S LENGTH RELATIONSHIP WITH ANOTHER ORGANIZATION OR PERSON(S) WHICH COULD BE PERCEIVED AS A CONFLICT OF INTEREST? YES NO

4.6 2 CFR 200.112 REQUIRES "NON-FEDERAL ENTITIES MUST DISCLOSE IN WRITING ANY POTENTIAL CONFLICT OF INTEREST."
IDENTIFY ANY POTENTIAL CONFLICT OF INTEREST:

REQUIRED SUPPORTING DOCUMENTATION

Include the following in the Eligibility Questionnaire, as applicable. **All documentation is required for submission. Do not submit until all requirements can be submitted.**

1. SFSP Site Eligibility Questionnaire for each site:

<https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/pdf/site-eligibility-questionnaire.pdf>

2. Does the organization receive any state and/or federal funding? YES NO

If yes, name the other state/federal funds received. _____

3. A copy of the most recent financial statements, filed federal tax return, or single audit report. Financial statements include:

- Income Statements – An Income Statement is a financial report that shows a company’s revenues, expenses and profitability over a certain period. Also known as a Profit and Loss Statement.
- Balance Sheet – A summary of the financial condition of the organization at a specific point in time including assets, liabilities and net worth.

The timeframe of the financials, actual costs and income must be provided. Estimates are not accepted.

DHSS reserves the right to request updated financials if they are not provided in a timely manner.

Filed federal tax return:

- Nonprofit organization or church organization 990 or 990-EZ filed tax return.

Single Audit Report:

- An organization-wide audit or examination of an entity that expends \$1,000,000 or more of federal assistance

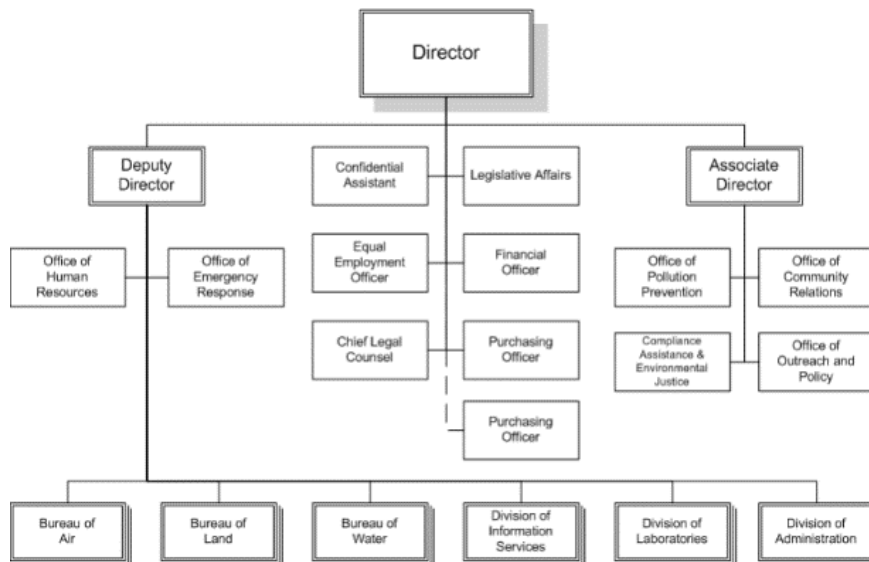
(commonly known as federal funds, federal grants, or federal awards) received for its operations.

4. The previous month bank statement(s) for all accounts in the name of the business. Include the entire bank statement.

5. Copy of organizational chart

A company’s organizational chart typically illustrates relationships between people within an organization. Such relations might include managers to employees, directors to managing directors, chief executive officer to various departments, etc. When an organization chart grows too large, it can be split into smaller charts for separate departments within the same organization.

Example:



CERTIFICATION STATEMENTS

I certify that the organization is in compliance with all applicable state rules and regulations regarding governing board of corporations.

I certify that the organization has never been a principal in an organization participating in a publicly funded program that has been ruled ineligible as a result of violating program requirements.

I certify that the organization has never been convicted of a business-related offense.

I certify that no organization's SFSP employees have been convicted of a criminal offense.

I understand that the submission of false information to the state agency is grounds for termination or denial from the SFSP as described in 7 CFR 225.

I understand that any deliberate omissions, falsifications, misstatements, or misrepresentation of SFSP records will subject this organization to prosecution under applicable state and federal statutes.

I understand that any information given may be investigated as allowed by law. This consent shall continue to be effective during sponsorship, if approved.

I understand that application documents submitted for approval to participate in this program are public records subject to the Freedom of Information Act.

I certify that the information contained in the Eligibility Questionnaire is true and accurate.

PRINT NAME	TITLE	DATE
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AUTHORIZED SIGNATURE

Each item of the Eligibility Questionnaire must be completed prior to processing. Incomplete packets will be returned. Submit the Eligibility Questionnaire via email to sfsp@health.mo.gov.

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: USDA Program Discrimination Complaint Form, 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)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SFSP SITE ELIGIBILITY QUESTIONNAIRE

COMPLETE A SEPARATE FORM FOR EACH SITE

NAME OF SPONSOR

NAME OF SITE

STREET ADDRESS OF SITE

CITY	STATE	ZIP CODE	COUNTY
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TYPE OF CENTER/SITE

OPEN SITE USING SCHOOL DATA OR CENSUS DATA

MIGRANT SITE

CLOSED ENROLLED SITE

SUMMER CAMP

NATIONAL YOUTH SPORTS PROGRAM

UPWARD BOUND PROGRAM

WHAT SCHOOL DISTRICT AND SCHOOL BUILDING IS NEAREST TO YOUR SITE?

WAS/IS THIS SITE UNDER AN EXISTING SPONSOR FOR THE SFSP?

YES NO IF YES, NAME OF SPONSOR:

HOW FAR IS THIS SITE FROM AN EXISTING SITE? ARE THERE PUBLIC SAFETY CONCERNS AROUND THE SITE?

WHAT POPULATION OF CHILDREN WILL BE SERVED, ANY SPECIFIC AGE GROUPS OR PROGRAMS?

WHAT MEALS AND MEAL TIMES WERE YOU CONSIDERING AT THIS SITE?

WHAT SERVING DATES WERE YOU CONSIDERING?

PLEASE NOTE THAT SITES MUST NOT BE IN CLOSE PROXIMITY TO AN EXISTING SITE AND SITES MAY BE DENIED FOR THIS REASON.

LICENSED DAY CARE HOMES ARE INELIGIBLE – SIMULTANEOUS PARTICIPATION IN BOTH CACFP AND SFSP FOR THE SAME CHILDREN IS NOT ALLOWED. THIS IS CONSIDERED DUAL PARTICIPATION.

SUBMIT COMPLETED DOCUMENT TO SFSP@HEALTH.MO.GOV

Empty space for additional information or comments.



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

DHSS-CFNA USE ONLY

SOCIAL SECURITY NUMBER	OFFICE TELEPHONE NUMBER (INCLUDING AREA CODE)
NAME (LAST, FIRST, MI)	ORGANIZATION NAME (MUST MATCH CNP APPLICATION)
Child and Adult Care Food Program 800-733-6251 Summer Food Service Program 888-435-1464	OWNER/AUTHORIZED REPRESENTATIVE (MUST MATCH CNP APPLICATION)
E-MAIL ADDRESS OF REQUESTOR	DATE OF BIRTH
SPONSOR ADDRESS (PO BOX/STREET, CITY, STATE, ZIP CODE)	COUNTY
HOME ADDRESS (PO BOX/STREET, CITY, STATE, ZIP CODE)	COUNTY

ARE YOU EMPLOYED BY SPONSOR
 Yes No

SOFTWARE ACTION REQUESTED

ACTION REQUESTED:
 Add Access Delete Access
 CACFP web-based system for application updates and claim submission
 SFSP web-based system for application updates and claim submission

COMMENTS:

- Notes
- 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 e-mail to CACFP@health.mo.gov or 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- 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 CNP APPLICATION) REQUIRED	DATE:

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

APPROVED BY:	DATE:
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2025 SFSP Sponsor Training Dates

DHSS-CFNA is offering training options for returning 2025 SFSP sponsors. Returning sponsors may complete the four SFSP Training Modules online or attend a live SFSP WebEx training. **All new SFSP sponsors must attend one of the SFSP WebEx trainings listed below.** The four SFSP Training Modules are located on the SFSP website at: <http://www.health.mo.gov/sfsp> under the heading, Training. To sign up for the WebEx training, please email SFSP@health.mo.gov. In the email, include the first and last name of the person who will attend, their email address, their title, the sponsor name, a mailing address to send the manual, and the training date for the WebEx they want to attend. Please indicate **SFSP 2025 Training** in the subject line of the email.

WebEx SFSP Orientation Training Dates – 2025

Date of Training	Time of Training	Training Sign Up Deadline
March 12, 2025	9:00am – 2:00pm	February 26, 2025
March 27, 2025	9:00am – 2:00pm	March 13, 2025
April 10, 2025	9:00am – 2:00pm	March 27, 2025
April 22, 2025	9:00am – 2:00pm	April 8, 2025
May 7, 2025	9:00am – 2:00pm	April 23, 2025
May 20, 2025	9:00am – 2:00pm	May 6, 2025
May 27, 2025	9:00am – 2:00pm	May 15, 2025

This institution is an equal opportunity provider.

New Application Checklist

Use this checklist to ensure all required items are complete for application to the Summer Food Service Program (SFSP). New sponsors will be required to complete questionnaires prior to gaining access to the CNP web-based system; the completed questionnaires must be emailed to SFSP (SFSP@health.mo.gov). Upon receipt, the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) will provide Network User Access or follow up if needed. The sponsor will complete additional information directly on the CNP web-based system. Some forms must be downloaded from the Checklist Tab, completed and then uploaded to the system. This is outlined below:

Forms on the SFSP website that the applicant will complete and email to DHSS-CFNA:

- SFSP Potential New Sponsor Questionnaire
- SFSP Site Eligibility Questionnaire (one for each meal site)
- Network User Access Request

Forms completed directly in the CNP web-based system:

- Sponsor Information Sheet
- Site Information Sheet (one for each meal site)
- Sponsor Budget
- Sponsor Management Plan

Additional forms needed to complete the application for new sponsors:

If you are a returning sponsor, you will only need to upload items that are checkmarked on the Checklist Tab as required.

- Policy Statement for New Sponsors
- Missouri Buys (for direct deposit)
- Subrecipient Information Form (SIF)
- Unique Entity Identifier (UEI Screenshot form SAM.gov)
- Sponsor/Site Agreements with each meal service site (required if the sponsor does not own location)
- Food Service Management Contract for vended sites (templates on the SFSP website)
- Documentation of IRS section 501(c)(3) Status
- Copy of IRS tax-exempt letter for Nonprofit Religious Organizations (if not a 501(c)(3) status)
- Financial Documentation/Bank Statements
- Date of attendance to the DHSS-CFNA provided SFSP training (Certification of Completion)
- E-Verify Memorandum of Understanding
- Verification of Vendor No Tax Due (if applicable)

Site Operation Checklist

Use this checklist to ensure sites are ready for SFSP operations.

- Documentation of Training to Program Personnel: Required before start of program operations and kept onsite for DHSS review.
- Pre-Operational Site Review: Completed for each new site prior to site application submission and kept onsite for Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) review.
- “And Justice For All” Poster: Must be displayed in a prominent location at each site where it can be easily viewed.
- Sponsor/Site Agreement: Must complete before adding a site at a location the sponsor does not own.
- Daily Meal Count Form: Completed at the point of service for each meal. Must be dated and kept with monthly records.
- Medical Food Substitution Form: Have a few copies available for participants with allergies and or special dietary needs. Must be signed by a physician.
- 2nd & 4th Week Monitor Site Review Form for Self-Preparation Sites or Vended Sites: Sponsors are required to conduct reviews within the first two weeks of operation and again within the first four weeks of operation. There is also space to record your beneficiary data which is required once per year.
- Enrollment Form and Attendance Records: Required for Closed Enrolled Sites and Camps. Must have an enrollment form for each child and an attendance record for each day of operation.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
DOCUMENTATION OF TRAINING TO PROGRAM PERSONNEL

NAME & ADDRESS OF SPONSOR	DATE OF TRAINING
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NAME OF TRAINER(S)	LOCATION OF TRAINING
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Check the topics covered and list any additional. Topics listed here are the minimum required.

<input type="checkbox"/> Purpose of the Program	<input type="checkbox"/> Site Operations	<input type="checkbox"/> Civil Rights
<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> _____
<input type="checkbox"/> Site Eligibility	<input type="checkbox"/> Duties of a Monitor	<input type="checkbox"/> _____

Attach additional pages if necessary or attach a copy of the training program outline.

Training Participant (Print Name)	Participant's Signature	Participant's Title	Name of Participant's Site

Personnel Training Checklist
Manuals available at www.health.mo.gov/sfsp

Administrative Personnel:

- Refer to all SFSP Guidelines
- Purpose of the Program
- Site Eligibility
- Recordkeeping Requirements
- Organized Site Activities
- Meal Requirements
- Nondiscrimination Compliance
- Meal Service
 - ✓ How meals will be provided
 - ✓ The delivery schedule
 - ✓ What records must be kept
 - ✓ What forms to use
- Duties of the Monitors
 - ✓ Conduct site reviews
 - ✓ Site assignments
 - ✓ Monitoring schedule
 - ✓ Reporting procedures
 - ✓ Follow-up procedures
 - ✓ Office procedures

Monitor Personnel:

- Training for Administrative Personnel
- Monitoring Duties/Responsibilities
 - ✓ Assignment of sites
 - ✓ Conducting the site visits
 - ✓ Monitoring schedules
 - ✓ Reporting/recordkeeping requirements
 - ✓ Follow-up procedures
 - ✓ Local sanitation and health laws
 - ✓ Civil Rights
 - ✓ Ethnic and racial data collection
 - ✓ Personal safety precautions

Site Personnel

- Purpose of Program
- Site Eligibility
- Accurate Point of Service Meal Count Records
- Organized Activities at Sites
- Recordkeeping Requirements
 - ✓ Daily recordkeeping requirements
 - ✓ Delivery receipts
 - ✓ Second meals, leftovers, spoiled meals
 - ✓ Daily labor documentation, time sheets
 - ✓ Daily meal service forms
 - ✓ Camps and Closed Enrolled Sites Only
- Vended Site Operations
 - ✓ Meal pattern requirements
 - ✓ Delivery schedules
 - ✓ Adjustments in meal delivery
 - ✓ Facilities available for storing meals
 - ✓ Who to contact about problems
 - ✓ Approved level of meal service
- Self-Preparation Site Operations
 - ✓ Meal pattern requirements
 - ✓ Production records
 - ✓ Meal preparation adjustments
- Duties and Authority of the Monitors
- Civil Rights Requirements; Posters Displayed
- Miscellaneous Policies/Issues
 - ✓ Inclement weather and alternate service areas
 - ✓ How to address non-program adult meals
 - ✓ How to address discipline problems
 - ✓ Review equipment, facilities, and materials available for recreational activities
 - ✓ Review trash removal requirements
 - ✓ Discuss corrective action
 - ✓ Nutrition education

*Attendance records are applicable for Camps and Closed Enrolled Sites only.



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

THE SPONSOR NAMED ABOVE AGREES TO:

- ▶ Serve meals to children 18 years of age and under, or person 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.

The Site Property Owner/Manager agrees that the Sponsor may use this location to serve SFSP meals.

SIGNATURES

OWNER/PROPERTY MANAGER/SCHOOL CONTACT OF THE SITE	DATE
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SFSP SPONSOR REPRESENTATIVE	DATE
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Allowable 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 2 nd 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 or 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