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

SFSP POTENTIAL SPONSOR ELIGIBILITY QUESTIONNAIRE

The Missouri Department of Health and Senior Servcies (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):

- ☐ PUBLIC OR NON PROFIT RESIDENTIAL SUMMER CAMP
- ☐ UNIT OF LOCAL, MUNICIPAL, COUNTY, OR STATE GOVERNMENT
- ☐ PUBLIC OR PRIVATE NONPROFIT COLLEGE OR UNIVERSITY, UPWARD BOUND
- ☐ PROGRAM PUBLIC OR PRIVATE NONPROFIT ORGANIZATION
- ☐ 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 (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?

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)."

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…"

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)
☐ CENTRAL KITCHEN FOR SEVERAL SITES
KITCHEN NAME:_____
KITCHEN ADDRESS:_____

☐ CONTRACT WITH A VENDOR/CATERER (FSMC)
NAME OF VENDOR/FSMC: _____
☐ AGREEMENT WITH A LOCAL SCHOOL OR AFFILIATED ORGANIZATION
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?

☐ YES ☐ NO

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? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

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? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.6 WHAT PROCEDURES ARE IN PLACE TO SUSTAIN THE SFSP IN THE EVENT OF A DELAY OR INTERRUPTION OF PROGRAM FUNDS? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

2.7 WHAT POSITION IN THE ORGANIZATION WILL BE RESPONSIBLE FOR ENSURING FISCAL INTEGRITY AND ACCOUNTABILITY FOR ALL PROGRAM FUNDS? (LIST INDIVIDUAL NAME(S) AND POSITION TITLE)

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

Table 2.11 and 2.12 are not required for Public School Districts

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 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. (Not required for Public School Districts)

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.

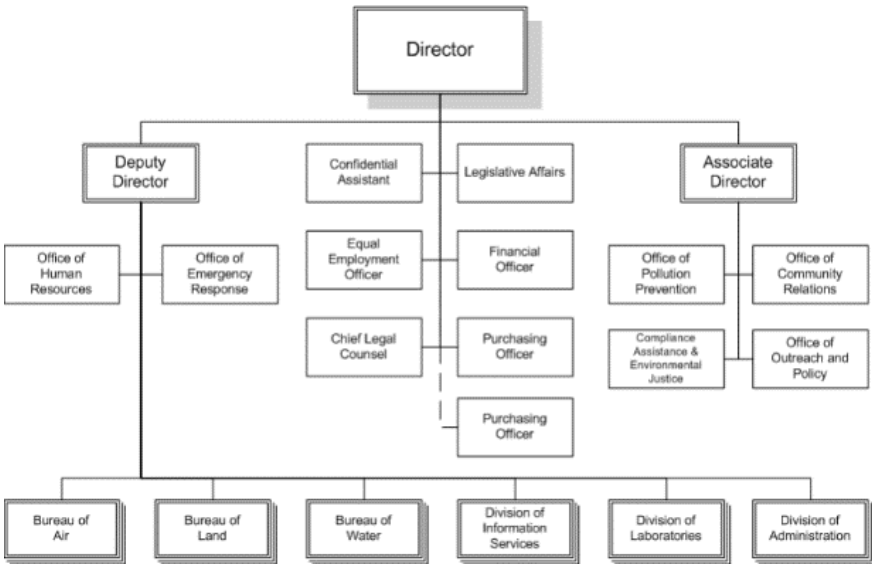
Single Audit Report:

- 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. (Not required for Public School Districts)

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 understand the application documents submitted for approval to participate in this program are public records subject to the Freedom of Information Act and the Missouri Sunshine Law.

PRINT NAME	TITLE

AUTHORIZED SIGNATURE	DATE

Each item of the Eligibility Questionnaire must be completed prior to submission. Incomplete questionnaires will be returned. Submit the Eligibility Questionnaire via email to sfsp@health.mo.gov.
Mailed and faxed packets will not be accepted.

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/ad-3027.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.