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Attachment 1

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Act means the National School Lunch Act, as amended.

Administrative costs means costs incurred by a sponsor related to planning, organizing, and managing a food service under the Program, and excluding interest costs and operating costs.

Adult means, for the purposes of the collection of social security numbers as a condition of eligibility for Program meals, any individual 21 years of age or older.

Advance payments means financial assistance made available to a sponsor for its operating costs and/or administrative costs prior to the end of the month in which such costs will be incurred.

Areas in which poor economic conditions exist means:

(a) The local areas from which an open site and restricted open site draw their attendance in which at least 50 percent of the children are eligible for free or reduced price school meals under the National School Lunch Program and the School Breakfast Program, as determined:

(1) By information provided from departments of welfare, education, zoning commissions, census tracts, and organizations determined by the State agency to be migrant organizations;
(2) By the number of free and reduced price lunches or breakfasts served to children attending public and nonprofit private schools located in the areas of Program sites; or
(3) From other appropriate sources; or

(b) A closed enrolled site.

Camps means residential summer camps and nonresidential day camps which offer a regularly scheduled food service as part of an organized program for enrolled children. Nonresidential camp sites shall offer a continuous schedule of organized cultural or recreational programs for enrolled children between meal services.

Children means (a) persons 18 years of age and under, and (b) persons over 18 years of age who are determined by a State educational agency or a local public educational agency of a State to be mentally or physically handicapped and who participate in a public or nonprofit private school program established for the mentally or physically handicapped.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Closed enrolled site means a site which is open only to enrolled children, as opposed to the community at large, and in which at least 50 percent of the enrolled children at the site are eligible for free or reduced price school meals under the National School Lunch Program and the School Breakfast Program, as determined by approval of applications in accordance with §225.15(f).

Continuous school calendar means a situation in which all or part of the student body of a school is (a) on a vacation for periods of 15 continuous school days or more during the period October through April and (b) in attendance at regularly scheduled classes during most of the period May through September.

Costs of obtaining food means costs related to obtaining food for consumption by children. Such costs may include, in addition to the purchase price of agricultural commodities and other food, the cost of processing, distributing, transporting, storing, or handling any food purchased for, or donated to, the Program.

Food stamp household means any individual or group of individuals which is currently certified to receive assistance as a household under the Food Stamp Program.

Household means "family", as defined in this section.

Income accruing to the program means all funds used by a sponsor in its food service program, including but not limited to all monies, other than program payments, received from Federal, State and local governments, from food sales to adults, and from any other source including cash donations or grants. Income accruing to the Program will be deducted from combined operating and administrative costs.

Income standards means the family-size and income standards prescribed annually by the Secretary for determining eligibility for reduced price meals under the National School Lunch Program and the School Breakfast Program.

Meals means food which is served to children at a food service site and which meets the nutritional requirements set out in this part.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Milk means whole milk, low fat milk, skim milk, and buttermilk. All milk must be fluid and pasteurized and must meet State and local standards for the appropriate type of milk. Milk served may be flavored or unflavored. In Alaska, Hawaii, American Samoa, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, the Northern Mariana Islands, and the Virgin Islands of the United States, if a sufficient supply of such types of fluid milk cannot be obtained, reconstituted or recombined milk may be used. All milk should contain Vitamins A and D at the levels specified by the Food and Drug Administration and at levels consistent with State and local standards for such milk.

Needy children means children from families whose incomes are equal to or below the Secretary's Guidelines for Determining Eligibility for Reduced Price School Meals.

New site means a site that did not participate in the Program in the prior year, or, as determined by the State agency, a site that has experienced significant staff turnover from the prior year.

New sponsor means a sponsor that did not participate in the Program in the prior year, or, as determined by the State agency, a sponsor that has experienced significant staff turnover from the prior year.

NYSP means the National Youth Sports Program administered by the National Collegiate Athletic Association.

NYSP feeding site means a site at which all of the children receiving Program meals are enrolled in the NYSP and which qualifies for Program participation on the basis of documentation that the site meets the definition of "areas in which poor economic conditions exist" as provided in this section.

O*IG* means the Office of the Inspector General of the Department.

Open site means a site at which meals are made available to all children in the area and which is located in an area in which at least 50 percent of the children are from households that would be eligible for free or reduced price school meals under the National School Lunch Program and the School Breakfast Program, as determined in accordance with paragraph (a) of the definition of *Areas in which poor economic conditions exist*.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Operating costs means the cost of operating a food service under the Program,

(a) Including the
  (1) cost of obtaining food,
  (2) labor directly involved in the preparation and service of food,
  (3) cost of nonfood supplies,
  (4) rental and use allowances for equipment and space, and
  (5) cost of transporting children in rural areas to feeding sites in rural areas, but

(b) Excluding
  (1) the cost of the purchase of land, acquisition or construction of buildings,
  (2) alteration of existing buildings,
  (3) interest costs,
  (4) the value of in-kind donations, and
  (5) administrative costs.

Private nonprofit means tax exempt under the Internal Revenue Code of 1986, as amended.

Private nonprofit organization means an organization (other than private nonprofit residential camps, school food authorities, or colleges or universities participating in the NYSP) that meets the definition of "private nonprofit" in this section and which:

(a) Administers the Program:
  (1) At no more than 25 sites, with not more than 300 children being served at any approved meal service at any one site; or
  (2) With a waiver granted by the State in accordance with §225.6(b)(5)(ii), not more than 500 children being served at any approved meal service at any one site;
(b) Operates in areas where a school food authority has not indicated that it will operate the Program in the current year;
(c) Exercises full control and authority over the operation of the Program at all sites under its sponsorship;
(d) Provides ongoing year-round activities for children or families;
(e) Demonstrates that it possesses adequate management and the fiscal capacity to operate the Program; and
(f) Meets applicable State and local health, safety, and sanitation standards.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Program means the Summer Food Service Program for Children authorized by Section 13 of the Act.

Program funds means Federal financial assistance made available to State agencies for the purpose of making Program payments.

Program payments means financial assistance in the form of start-up payments, advance payments, or reimbursement paid to sponsors for operating and administrative costs.

Restricted open site means a site which is initially open to broad community participation, but at which the sponsor restricts or limits attendance for reasons of security, safety or control. Site eligibility for a restricted open site shall be documented in accordance with paragraph (a) of the definition of *Areas in which poor economic conditions exist*.

Rural means (a) any area in a county which is not a part of a Metropolitan Statistical Area or (b) any "pocket" within a Metropolitan Statistical Area which, at the option of the State agency and with FNSRO concurrence, is determined to be geographically isolated
from urban areas.

School food authority means the governing body which is responsible for the administration of one or more schools and which has the legal authority to operate a lunch program in those schools. In addition, for the purpose of determining the applicability of food service management company registration and bid procedure requirements, "school food authority" also means any college or university which participates in the Program.

Secretary means the Secretary of Agriculture.

Self-preparation sponsor means a sponsor which prepares the meals that will be served at its site(s) and does not contract with a food service management company for unitized meals, with or without milk, or
for management services.

Session means a specified period of time during which an enrolled group of children attend camp.

Site means a physical location at which a sponsor provides a food service for children and at which children consume meals in a supervised setting.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Special account means an account that a State agency may require a vended sponsor to establish with the State agency or with a Federally insured bank. Operating costs payable to the sponsor by the State agency are deposited in the account and disbursement of monies from the account must be authorized by both the sponsor and the food service management company.

Sponsor means a public or private nonprofit school food authority, a public or private nonprofit residential summer camp, a unit of local, municipal, county or State government, a public or private nonprofit college or university currently participating in the NYSP, or a private nonprofit organization which develops a special summer or other school vacation program providing food service similar to that made available to children during the school year under the National School Lunch and School Breakfast Programs and which is approved to participate in the Program. Sponsors are referred to in the Act as "service institutions".

Start-up payments means financial assistance made available to a sponsor for administrative costs to enable it to effectively plan a summer food service, and to establish effective management procedures for such a service. These payments shall be deducted from subsequent administrative cost payments.

State means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

State agency means the State educational agency or an alternate agency that has been designated by the Governor or other appropriate executive or legislative authority of the State and which has been approved by the Department to administer the Program within the State, or, in States where FNS administers the Program, FNSRO.

TANF means the State funded program under part A of title IV of the Social Security Act that the Secretary determines complies with standards established by the Secretary that ensure that the standards under the State program are comparable to or more restrictive than those in effect on June 1, 1995. The program is commonly referred to as Temporary Assistance for Needy Families, although States may refer to the program by another name.

Definitions of Program Terms from the SFSP Federal Regulations
7 CFR 225.2 Definitions

Unit of local, municipal, county or State government means an entity which is so recognized by the State constitution or State laws, such as the State administrative procedures act, tax laws, or other applicable State laws which delineate authority for government responsibility in the State.

Vended sponsor means a sponsor which purchases from a food service management company the unitized meals, with or without milk, which it will serve at its site(s), or a sponsor which purchases management services, subject to the limitations set forth in Sec. 225.15, from a food service management company.

Yogurt means commercially prepared coagulated milk products obtained by the fermentation of specific bacteria, that meet milk fat or milk solid requirements and to which flavoring foods or ingredients may be added. These products are covered by the Food and Drug Administration's Standard of Identity for yogurt, low-fat yogurt, and nonfat yogurt, (21 CFR 131.200), (21 CFR 131.203), (21 CFR 131.206), respectively.

[54 FR 18208, Apr. 27, 1989, as amended at 54 FR 27153, June 28, 1989; 55 FR 13466, Apr. 10, 1990; 61 FR 25553, May 22, 1996; 64 FR 72483, Dec. 28, 1999; 64 FR 72895, Dec. 29, 1999]

Attachment 2

Glossary of Acronyms

AFDC	Aid to Families with Dependent Children
CACFP	Child and Adult Care Food Program
FDPIR	Food Distribution Program on Indian Reservations
FNS	Food and Nutrition Services
IFB	Invitation for Bid
NSLP	National School Lunch Program
NYSP	National Youth Sports Program
OVS	Offer Versus Serve
RCCI	Residential Child Care Institutions
SBA	Small Business Administration
SBP	School Breakfast Program
SFSP	Summer Food Service Program
SMP	Special Milk Program
TANF	Temporary Assistance to Needy Families
USDA	United States Department of Agriculture
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2002 to June 30, 2003) **Attachment 3**

Household size	Federal Poverty Guidelines			Reduced Price Meals 185%			Free Meals 130%		
	Annual	Month	Week	Annual	Month	Week	Annual	Month	Week
48 Contiguous United States, District of Columbia, Guam & Territories									
1……	8,860	739	171	16,391	1,366	316	11,518	960	222
2……	11,940	995	230	22,089	1,841	425	15,522	1,294	299
3……	15,020	1,252	289	27,787	2,316	535	19,526	1,628	376
4……	18,100	1,509	349	33,485	2,791	644	23,530	1,961	453
5……	21,180	1,765	408	39,183	3,266	754	27,534	2,295	530
6……	24,260	2,022	467	44,881	3,741	864	31,538	2,629	607
7……	27,340	2,279	526	50,579	4,215	973	35,542	2,962	684
8……	30,420	2,535	585	56,277	4,690	1,083	39,546	3,296	761
For each add'l family member add	3,080	257	60	5,698	475	110	4,004	334	77
ALASKA									
1……..	11,080	924	214	20,498	1,709	395	14,404	1,201	277
2……	14,930	1,245	288	27,621	2,302	532	19,409	1,618	374
3……	18,780	1,565	362	34,743	2,896	669	24,414	2,035	470
4……	22,630	1,886	436	41,866	3,489	806	29,419	2,452	566
5……	26,480	2,207	510	48,988	4,083	943	34,424	2,869	662
6……	30,330	2,528	584	56,111	4,676	1,080	39,429	3,286	759
7……	34,180	2,849	658	63,233	5,270	1,217	44,434	3,703	855
8……	38,030	3,170	732	70,356	5,863	1,353	49,439	4,120	951
For each add'l family member add	3,850	321	75	7,123	594	137	5,005	418	97
HAWAII									
1……	10,200	850	197	18,870	1,573	363	13,260	1,105	255
2……	13,740	1,145	265	25,419	2,119	489	17,862	1,489	344
3……	17,280	1,440	333	31,968	2,664	615	22,464	1,872	432
4……	20,820	1,735	401	38,517	3,210	741	27,066	2,256	521
5……	24,360	2,030	469	45,066	3,756	867	31,668	2,639	609
6……	27,900	2,325	537	51,615	4,302	993	36,270	3,023	698
7……	31,440	2,620	605	58,164	4,847	1,119	40,872	3,406	786
8……	34,980	2,915	673	64,713	5,393	1,245	45,474	3,790	875
For each add'l family member add	3,540	295	69	6,549	546	126	4,602	384	89

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Attachment 4

Summer Food Service Program Meal Patterns

Food Components	Breakfast	Lunch or Supper	Snack[1] (Choose two of the four)
Milk			
Milk, fluid	1 cup (8 fl. oz.)[2]	1 cup (8 fl. oz.)[3]	1 cup (8 fl. oz.)[2]
Vegetables and/or Fruits			
Vegetable(s) and/or fruit(s)	½ cup	3/4 cup total[4]	3/4 cup
or			
Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetables(s), fruit(s), and juice	½ cup (4 fl. oz.)		3/4 cup (6 fl. oz.)
Grains and Breads[5]			
Bread	1 slice	1 slice	1 slice
or			
Cornbread, biscuits, rolls, muffins, etc.	1 serving	1 serving	1 serving
or			
Cold dry cereal	3/4 cup or 1 oz.[6]		3/4 cup or 1 oz.[6]
or			
Cooked pasta or noodle product	½ cup	½ cup	½ cup
or			
Cooked cereal or cereal grains or an equivalent quantity of any combination of grains/breads	½ cup	½ cup	½ cup
Meat and Meat Alternates	(Optional)		
Lean meat or poultry or fish or alternate protein Product [7]	1 oz.	2 oz.	1 oz.
or			
Cheese	1 oz.	2 oz.	1 oz.
or			
Eggs	1/2 large egg	1 large egg	1/2 large egg
or			
Cooked dry beans or peas	¼ cup	½ cup	¼ cup
or			
Peanut butter or soynut butter or other nut or seed butters	2 tbsp.	4 tbsp.	2 tbsp.
or			
Peanuts or soynuts or tree nuts or seeds	1 oz.	1 oz.= 50%[8]	1 oz.
or			
Yogurt, plain or sweetened and flavored	4 oz. or ½ cup	8 oz. or 1 cup	4 oz. or ½ cup
or			
An equivalent quantity of any combination of the above meat/meat alternates			

For the purpose of this table, a cup means a standard measuring cup.
Indicated endnotes can be found on the next page.

Endnotes

1. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component.

2. Must be served as a beverage, or on cereal, or use part of it for each purpose.

3. Must be served as a beverage.

4. Serve two or more kinds of vegetable(s) and/or fruit(s) or a combination of both. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

5. All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole-grain, enriched or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.

6. Either volume (cup) or weight (oz.) whichever is less.

7. Must meet the requirements in Appendix A of the SFSP regulations.

8. No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. When determining combinations, l oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.

Attachment 5

SFSP Federal Policies

Sponsors must understand and follow Federal requirements to successfully run the Summer Food Service Program (SFSP). Be sure to consult with your State agency if you need copies of, or have questions about any of the policies described in the following Program documents:

U.S. DEPARTMENT OF AGRICULTURE REGULATIONS

7 CFR 225	Summer Food Service Program
7 CFR 3015	Uniform Federal Assistance Regulations
7 CFR 3016	Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
7 CFR 3017	Government wide Debarment and Suspension (Nonprocurement) and Government wide Requirements for Drug-Free Workplace (Grants)
7 CFR 3018	New Restrictions on Lobbying
7 CFR 3019	Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations
7 CFR 3052	Audits of States, Local Governments, and Non-Profit Organizations

OFFICE OF MANAGEMENT AND BUDGET CIRCULARS

OMB Circular A-87	Cost Principles for State and Local Governments
OMB Circular A-102	Grants and Cooperative Agreements with States and Local Governments
OMB Circular A-110	Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations
OMB Circular A-122	Cost Principles for Non-Profit Organizations
OMB Circular A-133	Audits of States, Local Governments, and Nonprofit Organizations

FOOD AND NUTRITION SERVICE INSTRUCTIONS

FCS Instruction 113-8	Civil Rights Compliance and Enforcement in the SFSP
FCS Instruction 765-5, rev. 1	Free and Reduced Price Eligibility Determinations for Foster and Institutionalized Children
FCS Instruction 770-3	Eligibility for Donated Foods to Camps in the SFSP
FCS Instruction 776-6, rev. 1	Tax-Exempt Status for SFSP Sites
FCS Instruction 781-10	SFSP Special Accounts
FCS Instruction 782-4, rev. 2	Approval of Child Care Institutions for the SFSP
FCS Instruction 783-1, rev. 2	The Grains/Breads Requirement for the Food Based Menu Planning Alternatives in the Child Nutrition Programs
FCS Instruction 783-7, rev. 1	Milk Requirement – Child Nutrition Programs
FCS Instruction 783-8, rev. 1	Distribution of USDA – Donated Foods to Schools, Child Care Institutions, and Service Institutions

SFSP Federal Policies

FCS Instruction 783-2, rev. 2	Meal Substitutions for Medical or Other Special Dietary Reasons
FCS Instruction 783-3, rev. 1	Family Style Meal Service in the SFSP
FCS Instruction 783-11, rev. 1	Juice Products—Child Nutrition Programs
FCS Instruction 783-13, rev. 2	Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions, and Sponsors
FCS Instruction 783-14, rev. 1	Variations in Meal Requirements for Religious Reasons: Seventh Day Adventist Schools and Institutions
FCS Instruction 786-6, rev. 1	Reimbursement for Recycled Milk and Other Meal Components
FCS Instruction 788-11, rev. 1	Eligibility and Responsibilities of Government Sponsors in the SFSP
FCS Instruction 788-12, rev. 1	Approval of Sponsors Under Investigation or Audit in the SFSP
FCS Instruction 788-13, rev. 1	Sub-sites in the SFSP
FCS Instruction 792-3	Health Inspection Contracts—ROAP States for the SFSP
FCS Instruction 794-5, rev. 1	Agreements With Entities Which Operate Interstate Schools and Facilities
FCS Instruction 796-4, rev. 4	Financial Management – SFSP for Children

Attachment 6

SFSP SITE DEFINITIONS & ELIGIBILITY DOCUMENTATION

SFSP SITE

A site is the physical location where program meals are served to children and where children consume meals in a supervised setting.

OPEN SITE

- Serves all children in the geographical area where at least 50% of the children are eligible for free or reduced-price school meals
- Reimbursed for all attending children

ELIGIBILITY DOCUMENTATION

SCHOOL DATA | **CENSUS BLOCK GROUP DATA**

RESTRICTED OPEN SITE

- Initially open to the entire community on a first-come, first-served basis
- Sponsor may limit attendance for reasons of security, safety or control due to staff limitations, etc.
- Reimbursed for all attending children

ELIGIBILITY DOCUMENTATION

SCHOOL DATA | **CENSUS BLOCK GROUP DATA**

CLOSED ENROLLED SITE

- Serves only children in specific program or in activity serving only identified group of children
- Site is not open to the community at large
- Reimbursed for all children in attendance

ELIGIBILITY DOCUMENTATION

- Income eligibility application accurately completed & at least 50% of enrollees are eligible for free or reduced-price school meals

or

- sponsor may obtain lists of names and eligibility of enrolled children for free or reduced-price meals from schools where children receive school lunch or breakfast

SPECIAL RESTRICTED OPEN

- Located in a non-needy area
- Draws children exclusively from eligible area
- Open to community participation from eligible areas-only daily limits for security, safety, or control
- No fees are charged
- Children from non-needy areas do not attend

ELIGIBILITY DOCUMENTATION

SCHOOL DATA | **CENSUS BLOCK GROUP DATA**

SFSP SITE DEFINITIONS & ELIGIBILITY DOCUMENTATION

RESIDENTIAL SUMMER CAMP & NON RESIDENTIAL DAY CAMP

Reimbursed only for meals served to campers who have been individually determined to be eligible for free or reduced-price school meals.

NATIONAL YOUTH SPORTS PROGRAM (NYSP)

3 Ways to Qualify

- Sponsor provides written certification that it meets DHHS income guidelines
- 50% of enrolled children reside in geographical area where poor economic conditions exist
- 50% of enrolled children meet the income eligibility guidelines for free or reduced-price meals

MIGRANT SITE

- May be located in needy or non-needy areas
- Must serve primarily children of migrant families, but may serve other children as well
- Reimbursed for all children served

ELIGIBILITY DOCUMENTATION

- Migrant organization certifies that the site serves migrant children

or

- If other children are served, the migrant organization certifies that the site primarily serves migrant children

Attachment 7

AGREEMENT TO FURNISH FOOD SERVICE
FOR THE SUMMER FOOD SERVICE PROGRAM

THIS AGREEMENT is made and entered into between (school) _____ and (sponsor) _____.

WHEREAS the (school) _____ agrees to supply unitized meals (inclusive/exclusive) of milk and juice to (sponsor) _____ with and for the rates herein listed:

Breakfast ..... $_____each Lunch ..... $_____each
Snacks ..... $_____each Supper .....… $_____each

It is further agreed that (school)_____, pursuant to the provisions of the Summer Food Service Program regulations, attached copy of which is part of this agreement, will assure that said meals meet the minimum meal pattern requirements as to components and portion sizes, and will maintain full and accurate records that the (sponsor) _____ will need to meet its responsibility including menu records containing the amount of food prepared and daily number of meals delivered by type.

These records must be reported to the (sponsor) _____ promptly at the end of the month. (School) _____ agrees also to retain records required under the preceding clause for a period of 3 years from the date of receipt of final payment under this agreement (or longer, if an audit is in progress); and upon request, to make all accounts and records pertaining to the Program available to representatives of the U.S. Department of Agriculture and the General Accounting Office for audit or administrative review at a reasonable time and place.

This agreement shall be effective as of (date) _____. It may be terminated by notice in writing given by either party hereto to the other, at least 30 days prior to the date of termination.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the dates indicated below:

_____ _____
School Official Sponsor

_____ _____
Title Date Title Date

Location of food preparation center(s):

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APPLICATION REQUIREMENTS FOR NEW AND EXPERIENCED SPONSORS/SITES		Attachment 8
Requirement	**New Sponsors/Sites and Sponsors/Sites with Significant Operational Problems**	**Experienced Sponsors/Sites**
Site Information Sheet: 7 CFR 225.6(c)(2)(i) and (3)(i)		
Organized and supervised system for serving meals to children	**Required**	Not Required
Estimated number and types of meals to be served and times of service	**Required**	**Required**
Arrangements for delivery and holding of meals and storing leftovers for next day meal service	**Required**	Not Required
Arrangements for food service during periods of inclement weather	**Required**	Not Required
Access to means of communication for making necessary adjustments for number of meals to be served at each site	**Required**	Not Required
Whether the site is rural or non-rural and whether the site's food service will be self-prepared or vended	**Required**	Not Required
Open sites and restricted open sites: documentation supporting area eligibility determination	**Required**	**Required** Documentation must be submitted every three years if school data is used, or earlier if requested by the State agency. If census data is used, documentation must be submitted when new census data becomes available.
Closed enrolled sites: the projected number of children enrolled and projected number of children eligible for f/rp meals for each site	**Required**	**Required**
NYSP sites: certification from sponsor that all children who will receive SFSP meals are enrolled participants in NYSP	**Required**	Not Required
Camps: number of children enrolled in each session who meet Program income standards	**Required**	**Required**

APPLICATION REQUIREMENTS FOR NEW AND EXPERIENCED SPONSORS/SITES		Attachment 8, Continued
Requirement	New Sponsors/Sites and Sponsors/Sites with Significant Operational Problems	**Experienced Sponsors/Sites**
Migrant sites: certification from migrant organization that site serves children of migrant worker families. If site also serves non-migrant children, sponsor must certify that the site primarily serves migrant children.	**Required**	Not Required
Homeless feeding sites: information that demonstrates that site is not a residential child care institution; description of method used to ensure that no cash payments or other in-kind services are used for meal service; certification that site only claims meals served to children	**Required**	Not Required
Other Application Requirements: 7 CFR 225.6(c)(2)(ii) and (3)(ii)		
Information that demonstrates that applicant meets requirements in §225.14; extent of Program payments needed including advance and start-up payments (if applicable); staffing and monitoring plan	**Required**	**Required**
Complete administrative and operating budget which includes projected administrative expenses and information of how sponsor will operate the Program within estimated reimbursement	**Required**	**Required**
Summary of how meals will be obtained; if invitation for bid is required, sponsors must submit a schedule for bid dates and a copy of their IFB	**Required**	**Required** If IFB is required, sponsors must submit schedule for bid dates and copy of IFB if a change has occurred from previous year. If method for procuring meals has changed from previous year, sponsors must submit a summary of how meals will be obtained.
For sponsors seeking approval as unit of local, municipal, county or State government, certification that it will directly operate the Program in accordance with §225.14(d)(3).	**Required**	Not Required

Attachment 9

FOOD SERVICE EQUIPMENT NEEDS				
Equipment	Number of Children			
	1 - 50	51 - 100	101 - 200	201 - 300
Range with ventilating hood	1 range with oven; 30" domestic or 30" - 36" commercial (2 burners)	1 range with oven 30" - 36" commercial (4 burners)	1 range with oven 30" - 36" commercial (2 if over 150 children) (6 burners)	2 ranges with ovens 30" - 36" commercial or 1 range w/oven 60" or larger commercial (8 burners)
Refrigerator with shelves	single section domestic 18 cu. ft. or commercial reach-in 20-25 cu. ft.	double section commercial reach-in 40-50 cu. ft.	double section commercial reach-in 50-60 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in	triple section commercial reach-in 60-75 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in
Freezer	same as refrigerator	same as refrigerator	same as refrigerator	same as refrigerator
Work Tables (Allow 4 linear ft. per worker). Use countertops as tables	1 table	2 table	3 table	4 tables
Sink with separate hand sink	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments

If the site will serve over 100 children, the following equipment is recommended to supplement the minimum items listed above:

- Steam equipment (kettle, steamer)
- Hot food holding cabinet
- Convection oven
- Electric food slicer
- Mixer with attachments (vegetable slicer/shredder, meat and food chopper)

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INCOME ELIGIBILITY FORM FOR SCHOOL YEAR _____
(For Use by Camps and Closed Enrolled Sites)

Complete, sign and return the form to _____. Please read the instructions. If you need help completing this form, call: _____.

1. CHILD'S NAME:

_____

Last **First** **M.I.**

FOR MEAL BENEFITS IN SCHOOL, FILL OUT THIS INFORMATION:

Child's Grade: _____

Name of School: _____

FOR MEAL BENEFITS IN CHILD CARE, FILL OUT THIS INFORMATION:

Name of Child Care Center: _____

OR

Name of Family Day Care Home Provider: _____

Name of Sponsor (if known): _____

FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE PROGRAM (SFSP), CHECK THIS BOX [ ]

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [ ] and write the child's monthly personal use income here: $_____. Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.
Food stamp case number: _____ **FDPIR case number:** _____

TANF case number: _____

(For Parents of children in Tier II day care homes only) Other eligible program and case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	**Current Monthly Income**			
Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$
4.	$	$	$	$
5.	$	$	$	$
6.	$	$	$	$
7.	$	$	$	$
8.	$	$	$	$
9.	$	$	$	$
10.	$	$	$	$
11.	$	$	$	$
12.	$	$	$	$

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: _____ Social Security Number: __ __ __ - __ __ - __ __ __ __

Are you a family day care home provider applying for Tier I benefits? Y [ ] N [ ]

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address:_____

City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may included program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits. contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or le-al actions if incorrect information is reported. The social security number may also be disclosed to pro-rams as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation- violations of certain Federal, State and local education, health and nutrition programs.

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6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander

[ ] White

Please mark one of the following ethnic identities:

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:
Food Stamp/FDPIR/TANF or other eligible benefit program (Tier II day care homes only) household categorically eligible free:
[ ] Yes [ ] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2
Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____
Eligibility Classification: Free ____ Reduced Price ____ Paid ____ Temporary: Free ____ Reduced Price ____
Tier I ____ Tier II ____ Time Period: _____

Determining official: _____
Signature: _____ Date: _____

Meal Benefit Form
(Translated Version - Spring 2000)

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to _____.
If you need help, call: #_____

1. CHILD INFORMATION: Print your child's name.
(a) If you are applying for school meals, include your child's grade and the name of the school.
(b) If you are applying for meals for child care, include the name of the child care center or the name of the family daycare home provider and the name of the sponsor, if known.
(c) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

2. FOSTER CHILDREN: Complete this Part and sign the form in #5.
(a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
(b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
(c) Complete a separate form for each foster child.

3. OTHER BENEFITS: Complete this Part and sign the form in #5.
(a) If you are applying for the Summer Food Service Program or school meals, list your current food stamp, FDPIR or TANF case number(s) for your child(ren).
(b) If you are a family day care home provider applying for child care for tier I benefits, list your current food stamp, FDPIR or TANF case number(s) for you or your child(ren).
(c) If your child is enrolled in a tier II family day care home, list any other eligible program and case number, if applicable. (See attached List of Other Categorically Eligible Programs.)
(d) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

4. ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.
(a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
(b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
(c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
(d) If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status.
(e) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*

5. SIGNATURE AND SOCIAL SECURITY NUMBER:
(a) The form must have the **signature** of an adult household member.
(b) The adult household member who signs the statement must include his/her **social security number.** *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
(c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.

6. RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
Pensions
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony/child support payments
Translated Version - Spring 2000

Pensions/Retirement/Social Security
Disability benefits
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-employment Wages/salaries/tips

Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/ investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income
Meal Benefit Form Instructions

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PLANNING CHECKLIST: SUMMER FOOD SERVICE PROGRAM	
Date completed	**Action**
1. _____	Meet with community leaders, if possible, or survey community for assistance in determining suitable site locations.
2. _____	Choose possible sites and compile written documentation supporting the eligibility of each site. This involves determining the method to be used to show need (such as area eligibility based on census tract or school district data, or the enrollment of each participating child).
3. _____	Choose method of meal preparation (self-preparation of meals or purchase of meals from a school food authority or a public or private food service management company).
4. _____	If meals will not be prepared by the sponsor, contact local schools and other possible vendors concerning vending meals for the Program.
5. _____	Contact recreation departments, schools, and local service organizations to coordinate recreation activities with planned food service at sites.
6. _____	Contact reliable site supervisors from previous year(s) to determine if they have an interest in continuing in the Program.
7. _____	Attend training workshops offered by State agency personnel.
8. _____	Hire secretarial staff to assist the program director.
9. _____	Develop specifications for the invitation to bid (if applicable).
10. _____	Publicly advertise the bid, at least 14 days before bid openings (if applicable).
11. _____	Estimate potential Program reimbursement and develop budget and staffing plans for the Program.
12. _____	Solicit volunteer help at sites whenever possible.
13. _____	Hire an assistant program director, if necessary.
14. _____	Design forms, use the State agency's sample forms, or the sample forms in the Reference Section of this handbook for all aspects of Program operations.

PLANNING CHECKLIST: SUMMER FOOD SERVICE PROGRAM	
Date completed	**Action**
15. _____	Set up a filing system for those documents that must be maintained for at least 3 years.
16. _____	For camps, obtain data for each child to document eligibility for free or reduced price school meals. This also applies to sites where eligibility is based on the enrollment group served.
17. _____	Notify the health department of your intention to operate a food service program, giving a list of sites you plan to serve.
18. _____	Submit to the State agency a copy of the notification letter to the health department as part of the application for participation.
19. _____	Conduct a pre-operational visit to all new or problem sites.
20. _____	Submit a complete application with accompanying documents to the State agency. Include all attachments as requested by the State agency.
21. _____	Use proper procedures to select a vendor (if applicable).
22. _____	Meet the vendor and develop delivery schedules (if applicable).
23. _____	Arrange for facilities, equipment, and food purchases at self-preparation sites (if applicable).
24. _____	Hire monitors and site supervisors.
25. _____	Hold training workshops for monitors and site supervisors.
26. _____	Announce the availability of the Program and the nondiscrimination policy through the local media.
27. _____	Finalize monitoring schedules and any emergency procedures.
28. _____	Arrange to have a nondiscrimination poster, either developed by USDA or approved by the State agency, for each site.

Attachment 12

Sample News Release
Open Sites

The (name of sponsor) is participating in the Summer Food Service Program. Meals will be provided to all children without charge. Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows: [list all sites and the starting and ending times of meal service for each site]

_____
_____
_____
_____
_____
_____
_____

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to:

USDA
Director, Office of Civil Rights
Room 326-W
Whitten Building
14th & Independence Avenue, S.W.
Washington, DC 20250-9410
(202) 720-5964 (voice or TDD)

USDA is an equal opportunity provider and employer.

Sample News Release
Enrolled Sites and Camps

The (name of sponsor) is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program. The income guidelines for reduced price meals by family size are listed on the next page.) Children who are part of households that receive foods stamps, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows: [list all sites and the starting and ending times of meal service for each site]

_____
_____
_____
_____
_____
_____

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to:

USDA
Director, Office of Civil Rights
Room 326-W
Whitten Building
14th & Independence Avenue, S.W.
Washington, DC 20250-9410
(202) 720-5964 (voice or TDD)

USDA is an equal opportunity provider and employer.

SITE SELECTION WORKSHEET

Site name:_____ Site Number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

_____ Recreation center
_____ School
_____ Church
_____ Playground
_____ Settlement house
_____ Park
_____ Residential camp
_____ Play street
_____ Other

Estimated number of children the site could serve: _____

Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Is another site needed in this area? _____ Yes _____ No

Are the present facilities adequate for an organized meal service? _____ Yes _____ No

If answer is no, comments: _____
_____
_____

For the estimated number of children, does the site have:

	Yes	No
Shelter for inclement weather?	_____	_____
Adequate cooking facilities (if applicable)?	_____	_____
Adequate storage for prepared or delivered food?	_____	_____
Storage space for records at site?	_____	_____
Adequate refrigeration?	_____	_____
Access to a telephone?	_____	_____

What type of organized activities are possible or planned at this site? _____
_____

NOTE: Governmental and private nonprofit sponsors can only provide food service at sites which they directly operate.

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SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM

Name of site:

Address of site:

Site supervisor/State agency official:

Telephone:

The person named above agrees to:

1. Serve meals to all needy 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).

2. Serve meals that meet the minimum meal pattern requirements.

3. Provide adequate supervision during the meal service.

4. Maintain and submit promptly such reports and records that the sponsor requires.

5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.

6. Report any other problems regarding the meal services.

7. Comply with civil rights laws and regulations.

8. Attend sponsor training sessions.

_____ _____
Site Supervisor/State Agency Official Date

_____ _____
Sponsor Date

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Training Checklist for Administrative Staff

Use this checklist for training sponsor administrative staff, including office assistants, clerks, bookkeepers, secretaries, area supervisors, and monitors.

1. General explanation of the Program:

    A. Purpose of the Program
    B. Site eligibility
    C. Recordkeeping requirements
    D. Organized site activity
    E. Meal requirements
    F. Nondiscrimination compliance

2. How the Program operates:

    A. How meals will be provided
    B. The delivery schedule, if applicable
    C. What records are kept and what forms are used

3. Special duties of Monitors (include if separate training is not held for monitors):

    A. How to conduct site visits and reviews
    B. Sites for which each monitor is responsible
    C. Monitoring schedule
    D. Reporting procedures
    E. Office procedures

Training Checklist for Monitors

1. Sites for which they will be responsible
2. Conducting site visits and reviews
3. Monitoring schedules
4. Reporting and recordkeeping procedures
5. Follow-up procedures
6. Office procedures
7. Local sanitation and health laws
8. Civil rights
9. Reporting racial/ethnic data
10. Personal safety precautions, if necessary

Training Checklist for Site Staff

1. General explanation of the Program

    A. Purpose of the Program
    B. Site eligibility
    C. Importance of accurate records especially meal counts
    D. Importance of organized activities at sites

2. How sites operate:

    A. For vended sites:
        1. Types of meals to be served and the meal pattern requirements (provide planned menus)
        2. Delivery schedules (give exact times)
        3. Adjustments in the number of meals delivered
        4. Facilities for storing meals
        5. Who to contact about problems (name and phone number)
        6. Approved level of meal service

    B. For self-preparation sites:
        1. Meal pattern requirements
        2. Inventory (use inventory forms)
        3. Meal adjustments (use production records)
        4. Meal preparation adjustments

3. Recordkeeping requirements

    A. Daily recordkeeping requirements
    B. Delivery receipts (provide sample forms)
    C. Seconds, leftovers and spoiled meals
    D. Daily labor – actual time spent on food service and time and attendance records
    E. Collection of daily record forms
    F. Maintain copies of meal service forms

4. Monitors' responsibilities (use site visit and review forms)
    A. Duties and authority
    B. Introduce monitors and discuss areas of assignment

5. Civil Rights requirements (use Site Supervisor's Guide)

6. Other policies/issues
    A. What to do in inclement weather and alternate service areas
    B. How to handle unauthorized adults trying to eat meals
    C. How to handle discipline
    D. Review equipment, facilities, and materials available for recreational activities
    E. Review trash removal requirements
    F. Discuss corrective action
    G. Nutrition education

Attachment 16

Meal Count Worksheet for Camps

	Date																					
	Meals	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S
Camper Name	Code																					
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						
11.																						
12.																						
13.																						
14.																						
15.																						

Total Eligible Meals: _____ Total Ineligible Meals: _____ Total Program Adult Meals: _____

Total Non-Program Adult Meals: _____

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Attachment 17

PROGRAM WORKSHEET FOR CAMP SPONSORS

	Session 1	Session 2	Session 3	Session 4
Beginning Date				
Ending Date				
Total # Days Food Served/Session				

Session Number	**Number of Children Enrolled**		**Number of Adults Receiving Meals**	
	(A) Total Children	(B) Needy Children	(C) Program Adults	(D) Non-Program Adults
1.				
2.				
3.				
4.				
Total				

	Calculation to Determine Meal Allocation Factor					**Calculation to Determine Cost Allocation Factor**			
Session Number	(E) % Needy Children (Round to 4 Decimals) (B ÷ A)	(F) Total Meals Served to All Children for Each Session	(G) Total Meals Served to All Adults for Each Session	(H) Total Meals Served to All Children and Adults (F + G)	(I) Total Children's Meals Eligible for Each Session (E x F)	(J) Needy Children and Program Adults (B + C)	(K) All Children and Adults (A+C+D)	(L) (J ÷ K) (Round to 4 Decimal Places)	(M) (L x H) (Round to 4 Decimal Places)
1.									
2.									
3.									
4.									
Total									

_____ ÷ _____ = _____
Total in (I) Total in (F) (N) Meal Allocation Factor (Round to 4 Decimals)

_____ ÷ _____ = _____
Total in (M) Total in (H) (O) Cost Allocation Factor (Round to 4 Decimals)

Calculation of Meals Served						**Calculation of Program Costs**					
Meal Type	(P) Total Meals Served to All Children	x	Meal Allocation Factor (From N Above)	=	(Q) Reimbursable Meals Served (Round to Nearest Whole Number)	Cost Item	(R) Actual Costs	x	Cost Allocation Factor (From O Above)	=	(S) Reimbursable Program Costs (Round to Nearest Whole Number)
Break-fast		x		=		Food		x		=	
Lunch		x		=		Labor		x		=	
Supper		x		=		Other		x		=	
Supple-ment		x		=		Other		x		=	
Total		x		=		Total		x		=	

_____ _____
Signature of Sponsor Representative Date

WORKSHEET FOR CAMP SPONSORS
INSTRUCTIONS AND EXAMPLE

A. List total children, including eligible and non-eligible children for each session.

B. List Needy Children, which includes only eligible children: those who meet the income poverty guidelines. Each Needy Child must have an approved eligibility form on file for each session.

C. List Program Adults, who are those adults working for SFSP under the Sponsor according to SFSP regulations, and are involved in the preparation, serving and/or supervision of food service for each session.

D. List Nonprogram Adults, which includes those adults who are not involved in the preparation, serving or supervision of food service, or are parents, visitors, etc. for each session.

E. Divide Needy Children (B) by Total Children (A)
35 ÷ 68 = .5147058 (Round to four decimal places) = .5147

F. List total meals served to both eligible and non-eligible children in each session.

G. List total meals served for program adults and nonprogram adults.

H. Add Total Meals Served to All Children for Each Session (F), PLUS, the Total Meals Served to All Adults for Each Session (G).
5,695 + 656 = 6,351

I. In order to calculate the total number of eligible meals for each session, multiply % of Needy Children (E) by Total Meals Served to all Children (F).
.5147 x 5,695 = 2,931

J. Add Needy Children (B): those who have an approved eligibility form on file, PLUS, Program Adults (C): those who have been trained by the Sponsor on SFSP regulations.
35 + 8 = 43

K. Add Total Children and all Program and Nonprogram Adults for each session (A+C+D = all children and adults).
68 + 8 + 0 = 76

L. Divide Needy Children & Program Adults (J) by All Children & Adults (K).
43 ÷ 76= .5657894 (round to the fourth digit) = .5658

M. Multiply (L) by (H) Total Meals Served to All Children and Adults.
.5658 x 6,351 = 3,593

N. Divide (I) Total Children's Meals Eligible by (F) Total Meals Served to All Children to equal (N) Meal Allocation Factor.
2,931 ÷ 5,695 = .514661984 (round to four decimals) = .5147

O. Divide (M) by (H) Total Meals Served to All Children & Adults to equal (O) Cost Allocation Factor.
3,593 ÷ 6,351 = .565737679 (round to four decimals) = .5657

P. Record total allowable meals served to all children (eligible and non-eligible) according to MEAL TYPE:

Breakfast	1,428
Lunch	1,434
Snack	1,404
Dinner	1,429
Total	5,695

Q. Multiply (P) Total Allowable Meals Served to All Children by (N) Meal Allocation Factor, which equals (Q) Reimbursable Meals Served.

	1,428 x .5147 =	735
	1,434 x .5147 =	738
	1,404 x .5147 =	723
	1,429 x .5147 =	736
Total	5,695	2,932

R. Record actual costs for each cost item.
Food Cost (Actual – see receipts) $32,784
Labor Costs (Actual – see time cards or time documented) $2,520
Other (none)

S. Multiply (R) Actual Costs for each Item by (O) Cost Allocation Factor, which equals (S) Reimbursable Program Costs.

Food $32,784 x .5657 (allocation factor from O) = $18,546
Labor $ 2,520 x .5657 (allocation factor from O) = $1,426
Total $35,304 = $19,972 (S) Reimbursable Costs

WORKSHEET FOR CAMP SPONSORS – EXAMPLE

	Session 1	Session 2	Session 3	Session 4
Beginning Date	5/5/02			
Ending Date	5/25/02			
Total # Days Food Served/Session	22			

Session Number	**Number of Children Enrolled**		**Number of Adults Receiving Meals**	
	(A) Total Children	(B) Needy Children	(C) Program Adults	(D) Non-Program Adults
1.	68	35	8	0
2.				
3.				
4.				
Total	68	35	8	0

	Calculation to Determine Meal Allocation Factor					**Calculation to Determine Cost Allocation Factor**			
Session Number	(E) % Needy Children (Round to 4 Decimals) (B ÷ A)	(F) Total Meals Served to All Children for Each Session	(G) Total Meals Served to All Adults for Each Session	(H) Total Meals Served to All Children and Adults (F + G)	(I) Total Children's Meals Eligible for Each Session (E x F)	(J) Needy Children and Program Adults (B + C)	(K) All Children and Adults (A+C+D)	(L) (J ÷ K) (Round to 4 Decimal Places)	(M) (L x H) (Round to 4 Decimal Places)
1.	.5147	5,695	656	6,351	2,931	43	76	.5658	3,593
2.									
3.									
4.									
Total	.5147	5,695	656	6,351	2,931	43	76	.5658	3,593

2,931 ÷ 5,695 = .5147
Total in (I) Total in (F) (N) Meal Allocation Factor (Round to 4 Decimals)

3,593 ÷ 6,351 = .5657
Total in (M) Total in (H) (O) Cost Allocation Factor (Round to 4 Decimals)

Calculation of Meals Served						**Calculation of Program Costs**					
Meal Type	(P) Total Meals Served to All Children	x	Meal Allocation Factor (From N Above)	=	(Q) Reimbursable Meals Served (Round to Nearest Whole Number)	Cost Item	(R) Actual Costs	x	Cost Allocation Factor (From O Above)	=	(S) Reimbursable Program Costs (Round to Nearest Whole Number)
Break-fast	1,428	x	.5147	=	735	Food	32,784	x	.5657	=	18,546
Lunch	1,434	x	.5147	=	738	Labor	2,520	x	.5657	=	1,426
Supper	1,404	x	.5147	=	723	Other		x		=	
Supple-ment	1,429	x	.5147	=	736	Other		x		=	
Total	5,695				2,932	Total	35,304				19,972

Signature of Sponsor Representative Date

Attachment 18

INVENTORY CONTROL SHEET				
Name of site/sponsor:		Onsite:		
Central kitchen:				
Inventory period:	to			
Beginning inventory: $				
1. Food item	2. Purchase unit--size & description (case, bag, can, lb.)	3. # of units on hand	4. Unit cost	5. Total cost
		Ending inventory		$

INVENTORY CONTROL SHEET INSTRUCTIONS

The value of the beginning inventory is determined by taking a physical count before the food service operation begins. The value of the beginning inventory thereafter is the same as the ending inventory for the previous month.

A complete physical inventory of all purchased foods, commodities, and supplies on hand must be taken at the end of the reporting period.

For ease in taking a physical count of foods in storage, arrange the items according to food groups in the storage area and arrange each group in alphabetical order, for example, canned fruits and fruit juices - apples, apricots, etc. Store food in cases, boxes, or other containers marked with the date received and cost per unit to facilitate the taking of inventories.

Column l. Enter the name of the food item, such as corn, green beans, or mayonnaise.

Column 2. Enter the size pack, such as, 6/#10 case, #50 bag, or #10 can. If different size containers of the same food item are on hand, use a separate line for each size and a separate line for each different unit cost of the same size pack.

Column 3. Enter the number of units (of the size shown in column 2) found on hand from actual count.

Column 4. Enter the unit cost for the size unit shown in column 2 (use the unit cost written on package or unit). Use invoices to determine the unit cost per item and total food purchases for the reporting period.

Column 5. Obtain the total cost by multiplying the number of units (column 3) by the unit cost (column 4) and enter in column 5. Add column 5 (total cost) on all pages for the inventory at the end of the month. This total is the value of the ending inventory.

This is a permanent source document and must be retained for a period of 3 years following the date of submission of the final claim for reimbursement for the fiscal year.

DAILY MEAL COUNT FORM

Site Name: Meal Type (circle) : B L SN SU

Address: Telephone:

Supervisor's Name: Delivery Time: Date:

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)❶

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + ❷

Second meals served to children:

1 2 3 4 5 6 7 8 9 10 **Total Second Meals + ❸**

Meals served to Program adults:

1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals + ❹**

Meals served to non-Program adults:

1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals + ❺**

TOTAL MEALS SERVED = ❻

Total damaged/incomplete/other non-reimbursable meals + ❼

Total leftover meals + ❽

Total of items: ❻ + ❼ + ❽ = ❾

(Item ❾ should be equal to item ❶)

Number of additional children requesting a meal after all available meals were served:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

_____

Signature Date

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM

Site Name: Date:

First Meals Served to Children (cross off number as each child receives a meal):

151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170

171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190

191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210

211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230

231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250

Total First Meals + ❷

Second meals served to children:

11 12 13 14 15 16 17 18 19 20 **Total Second Meals +** ❸

Meals served to Program adults:

11 12 13 14 15 16 17 18 19 20 **Total Program Adult Meals +** ❹

Meals served to non-Program adults:

11 12 13 14 15 16 17 18 19 20 **Total non-Program Adult Meals +** ❺

TOTAL MEALS SERVED = ❻

Total damaged/incomplete/other non-reimbursable meals + ❼

Total leftover meals + ❽

Total of items: ❻ + ❼ + ❽ = ❾

(Item ❾ should be equal to item ❶ on the front side of the page)

Number of additional children requesting a meal after all available meals were served:

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Instructions for Meal Count Form – Daily

Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

1. Line 1 equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.

2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping out at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)

3. Line 3 equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than 2 percent of the total number of first meals served.)

4. Line 4 equals the total number of meals served to Program adults. "Program adults" are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does <u>not</u> include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.

5. Line 5 equals the total number of meals served to non-Program adults. "Non-Program adults" are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.

6. Line 6 equals the total number of meals served, which is the sum of Lines 1 – 5.

7. Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.

8. Line 8 equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.

9. Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.

10. Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.

11. The site supervisor must sign and date the meal count form.

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MEAL COUNT (WEEKLY/CONSOLIDATED)

SITE:	ADDRESS AND PHONE NUMBER:
SITE SUPERVISOR:	WEEK OF:

MEAL TYPE: (CIRCLE) B L SN SU	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL FOR WEEK
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								

REMARKS:	SIGNATURE OF SITE SUPERVISOR:

Instructions for Meal Count Form (Weekly/Consolidated)

1. Use this form to consolidate daily meal count information (see Attachment 21).
2. Use a separate consolidated meal count form for each meal type.
3. Information for Items 1 – 9 should be transferred directly from the Daily Meal Count Form for the week.
4. Information for Item 10, Money Collected/To Be Collected For Adult Meals, is not collected on the Daily Meal Count Form.
5. When completed, this form must be signed and dated by the Site Supervisor.

Meal Count - Consolidation Form of First (1st) and Second (2nd) Meals Served
Claim Period: _____ to _____

Site	Breakfast		Lunch		Snack		Supper	
	1st Meal	2nd Meal	1st Meal	2nd Meal	1st Meal	2nd Meal	1st Meal	2nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
TOTAL								

Meal Type	(A) Total 1st Meals Served	(B) Total 2nd Meals Served	(C) 2nd Meal Limitation (.02 x A)	(D) Allowable 2nd Meals - Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

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MEAL FOOD PRODUCTION RECORD

(1) Date: _____ (2) Name of Sponsor: _____ (3) Name of Site: _____

(4) Meal Type & Menu	Meal Component	(5) Food Items Used	(6) Unit of Food Used	(7) # Of Units Used
MEAL TYPE: MENU:	Meat/Meat Alternate:			
	Vegetable/Fruit:	----------	----------	----------
TOTAL # OF MEALS PREPARED:	Grains/Breads:			
_____	Milk (8 oz.):			

(4) Meal Type & Menu	Meal Component	(5) Food Items Used	(6) Unit of Food Used	(7) # Of Units Used
MEAL TYPE: MENU:	Meat/Meat Alternate:			
	Vegetable/Fruit:	----------	----------	----------
TOTAL # OF MEALS PREPARED	Grains/Breads:			
_____	Milk (8 oz.):			

Standard SFSP Meal Patterns

	Meat/Meat Alternate	Vegetable/Fruit	Grain/Bread	Milk
Breakfast	(optional)	◉	◉	◉
Lunch & Supper	◉	◉◉ (2 items)	◉	◉
Snack	◉◉ (2 of the 4 components)			

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RACIAL/ETHNIC DATA FORM**	
Sponsor: _____ Site: _____ Address: _____ Site supervisor: _____	
Racial and Ethnic Categories	**Number of Participating Children**
American Indian or Alaska Native. (A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).	
Asian. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).	
Black or African American. (A person having origins in the black racial groups of Africa).	
Native Hawaiian or Other Pacific Islander. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)	
Hispanic or Latino. (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)	
White. (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
_____ Monitor's signature	_____ Date

** Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 *and* on FNS Instruction 113-8, Civil Rights Compliance and Enforcement in the SFSP, which is under revision.

See Back for Instructions

Instructions for Completing the Racial/Ethnic Data Form

- **The sponsor should complete this form for each site every year. Sponsors of residential camps must collect this information for each camp session.**

- **The sponsor may use visual identification to determine a participant's racial/ethnic category. A participant may be included in the group that he/she appears to belong, identifies with, or is regarded as a member by the community.**

- **Each participant should be counted under only one category; the total number of children marked under the racial/ethnic categories should equal the total number of participating children in attendance on the day the form is completed.**

- **The sponsor must retain racial/ethnic data for 3 years and must safeguard this information. Access to Program records containing racial/ethnic data should be limited to authorized personnel.**

Attachment 24

CHECKLIST OF RECORDS

1. Records that document eligibility for the Summer Food Service Program:

____ Approved agreement
____ Application
____ Site Information Sheet for each site
____ Evidence to show eligibility for each site based on serving needy children (or in the case of camps and enrolled sites, evidence to show that children are individually documented as being eligible for free or reduced price school meals)
____ Public release
____ Letter from IRS showing tax-exempt status (for private nonprofit sponsors)
____ Pre-operational site visit forms
____ Sponsor/site agreements
____ Documentation of training
____ Letter of engagement of CPA firm or independent accountant, or State or local government accountant and management letter (if applicable)
____ Letter to health department

2. Records that support the number of meals served to children:

____ Daily count of milks delivered
____ Daily count of milks leftover
____ Daily count of meals prepared or received at sites
____ Daily count of complete first meals served to children
____ Daily count of complete second meals served to children
____ Daily count of meals served to Program and non-Program adults
____ Daily count of disallowed meals
____ Daily count of excess meals

3. Records that support food service costs:

____ Food inventories
____ Delivery receipts for vended meals
____ Payroll and time-and-attendance records for site personnel
____ Purchase invoices

4. Records that support administrative costs:

____ Payroll and daily time-and-attendance records for administrative personnel
____ Rental agreements for office equipment or space
____ Mileage records

5. Records to support funds accruing to the Program:

____ Site records of cash collected
____ Copies of receipts given for cash donations
____ Records of any other funds received for the Summer Food Service Program

6. Other records:

____ Agreement with schools to furnish meals
____ Contract with food service management company
____ Bid procedures used
____ Records and inventories of USDA-donated foods
____ Monitor's reports of site visits and reviews
____ Records of training conducted
____ Menu records
____ Receipts, invoices, and bills for all rented or purchased items and services
____ Bank statements and deposit slips
____ Accounting ledgers
____ Sanitation and health reports
____ Certification of Independent Price Determination (FSMC contracts)
____ Beneficiary Data Form

Attachment 25

MILEAGE RECORD – Administrative Staff*				
Name of Employee:				
Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

_____
Signature of Employee

*use this form for any staff performing an **administrative** task (e.g. monitors, sponsor administrative staff visiting/reviewing sites).

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Attachment 26

MILEAGE RECORD – Site and Food Service Staff*				
Name of Employee:				
Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

_____
Signature of Employee

*use this form for any staff performing an **operating** task, specifically related to the food service (e.g. site staff, cooks, etc. transporting meals).

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POTENTIAL REIMBURSEMENT WORKSHEET
SUMMER FOOD SERVICE PROGRAM

Sponsor: _____

1. Maximum potential operating reimbursement based on meals times rates	a. Year-to-date breakfasts b. Year-to-date lunches c. Year-to-date suppers d. Year-to-date snacks e. TOTAL (lines a+b+c+d) Camps: Enter allowable meals from Worksheet for Camp Sponsors-Section (Q)	Number Rates _____ x _____ = $_____ _____ x _____ = $_____ _____ x _____ = $_____ _____ x _____ = $_____ $_____
2. Actual operating costs	a. Year-to-date food costs b. Year-to-date labor costs c. Year-to-date other costs d. TOTAL (lines a+b+c) Camps: Enter allowable operating costs from Worksheet for Camp Sponsors-Section (S)	$_____ $_____ $_____ $_____
3. Potential operating cost reimbursement	Lesser of lines 1e or 2d	$_____
4. Maximum potential administrative reimbursement based on meals times rates	a. Year-to-date breakfasts b. Year-to-date lunches c. Year-to-date suppers d. Year-to-date snacks e. TOTAL (lines a+b+c+d)	_____ x _____ = $_____ _____ x _____ = $_____ _____ x _____ = $_____ _____ x _____ = $_____ $_____
5. Actual administrative costs	Year-to-date actual administrative costs	$_____
6. Administrative costs determined by budget	Administrative budget including any amendments approved by State agency	$_____
7. Potential administrative reimbursement	Lesser of lines 4e, 5 or 6	$_____

Year-to-date: The number of meals or amount of costs calculated from the start of the Program to the last day of the month for which computation is being done.

POTENTIAL REIMBURSEMENT WORKSHEET
SUMMER FOOD SERVICE PROGRAM

8. Total potential food service reimbursement	Lines 3 + 7	$_____
9. Total net food service cost	a. Total actual operating cost (line 2d) b. Total actual administrative cost (line 5) c. Total actual Program cost (lines a+b) d. Funds accruing to food program (year-to-date) e. Net food service program cost (lines c-d)	$_____ $_____ $_____ $_____ $_____
10. Potential year-to-date reimbursement	Lesser of lines 8 or 9e	$_____
11. Previous year-to-date payments	a. All year-to-date advance payments b. All startup payments c. All year-to-date reimbursement payments d. Total previous year-to-date payments	$_____ $_____ $_____ $_____
12. Potential amount of reimbursement to expect for the month	a. Line 10 b. Line 11d c. Amount of check to expect for month (lines a-b)	$_____ $_____ $_____

TIME REPORT – Administrative Staff*

Sponsor name:_____ Sponsor Number: _____

Sponsor address:_____

Week of:_____

Hours Worked in SFSP Administration

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

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.

_____

Supervisor's signature Date

*Use this form for administrative staff performing **administrative** cost tasks, that is, tasks related to the **administration** of the program (e.g. monitors, book keepers, office staff, directors).

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TIME REPORT – Site and Food Service Staff*

Site/Sponsor name:_____ Site/Sponsor Number: _____

Site/Sponsor address:_____

Week of:_____

Hours Worked in Food Service

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

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.

_____

Site supervisor's signature Date

*Use this form for all site-level and food service staff performing **operating** costs tasks, that is, tasks directly related to the **food service** (e.g. meal servers, cooks, supervising children at the site).

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SUMMARY OF ADMINISTRATIVE EXPENSES

1. Name of sponsor _____

2. Month and year _____

3. Position (a)	# of People in that position (b)		Salary per hour (c)		# of hours spent on SFSP administration (d)		Total (e)
_____	_____	x	$_____	x	_____	=	$_____
_____	_____	x	$_____	x	_____	=	$_____
_____	_____	x	$_____	x	_____	=	$_____
_____	_____	x	$_____	x	_____	=	$_____
_____	_____	x	$_____	x	_____	=	$_____

(f) Total salaries paid $_____

4. Salaries (line 3f) $_____
5. Transportation $_____
6. Communication $_____
7. Rental of office space $_____
8. Office supplies $_____
9. Utilities $_____
10. Use allowance of furniture and fixtures $_____
11. Audit fees $_____
12. Legal fees $_____
13. Office building maintenance $_____
14. Other (specify) $_____
    $_____
    $_____
15. **TOTAL** $_____

SUMMARY OF ADMINISTRATIVE EXPENSES - INSTRUCTIONS

Item number:

1. Enter the name of the sponsor.

2. Enter the time period (month and year) covered by the form.

3. Enter:
   a. the position,
   b. the number of people working in that position,
   c. the hourly salary rate they receive,
   d. the number of hours they spend working with SFSP administration,
   e. the total dollar amount spent on salaries for that position (b x c x d), and
   f. add the total dollar amount spent on salaries for all positions.

4. Enter the total dollar amount spent on salaries during the month (line 3f).

5. Enter the total dollar amount spent on transportation during the month.

6. Enter the total dollar amount spent on communication during the month.

7. Enter the total dollar amount spent on the rental of office space during the month.

8. Enter the total dollar amount spent on office supplies during the month.

9. Enter the total dollar amount spent on utilities during the month.

10. Enter the total dollar amount spent on use allowance of furniture and fixtures.

11. Enter total dollar amount spent on audit fees.

12. Enter total dollar amount spent on legal fees.

13. Enter total dollar amount spent on office building maintenance.

14. Enter the total dollar amount spent on miscellaneous administrative supplies or services during the month that do not fall under any of the categories mentioned above.

15. Add items 4 through 14 and enter the total administrative expenses for the month.

Be sure you collect and keep the receipts for all of the administrative expenses (i.e., canceled checks, gasoline receipts, receipts for printing).

WORKSHEET FOR COST OF FOOD USED

1. Site _____

2. Month/year _____

3. Cost of food used:

A.	Beginning inventory	$_____
B.	Inventory adjustment (+ or -)	$_____
C.	Purchases (including milk)	$_____
D.	Total food available	$_____
E.	Less ending inventory	$_____
F.	Total cost of food used	$_____

Instructions

1. Enter name of site.

2. Enter month and year.

3. A. Enter dollar value of beginning inventory.

   B. Enter amount of adjustment (plus or minus) for any transfer, spoilage, pilferage, etc. (explain any adjustment on the back of this form).

   C. Enter the dollar value of all food purchases made during the month. This should equal food expenditures.

   D. Enter the total of A + C (+ or -) B.

   E. Enter dollar value of ending inventory.

   F. Enter the total of D - E (total cost of food used).

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Pre-Operational and First Week Visit Form*

Type of Visit: _____

Site name: _____ Site address: _____

Date of site visit: _____ Monitor's arrival time: _____ Departure time: _____

Discussion with site staff (list names): _____

_____

List any problems that were noted during the visit, and any corrective actions that were initiated to eliminate the problems.

Problems	Corrective actions

_____ _____

Site supervisor's signature Monitor's signature

* Note: Both a pre-operational and a first week visit must be completed.

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SITE REVIEW FORM (SELF-PREPARATION PROGRAMS)
SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed during first four weeks of operation.

Sponsor: _____ Site: _____

Site contact: _____
Name Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor: _____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

Day of visit	Breakfast	Snack	Lunch	Snack	Supper
# meals prepared					
# meals/milk from previous day					
Time meals were served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

Food item	Quantity used in preparation	Allowable servings per unit	Number of servings total available	Number of servings total needed	Short/over

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1. Are meals served as a unit? (Note if OVS site.)
_____	_____	2. Do meals meet the menu as planned?
_____	_____	3. Do meals meet meal pattern requirements?
_____	_____	4. Are meals served during assigned meal times?
_____	_____	5. Are all meals served and consumed onsite? (Check with sponsor to find out if fruits or vegetables can be taken off-site.)
_____	_____	6. Are meals planned and prepared with one meal per child in mind?
_____	_____	7. Are meals served as second meals excessive?
_____	_____	8. Are accurate counts taken of meals served?
_____	_____	9. Does site have a place to serve children meals in case of inclement weather?
_____	_____	10. Is required health department certification available for inspection?
_____	_____	11. Is an inventory record being kept?
_____	_____	12. Are receiving reports and purchase invoices kept?
_____	_____	13. Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	14. Has site supervisor attended training session?
_____	_____	15. Are records of adult meals being kept?
_____	_____	16. Is there documentation of children's income eligibility, if applicable?
_____	_____	17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	20. Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations?
Explanations:		

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption by children (do not include fruits or vegetables taken off-site if allowed by the sponsor and State agency).	_____	_____
	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit (do not include if OVS is allowed at the site).	_____	_____
6. Meal serving times not met.		

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____ _____

Monitor's Signature Date Site Supervisor's Signature Date

_____

Sponsor Representative's Signature Date

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SITE REVIEW FORM (VENDED PROGRAMS)
SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed during first four weeks of operations.

Sponsor: _____ Site: _____

Site contact:_____
Name Title

Site address:_____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time:_____

Site supervisor:_____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

	Breakfast	Snack	Lunch	Snack	Supper
Approved level(s) of meal service	_____	_____	_____	_____	_____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1. Does the staffing pattern correspond to that listed on the approved site sheet?
_____	_____	2. Has the site supervisor attended training session?
_____	_____	3. Does the site have sufficient food service supervision?
_____	_____	4. Are meals counted/checked before signing delivery receipt?
_____	_____	5. Are accurate meal counts taken of meals served?
_____	_____	6. Are meals served as second meals excessive?
_____	_____	7. Are records of adult meals being kept?
_____	_____	8. Do meals meet approved menu?
_____	_____	9. Do meals meet meal pattern requirements?
_____	_____	10. Are meals checked for quality?
_____	_____	11. Is there proper sanitation/storage?
_____	_____	12. Is the site supervisor following procedures established to make meal order adjustments?
_____	_____	13. Are meals served within appropriate time frames?
_____	_____	14. Are all meals served and consumed onsite? (Note if State Agency and sponsor allow fruits or vegetables to be taken off-site).
_____	_____	15. Does site have a place to serve children meals in case of inclement weather?
_____	_____	16. Is each meal served as a unit?
_____	_____	17. Is the meal delivery schedule followed?
_____	_____	18. Are there provisions for storing or returning excess meals?
_____	_____	19. Is there documentation of children's income eligibility, if applicable?
_____	_____	20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	22. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?

Explanations:

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Offsite consumption. (Do not include fruits and vegetables if allowed by State Agency and sponsor).	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit.	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____ _____

Monitor's signature Date Site supervisor's signature Date

_____

Sponsor representative's signature Date