

# **Summer Food Service Program**

# **SFSP** Application Tracking Chart

| Screen Name               | New CE | Renewal CE    | Additional Information  |
|---------------------------|--------|---------------|---|
| SFSP Contracting Entity   | ×      | ×             | Complete this screen. <b>Note</b> : You may be required to submit government issued ID, with picture, |
| Application               |        |               | and proof of home address for the person listed as the Primary Authorized Representative.             |
| SFSP Budget Detail        | ×      | ×             | All new CEs complete this screen. All renewing private non-profit CEs complete this screen.           |
|                           |        | if applicable |   |
| SFSP Management Plan      | ×      | ×             | Complete this screen. <b>Note</b> : You may be required to submit government issued ID, with picture, |
|                           |        |               | and proof of home address for the person listed as the Board Chairman.                                |
| SFSP Food Production      | ×      | ×             | If any of your sites are vended or receive meals from a central kitchen, you must complete this       |
| Facility List             |        |               | screen for each location that food is prepared at.  |
|                           |        |               | Note: For each location that food is prepared at, you must submit a valid health department           |
|                           |        |               | permit or documentation that a health department permit is not required.                              |
| SFSP Site Field Trip List | ×      | ×             | Complete the screen for each field trip you are requesting. This may be done at the time of           |
|                           |        |               | application or at least ten (10) days prior to the field trip date.                                   |
| SFSP Site Application     | ×      | ×             | Complete this screen for each site you propose to sponsor.  |
| Advance Requests          | ×      | ×             | If you are requesting an advance, you must complete the advance request screen for each               |
|                           |        |               | eligible month that you are requesting an advance. This can be done only after your application       |
|                           |        |               | has been approved.  |
|                           |        |               | Note: You must submit your completed application by March 15, 2012, to be eligible for an             |
|                           |        |               | advance.  |
| Annual Audit              | ×      | ×             | All CEs that may be subject to the Single Audit Act are required to complete the Annual Audit         |
|                           |        |               | screen indicating their fiscal year and any other federal funds they receive.                         |
|                           |        |               | Note: CEs who's Type of Agency is Military Installation, Indian Tribe, or Government Agency           |
|                           |        |               | are not required to complete and submit the Annual Audit screen.                                      |



# **Required Documents/Checklist Items**

| Download Form            | New CE        | Renewal CE    | Additional Information   |
|--------------------------|---------------|---------------|--|
| FND Permanent            | ×             |               | Each organization applying for their first Child Nutrition Program must complete and return one              |
| Agreement                |               |               | original FND Permanent Agreement.  |
| Permanent Agreement      | ×             | ×             | Existing CE that is new to SFSP, must submit a Permanent Agreement Contracting Entity Specific               |
| Contracting Entity       | if applicable | if applicable | Amendment.   |
| Specific Amendment       |               |               |  |
| Vendor Direct            | ×             | ×             | Complete and submit to receive direct deposit of your reimbursement.   |
| Deposit/Advance          |               | if changed    |  |
| Payment Notification     |               |               |  |
| Authorization (74-176)   |               |               |  |
| Application for Texas    | ×             |               | Must be completed and submitted. Note: If you are providing your EIN on the Application for Texas            |
| Identification Number    |               |               | Identification Number (Form AP-152), you must provide a copy of the document from the Internal               |
| (AP-152)                 |               |               | Revenue Service (IRS) that establishes your EIN. A copy of the letter from the IRS issuing your EIN,         |
|                          |               |               | or a copy of your payment coupon with your EIN on it, is acceptable.   |
| Pre-Award Civil Rights   | ×             |               | Must be completed and submitted. This form is used to provide Civil Rights information required by           |
| Compliance Review        |               |               | TDA to determine if an organization is eligible for participation.   |
|                          |               |               | Note: The total ethnicity and racial breakdown must each equal the total participants. Example: If you       |
|                          |               |               | estimate 100 participants; 100 participants must be categorized by ethnicity; and 100 participants           |
|                          |               |               | must be categorized by race.   |
| Health Department        | ×             | ×             | Complete and return one copy with confirmation of receipt of letter.   |
| Letter with Confirmation |               |               | Note: This letter must list the following information for all sites in the health department's jurisdiction: |
|                          |               |               | <ul><li>Name of the site;</li><li>Street address of the site;</li></ul>                                      |
|                          |               |               | Street address of the site;     Meal(s) being served;  |
|                          |               |               | · Times of meal service operation;   |
|                          |               |               | Beginning and end dates and days of meal service operation.  |



| Copy of Media Release  – Open Sites               | × | × | Complete and return one copy for any Open or Restricted Open Sites you propose to operate.  Note: The media release must list the following information for all open or restricted open sites:  Name of the site;  Street address of the site;  Meal(s) being served;  Times of meal service operation;  Beginning and end dates and days of meal service operation.  |
|---|---|---|---|
| Copy of Media Release  – Enrolled and Camp  Sites | × | × | Complete and return one copy for any Closed-Enrolled and Camp Sites you propose to operate.  Note: The media release must list the following information for all closed-enrolled and camp sites:  Name of the site;  Street address of the site;  Meal(s) being served;  Times of meal service operation;  Beginning and end dates and days of meal service operation.  |
| Commodity Agreement                               | × | × | If you do not currently have a TDA FND Commodity Agreement and wish to receive USDA Foods complete and return one original. A signed copy will be returned to you after TDA approves you application.  Note: CEs eligible to receive USDA Foods under the SFSP include:  CEs preparing meals onsite or at a central kitchen.  CEs purchasing meals from a School Food Authority (SFA) that participates in the National School Lunch Program (NSLP)  SFAs that procure their SFSP meals from the same food service management company that competitively provided their most recent NSLP and/or School Breakfast Program (SBP) meals. |



| Viability, Capability and<br>Accountability (VCA)<br>Checklist | × | ×<br>if applicable | New Private Non-profit organizations complete and return one original with all supporting documentation. Renewal CEs may be asked to verify previously submitted VCA information or to complete the VCA Checklist again.  Note: If you are a new private non-profit applicant to SFSP, but already participate in the Child and Adult Care Food Program (CACFP) and are in good standing, do not complete this form.  Note: In good standing means, those CACFP CEs that have not been found to be seriously deficient in Program operations. |
|--|---|--------------------|---|
| FND-101, Certificate of  | × | ×                  | Submit the Certificate of Authority to identify the officials designated to act on behalf of the contracting  |
| Authority for External   |   | if changed         | entity. These individuals will also be given access, as designated, to TX-UNPS.   |
| Users  |   |                    |   |
| Method for Collecting  | × | ×                  | Complete and submit one original, if applicable.  |
| Payment and Additional   |   | if changed         |   |
| Assurances form  |   |                    |   |
| (Form H1506-A,   |   |                    |   |
| Additional Assurances for                                      |   |                    |   |
| Camps and Other  |   |                    |   |
| Enrollment Programs that                                       |   |                    |   |
| Charge Separately for  |   |                    |   |
| Meals; Collection of   |   |                    |   |
| Payment Options for  |   |                    |   |
| Programs that Charge   |   |                    |   |
| Separately for Meals)  |   |                    |   |



| Copy of vending agreement, contract and bid summary, and if applicable, Invitation for Bid or Request for Proposal, or Extension  (Summer Food Service Program - Food Service Management Company Invitation for Bid and Contract) | × | × | If you will be inviting Food Service Management Companies to bid for the furnishing of unitized meals and the bid is greater than \$25,000, complete and return one copy. If you are in a renewal year of a contract, you may be required to submit contract extension documentation.  Note: Does not apply to School Food Authority applicants that have a FSMC contract for NSLP/SBP that includes SFSP. |
|---|---|---|--|
| Agreement to Provide Food Service   | × | × | If the meal service method of any of your sites is "Vended by School Food Authority" or "Vended by another SFSP Contracting Entity" submit a copy of the agreement to provide food service.  Note: See Administrative Guidance for Sponsors - Attachments for a sample Agreement.  |
| Bureau of Indian Affairs Letter   | × | × | Eligibility Method (question 28) on the SFSP Site Application is Bureau of Indian Affairs Letter, submit statistics on the population from one of the 12 Bureau of Indian Affairs area offices.  |
| Migrant Organization Letter   | × | × | If Eligibility Method (question 28) on the SFSP Site Application is Migrant Organization Letter, submit information obtained from the migrant organization that certifies that the site serves a majority of children of migrant workers.  |



### Send completed applications to one of the following:

### MAKE SURE YOUR CE NAME AND CE ID IS ON ALL DOCUEMENTS SUBMITTED

#### Mail to:

Texas Department of Agriculture

Food and Nutrition

Attn: F&N Business Operations – Applications

P.O. Box 12847

Austin, Texas 78711

### Overnight to:

Texas Department of Agriculture

Food and Nutrition

Attn: F&N Business Operations – Applications

1700 North Congress Ave.

Austin, Texas 78701

E-mail to: <u>SFSP.BOps@TexasAgriculture.gov</u>

Fax to: 888-223-8645 Revised March 14, 2012