

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR OF THE DEPARTMENT OF YOUTH AND FAMILY DEVELOPMENT TO APPLY FOR AND ACCEPT FUNDING THROUGH THE TENNESSEE DEPARTMENT OF HUMAN SERVICES (UNDER AGREEMENT WITH THE U.S. DEPARTMENT OF AGRICULTURE) 2015 SUMMER FOOD SERVICE PROGRAM (SFSP), FOR AN APPROXIMATE AMOUNT OF ONE HUNDRED EIGHTY THOUSAND DOLLARS (\$180,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That the Administrator of the Department of Youth and Family Development is hereby authorized to apply for and accept funding through the Tennessee Department of Human Services (under agreement with the U.S. Department of Agriculture) 2015 Summer Food Service Program (SFSP), for an approximate amount of \$180,000.00.

The reimbursement-based funding will be for the provision of meals to children in the department's feeding program, which will be based in the Youth and Family Development Centers.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 4/6/2015

Preparer: Bonnie Weller

Department: Youth & Family Development

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council District # ALL

Authorization for the Administrator of the Department of Youth and Family Development to apply for and accept funding through the Tennessee Department of Human Services (under an agreement with the U.S. Department of Agriculture) 2015 Summer Food Service Program (SFSP). The reimbursement-based funding of approximately \$180,000.00 will be for the provision of meals to children in the department's feeding program, which will be based in the Youth and Family Development Centers.

Name of Vendor/Contractor/Grant	TDHS/USDA	New Contract/Project? (Yes or No)	Yes
Total project cost \$	<u>180,000.00</u>	Funds Budgeted? (YES or NO)	<u>No</u>
Total City of Chattanooga Portion \$	<u>None</u>	Provide Fund	_____
City Amount Funded \$	<u>None</u>	Provide Cost Center	_____
New City Funding Required \$	<u>None</u>	Proposed Funding Source if not budgeted	_____
City's Match Percentage %	<u>None</u>	Grant Period (if applicable)	_____

List all other funding sources and amount for each contributor.

Amount(s)	Grantor(s)
\$ _____	_____
\$ _____	_____
\$ _____	_____

Agency Grant Number _____

CFDA Number if known _____

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

No matching City funds are required for the subject grant opportunity.

Approved by: Lurone Jennings, Sr.

DESIGNATED OFFICIAL/ADMINISTRATOR

Reviewed by: FINANCE OFFICE

Please submit completed form to @budget, City Attorney and City Finance Officer

Revised: October, 2011

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
2015 SUMMER FOOD SERVICE PROGRAM
SPONSOR APPLICATION FOR PARTICIPATION**

INSTRUCTIONS: Submit an original and one copy of this application, including all attachments. The information for each proposed feeding site must be e-mailed to the Department of Human Services per the instructions contained herein. If more space is needed for all other items, continue on a plain sheet of paper, numbering each item. Type or print clearly all information.

1A. NAME AND MAILING ADDRESS OF APPLICANT/SPONSOR:

1B. CONTACT INFORMATION:

Telephone Number:

Fax Number:

E-Mail Address:

2. TYPE OF APPLICANT (Check One):

- PUBLIC OR PRIVATE NONPROFIT SCHOOL FOOD AUTHORITY
 PUBLIC OR NONPROFIT PRIVATE RESIDENTIAL SUMMER CAMP
 COLLEGES AND UNIVERSITIES PARTICIPATING IN NATIONAL YOUTH SPORTS PROGRAM
 STATE, LOCAL, MUNICIPAL, OR COUNTY GOVERNMENT ENTITY
 OTHER PRIVATE NONPROFIT ORGANIZATIONS

3. INDICATE OTHER PROGRAMS IN WHICH THE APPLICANT PARTICIPATES (Check as Appropriate):

- NONE CHILD AND ADULT CARE FOOD PROGRAM NATIONAL SCHOOL LUNCH FOOD PROGRAM
 SCHOOL BREAKFAST PROGRAM FOOD DISTRIBUTION PROGRAM SPECIAL MILK PROGRAM (SMP)

NOTE: Sites may not participate in the SFSP and Special Milk Program at the same time.

4. HAS THE APPLICANT PARTICIPATED IN THE SUMMER FOOD SERVICE PROGRAM IN PRIOR YEARS?

- YES NO

5. INTENDED DATES OF FOOD SERVICE PROGRAM OPERATION:

BEGIN

END

6. TOTAL NUMBER OF DAYS OF OPERATION:

7. NAME AND TITLE OF AUTHORIZED SPONSOR REPRESENTATIVE WHO WILL SIGN THE PROVIDER AGREEMENT:

8A. DOES THE APPLICANT PROVIDE AN ONGOING, YEAR-ROUND SERVICE TO THE COMMUNITY THAT WOULD BE SERVED BY THE SUMMER FOOD SERVICE PROGRAM?

- YES If "yes", describe the nature of the service, the date it was instituted, and the average number of paid and volunteer workers during the six months preceding this application: NO

8B. Did the total federal funds received through State of Tennessee and expended during the applicant's prior fiscal year, and the total federal funds received directly from the federal government and expended during the applicant's prior fiscal year exceed \$760,000? (Check One): Yes No (Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.)

8C. WAS THE APPLICANT EVER TERMINATED OR DETERMINED TO HAVE BEEN SERIOUSLY DEFICIENT IN ITS OPERATION OF THE SUMMER FOOD SERVICE PROGRAM OR ANY CHILD NUTRITION PROGRAM?

- YES (If "yes", please explain below.) NO

9. MEALS: CHECK AS APPROPRIATE ON HOW MEALS WILL BE PROVIDED, AND ENTER THE REQUIRED DATA:

<input type="checkbox"/> A. SELF PREPARATION ON SITE	TOTAL NO. OF SITES SERVED: <input style="width:50px;" type="text"/>	NO. OF RURAL SITES	NO. OF NON-RURAL SITES
<input type="checkbox"/> B. SPONSOR PREPARATION AT CENTRAL KITCHEN FACILITY(IES)	TOTAL NO. OF SITES SERVED: <input style="width:50px;" type="text"/>	NO. OF RURAL SITES	NO. OF NON-RURAL SITES
ADDRESS(ES) OF CENTRAL KITCHEN FACILITY(IES):			
STREET	CITY	STATE	ZIP
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

<input type="checkbox"/> C. SPONSOR PREPARATION AT SCHOOL FOOD SERVICE FACILITY(IES)	TOTAL NO. OF SITES SERVED: <input style="width:50px;" type="text"/>	NO. OF RURAL SITES	NO. OF NON-RURAL SITES
ADDRESS(ES) OF SCHOOL FOOD SERVICE FACILITY(IES):			
STREET	CITY	STATE	ZIP
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

<input type="checkbox"/> D. AGREEMENT WITH SCHOOL FOOD SERVICE AUTHORITY	TOTAL NO. OF SITES SERVED: <input style="width:50px;" type="text"/>	NO. OF RURAL SITES	NO. OF NON-RURAL SITES
SCHOOL SYSTEM NAME(S) AND ADDRESS(ES) OF PREPARATION FACILITIES:			
STREET	CITY	STATE	ZIP
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

<input type="checkbox"/> E. CONTRACT WITH FOOD SERVICE MANAGEMENT COMPANY	TOTAL NO. OF SITES SERVED: <input style="width:50px;" type="text"/>	NO. OF RURAL SITES	NO. OF NON-RURAL SITES
COMPANY NAME(S) AND ADDRESS(ES) OF PREPARATION FACILITIES:			
STREET	CITY	STATE	ZIP
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

10A. PROVIDE A PERCENTAGE ESTIMATE OF THE TOTAL POPULATION TO BE SERVED BY THE ETHNIC CATEGORIES BELOW:

Hispanic or Latino: % Not Hispanic or Latino: %

10B. PROVIDE A PERCENTAGE ESTIMATE OF THE TOTAL POPULATION TO BE SERVED BY THE RACIAL CATEGORIES BELOW:

American Indian or Alaskan Native: % Asian: % Black or African American: % Native Hawaiian or Other Pacific Islander: % White: %

11. ESTIMATE TOTAL AVERAGE DAILY PARTICIPATION OF ELIGIBLE CHILDREN TO BE SERVED BY MEAL TYPE AT ALL SITES:

BREAKFAST	AM SUPPLEMENT	LUNCH	PM SUPPLEMENT	SUPPER
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

12. ADVANCE PAYMENTS:

A. DOES THE APPLICANT REQUEST ADVANCE PAYMENTS FOR OPERATIONAL COSTS?

YES NO

B. DOES THE APPLICANT REQUEST ADVANCE PAYMENTS FOR ADMINISTRATIVE COSTS?

YES NO

13. LIST THE SPONSOR-LEVEL PERSONNEL WHO WILL BE RESPONSIBLE FOR ADMINISTERING YOUR SUMMER FOOD SERVICE PROGRAM:

TITLE OF POSITION	NO.	HOURS PER DAY ON SFSP	SALARY PER HOUR (VOLUNTEER -USE "V")	NO. OF DAYS	TOTAL SALARY FOR PROGRAM	FUNDING SOURCE (SFSP, ETC.)	NAME OF ADMINISTRATIVE PERSONNEL	DHS APPROVED AMOUNT
ADMINISTRATOR								
SFSP - DIRECTOR OR COORDINATOR								
SFSP - ASSISTANT DIR./COORDINATOR								
BOOKKEEPER/ ACCOUNTANT								
CLERICAL STAFF (Secretary)								
MONITORS (no fewer than one per 20 sites)								
OTHERS								

TOTAL ADMINISTRATIVE SALARIES

14. DID ANY OF THE PERSONNEL IDENTIFIED IN ITEM 13 WORK FOR ANOTHER SUMMER FOOD SERVICE PROGRAM SPONSOR OR A FOOD SERVICE MANAGEMENT COMPANY?

YES (If yes, give name of person, name and address of sponsor or food service management company and dates of employment there.) NO

NAME	ADDRESS	DATES OF EMPLOYMENT

15. OPERATIONAL AND ADMINISTRATIVE BUDGETS (BUDGETS DO NOT DETERMINE OR GUARANTEE REIMBURSEMENT AMOUNTS)

A. ESTIMATED OPERATIONAL COSTS (FOOD SERVICE)

	SPONSOR PROPOSED AMOUNT	DHS APPROVED AMOUNT
FOOD		
LABOR (SITE)		
LABOR (KITCHEN)		
NON-FOOD SUPPLIES		
UTILITIES		
KITCHEN OR TRUCK RENTAL		
EQUIPMENT RENTAL		
OTHER (Specify)		
TOTALS		

B. ESTIMATED ADMINISTRATIVE COSTS AND APPROVED BUDGET

	SPONSOR PROPOSED AMOUNT	DHS APPROVED AMOUNT
TOTAL ADMINISTRATIVE SALARIES (From no. 13 above)		
RENT OF OFFICE SPACE		
UTILITIES		
OFFICE SUPPLIES		
AUDIT FEES		
TRANSPORTATION (Rental)		
TRANSPORTATION (Fuel)		
TRANSPORTATION (Mileage for personal vehicle reimbursed at current federal rate)		
TELEPHONE		
POSTAGE		
LEGAL FEES		
USE OF SPACE ALLOWANCE		
OFFICE BUILDING MAINTENANCE (Not Included in Rental Agreement)		
INDIRECT COST		
OTHER (Specify)		
TOTALS		

16. SHOW PROJECTED INCOME FROM ALL SOURCES OTHER THAN USDA THAT WILL BE USED TO HELP FINANCE THE SFSP:

INCOME SOURCE	INCOME AMOUNT	DESCRIBE THE COSTS FOR WHICH THIS INCOME WILL BE USED
Income	\$0.00	

17. NON-SCHOOL APPLICANT: If applicant will use School Food Service Facility(ies) to prepare any meals, attach copy(ies) of agreement(s) or contract(s) to use the school facility(ies). **Please check as appropriate:**

- Applicant will use school food service facility(ies) to prepare meals for which copies of the agreement(s) or contract(s) are attached.
- Applicant will not use any school food service facility(ies) to prepare meals.

18. NON-SCHOOL APPLICANT: If applicant will purchase meals from School Food Service Authority(ies), attach copy(ies) of agreement(s) or contract(s) to purchase the meals. **Please check as appropriate:**

- Applicant will purchase meals from school food service authority(ies) for which copies of the agreement(s) or contract(s) are attached.
- Applicant will not purchase any meals from a school food service authority(ies).

19. PURCHASE OF MEALS FROM PRIVATE VENDOR(S): If the applicant will contract with Food Service Management Company(ies) to provide meals for your program, and if the contract(s) will exceed \$150,000, attach a schedule of the date(s) for publicly opening the sealed bids to be received and a copy of Invitation for Bid. **Please check as appropriate:**

- Applicant will contract to purchase meals and one or more of the contracts will exceed \$150,000 for which copies of the bid opening date(s) and Invitation(s) for Bid are attached.
- Applicant will not contract to purchase meals.
- Applicant is college or university that has an existing contract with a Food Service Management Company. (Under this circumstance, the contract does not have to be re-bid. However, the applicant must complete the contract section of the Invitation for Bid and Contract and return the document with this application.)

20. ADVANCE PAYMENTS: To receive Advance Payment(s) for Operational and/or Administrative Costs, applicant must complete the attached forms in Exhibit A as appropriate. **Please check as appropriate:**

- Applicant will request advance payment(s) for operational costs and completed forms are attached.
- Applicant will not request advance payment(s) for operational costs.
- Applicant will request advance payment(s) for administrative costs and completed forms are attached.
- Applicant will not request advance payment(s) for administrative costs.

21. RENTAL COSTS FOR OFFICE SPACE: If applicant will rent office space for your program and charge the costs of the rent to the SFSP, attach a copy of the rental contract(s). **Please check as appropriate:**

- Applicant will contract to rent office space and will charge the rent to the SFSP for which copy(ies) of the rental contract(s) are attached.
- Applicant will not charge the costs of any rental contract to the SFSP.

22. AUDIT FEES: If applicant will charge any audit fees to the SFSP, attach documentation for the fees to be charged. **Please check as appropriate:**

- Applicant will charge audit fees to the SFSP for which documentation is attached.
- Applicant will not charge any audit fees to the SFSP.

23. RENTAL COSTS FOR USE OF KITCHEN OR TRUCK: If applicant will charge rental costs for the use of a kitchen or truck for your SFSP, attach copy(ies) of the contract(s). **Please check as appropriate:**

- Applicant will charge rental costs to the SFSP for the use of a kitchen for which a copy of the rental contract is attached.
- Applicant will charge rental costs to the SFSP for the use of a truck for which a copy of the rental contract is attached.
- Applicant will not charge any rental costs to the SFSP for the use of a kitchen or truck.

24. RENTAL COSTS FOR USE OF ANY OTHER EQUIPMENT: If applicant will charge rental costs for the use of any equipment for your SFSP, attach copy(ies) of the contract(s). **Please check as appropriate:**

- Applicant will charge rental costs to the SFSP for the use of equipment and copy(ies) of the rental contract(s) are attached.
- Applicant will not charge any rental costs to the SFSP for the use of equipment.

25. INDIRECT COST: If applicant will charge any indirect costs to the SFSP, attach a copy of the cognizant agency's approval. **Please check as appropriate:**

- Applicant will charge indirect costs to the SFSP for which a copy of the cognizant agency's approval is attached.
- Applicant will not charge any indirect costs to the SFSP.

26. FREE MEAL POLICY STATEMENT: The applicant assures the following:

- A. That, at all non-camp sites, all children in attendance are served the same meal(s) at no charge, regardless of race, color, national origin, sex, age or disability, and that there is no overt identification of free meal recipients and no discrimination in the course of the food service;
- B. That, at all camp sites, all children in attendance are served the same meal(s) at no separate charge, regardless of race, color, national origin, sex, age or disability, and that there is no overt identification of free meal recipients and no discrimination in the course of the food service;
- C. That information concerning the availability of free meals has been made available to the media serving the area from which attendance is drawn; and
- D. That the 185% Federal Poverty Income Guidelines, which are attached to this application, are used in determining the eligibility of children at camp sites for the period of July 1, 2014, through June 30, 2015. Children of households with income equal to or below these amounts are eligible for free SFSP meals.

27. PUBLIC RELEASE: The applicant must issue a public release to announce its sponsorship of the program. Sample public releases for "open sites" and "enrolled sites and camps" are attached. **Please check as appropriate:**

- Applicant will use the sample public release for "open sites" in Exhibit B.
- Applicant will use the sample public release for "enrolled sites and camps" in Exhibit C.
- Applicant will use another format for the public release, and a copy of this format is attached.

28. SPONSOR PROCEDURES FOR COLLECTING DAILY SITE INFORMATION: Describe the procedures you will use for collecting information on the daily number of meals served to children and the daily number of hours worked by site personnel. Include both the frequency of information collected and the method used to collect information from sites. A sample form for collecting daily meal counts is contained as Attachment 18 in the Administrative Guidance for Sponsors issued by the USDA.

Please check as appropriate:

- Applicant will use the sample form contained in the Administrative Guidance for Sponsors issued by the USDA.
- Applicant will use another form and a copy is attached.

29. SPONSOR CORRECTIVE ACTION PROCEDURES: Describe the method you will use to secure corrective action if problems are observed at a site, including plans for follow-up and an explanation of when a site would be closed:

30. NOTIFICATION TO LOCAL HEALTH DEPARTMENT(S): Applicant must notify local health departments of all feeding sites and meal preparation sites to be operated. A sample letter that can be used to meet this requirement is attached as Exhibit D. **Please check as appropriate:**

Applicant will use sample letter in Exhibit D.

Applicant will **not** use sample letter and a copy of the letter to be used is attached.

31. PARTICIPATION OF CHILD CARE CENTER OR CHILD CARE HOME: Applicant must complete the Application and Agreement Form, which is attached as Exhibit E, for each child care center or child care home that is proposed for SFSP participation under the applicant's sponsorship.

Applicant has attached copies of the completed Application and Agreement Form for each child care center and home to be sponsored.

32. SIGNATURE AUTHORIZATION: If the application is signed by anyone other than the applicant's Board Chairperson or Chief Executive Officer, the authorization form, which is attached as Exhibit F, must be completed and signed by either of the above officials. **Please check as appropriate:**

Applicant has attached the completed authorization form in Exhibit F.

33. CAMP APPLICANTS: If applicant is to operate a camp, the form, which is attached as Exhibit G, must be completed and submitted with each claim for reimbursement. **Please check as appropriate:**

Applicant will operate a camp and submit the attached required form in Exhibit G with each claim for reimbursement.

Applicant will **not** operate a camp.

34. FEEDING SITE INFORMATION: Applicant must complete and e-mail an Excel File containing the required minimum information for each feeding site to be operated to the following address: TNSFSP.DHS@tn.gov

35. FEEDING SITE OPERATIONS:

A. Describe the arrangements that have been made within the standards prescribed by the state or local health department for the following:

~~1. Describe the plan for serving meals to attending children and the role of the site sponsor.~~

2. The holding of meals until the time of meal service and the storage and refrigeration of any excess (leftover) meals:

3. If the feeding site(s) are outdoors, the arrangements for serving meals when weather conditions prevents the outdoor service of the meals:

- B. Describe the system the Site Supervisor(s) will use to communicate with the sponsor applicant to adjust the number of meals delivered in accordance with the number of children attending daily at the site(s):

36. DOCUMENTATION OF SITE ELIGIBILITY: Applicant must attach documentation to establish the SFSP eligibility of each feeding site to be operated. Please check as appropriate:

Applicant has attached the required documentation for each feeding site to be operated.

37. DOCUMENTATION OF ELIGIBILITY FOR NATIONAL YOUTH SPORTS PROGRAM, MIGRANT OR HOMELESS SITES: If National Youth Sports Program (NYSP) or Migrant Site(s) are to be operated, applicant must attach a signed and dated written statement to certify the SFSP eligibility of these sites. Please check as appropriate:

Applicant will operate NYSP Site(s) and the required written statement is attached.

Applicant will operate Migrant Site(s) and the required written statement from National Migrant Organization is attached.

Applicant certifies that the Homeless Site is not a Residential Child Care Institution.

38. INCOME ELIGIBILITY APPLICATION: If applicant will operate a Residential Summer Camp or a Nonresidential Day Camp claiming three meal services, a copy of the income eligibility application form to document the SFSP eligibility of each participant for whom meals will be claimed must be attached. A copy of a sample income eligibility application form that may be used is attached as Exhibit I. Please check as appropriate:

Applicant will operate a Residential Summer Camp or a Nonresidential Day Camp claiming three meal services and will use the application form contained in Exhibit I to document the SFSP eligibility of each participant for whom meals will be claimed.

Applicant will operate a Residential Summer Camp or a Nonresidential Day Camp claiming three meal services and will use alternate application form to document the SFSP eligibility of each participant for whom meals will be claimed. A copy of the alternate application form is attached.

Applicant will not operate a Residential Summer Camp or a Nonresidential Day Camp.

Applicant of closed enrolled site(s), please provide the projected number of enrolled eligible children.

39. AUTOMATIC CLEARING HOUSE CREDITS AUTHORIZATION: If applicant is not currently on the State's automatic deposit system for the SFSP or if the applicant participated in last year's program and has changes to its account, please complete the attached Automated Clearing House Credits Authorization that is contained in Exhibit J. Please check as appropriate:

New applicant has completed the Automated Clearing House Credits Authorization and the completed form is attached.

Renewing applicant with changes to its existing account has completed the Automated Clearing House Credits Authorization and the completed form is attached.

Renewing applicant has no changes to its existing account and has not completed a new Automated Clearing House Credits Authorization.

40. W-9 FORM FOR TAXPAYER IDENTIFICATION NUMBER: If applicant is a new sponsor or a returning sponsor with changes to its W-9 Form, please complete the W-9 Form that is contained in Exhibit K. Please check as appropriate:

New applicant has completed the W-9 Form and the completed form is attached.

Renewing applicant with changes to its taxpayer identification number has completed the W-9 Form and the completed form is attached.

Renewing applicant has no changes to its taxpayer identification number and has not completed a new W-9 Form.

41. KICK-OFF EVENT: Each applicant is encouraged to hold a Kick-off Event to bring awareness to the program. If you plan to hold a Kick-off Event, please complete Exhibit L and return it with your application for participation.

42. OPERATIONAL REQUIREMENTS: Each applicant that is approved for SFSP participation must perform the following responsibilities:

- A. Conduct Pre-Operational Visits for new and problem sites;
- B. Visit all feeding sites within the first week of operation to ensure that the food service is operating smoothly and that any needed adjustments are made or problems resolved;
- C. Monitor food service operations of all assigned sites within the first 4 weeks of operation to thoroughly examine the meal service from start to finish, correcting problems and providing additional training where necessary;
- D. Revisit feeding sites as necessary;
- E. Reconcile any discrepancies in meal counts and records with the site supervisor;
- F. Suggest corrective action to the site supervisor for problems encountered;
- G. Complete reports of site visits and monitoring reviews and maintain copies of the reports in an official file for each site informing the sponsor about problems found at a site and ensure that corrective action is completed and documented; and
- H. Monitor the program to ensure compliance with the policies and procedures established for the program.

To assist in the performance of these responsibilities, the Monitor's Guide Handbook issued by the USDA contains sample forms to document the performance of these responsibilities. **Please check as appropriate:**

- Applicant will use the sample Pre-Operational and First Week Visit Form, Site Review Form (for self-preparation or vended programs), and Racial or Ethnic Data Form, which are contained in the Monitor's Guide Handbook issued by the USDA.
- Applicant will **not** use the sample Pre-Operational and First Week Visit Form, Site Review Form (for self-preparation or vended programs), and Racial or Ethnic Data Form, and copies of the alternate forms are attached.

43. AUDIT REQUIREMENTS: Each applicant that is approved for SFSP participation and that anticipates receiving more than **\$750,000** in federal funds, including SFSP payments, must provide a signed written statement on its plans to perform the audit. **Please check as appropriate:**

- Applicant has attached the signed written statement that identifies the plans for the performance of an audit.
- Applicant is **not** required to have the audit since there is no anticipation that more than **\$750,000** in federal funds, including SFSP payments, will be received.

44. COMMUNICATIONS WITH SCHOOL SYSTEMS: Except for school, college or university applicants or applicants that will employ staff to prepare all of their meals, each applicant must provide copies of letters that have been mailed to and received from local school systems concerning the possibility of contracting to purchase SFSP meals. **Please check as appropriate:**

- Applicant has attached copies of the letters.
- Applicant is a school or will prepare all of its meals.

45. EXEMPTION FROM PAYMENT OF FEDERAL INCOME TAXES: Except for churches, public school systems or other governmental entities, each applicant must provide a copy of a letter from the Internal Revenue Service (IRS) that identifies the applicant's exemption from the payment of federal income taxes. All church applicants are required to provide proof of the exemption from the payment of state sales tax. **Please check as appropriate:**

- Applicant has attached a copy of the IRS exemption letter.
- Applicant is a church and has attached a copy of the church's proof of exemption from the payment of state sales.
- Applicant is a public school or other governmental entity.

46. DOCUMENTATION OF STATE LEVEL TRAINING: Each new applicant is required to attend training provided by the DHS. **Please check as appropriate:**

- Applicant has attached a copy of the DHS Workshop Attendance Form.

47. OUTREACH EFFORTS: Applicant must provide a statement of its outreach efforts to its minority populations. **Please check as appropriate:**

- Applicant has attached a statement to indicate how minority populations have an equal opportunity to participate in the SFSP, and what efforts have been made to contact minority and grassroots organizations about the opportunity to participate.

48. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER:

The DUNS Number is required by the Federal Funding Accountability and Transparency Act, and may be obtained through the following link: <http://fedgov.dnb.com/webform>

WARNING STATEMENT OF CRIMINAL PROVISIONS AND PENALTIES AND TERMINATION PROCEDURES

CRIMINAL PROVISIONS AND PENALTIES:

As established by Section 13 of the National School Lunch Act.

1. Whoever, in connection with any application, procurement, record-keeping entry, claim for reimbursement, or other document or statement made in connection with the Program, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, or whoever, in connection with the Program, knowingly makes an opportunity for any person to defraud the United States, or does or omits to do any act with intent to enable any person to defraud the United States, shall be fined not more than \$25,000 or imprisoned not more than five years, or both.
2. Whoever being a partner, officer, director, or managing agency connected in any capacity with any partnership, association, corporation, business, or organization, either public or private, that receives benefits under the Program, knowingly or willfully embezzles, misapplies, steals, or obtains by fraud, false statement, or forgery any benefits provided by this Program, or any money, funds, assets, or property derived from benefits provided by this Program, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both (but, if the benefits, money, funds, assets, or property involved is not over \$200, then the penalty shall be a fine of not more than \$1,000 or imprisonment for not more than one year, or both).
3. If two or more persons conspire or collude to accomplish any act described in paragraphs (a)(5)(i)(A) and (B) of Section 225.6 and one or more of such persons do an act to effect the object of the conspiracy or collusion, each shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

TERMINATION PROCEDURES:

As established by Section 225.11 (c) of the SFSP regulations:

1. The State agency shall terminate the Program agreement with any sponsor which it determines to be seriously deficient. However, the State agency shall afford a sponsor a reasonable opportunity to correct problems before terminating the sponsor for being seriously deficient.
2. The State agency may approve the application of a sponsor which has been disapproved or terminated in prior years in accordance with this paragraph if the sponsor demonstrates to the satisfaction of the State agency that the sponsor has taken appropriate corrective actions to prevent recurrence of the deficiencies. Serious deficiencies which are grounds for disapproval of applications and for termination include, but are not limited to, any of the following:
 - A. Noncompliance with the applicable bid procedures and contract requirements of Federal Child Nutrition Program regulations.
 - B. The submission of false information to the State agency.
 - C. Failure to return to the State agency any start-up or advance payments which exceeded the amount earned for serving meals in accordance with Part 225, or failure to submit all claims for reimbursement in any prior year provided that failure to return any advance payments for months for which claims for reimbursement are under dispute from any prior year shall not be grounds for disapproval in accordance with this paragraph.
 - D. Program violations at a significant proportion of the sponsor's sites. Such violations include, but are not limited to the following:
 - (1) Noncompliance with the meal service time restrictions set forth in Section 225.15(c);
 - (2) Failure to maintain adequate records;
 - (3) Failure to adjust meal orders to conform to variations in the number of participating children;
 - (4) The simultaneous service of more than one meal to any child;
 - (5) The claiming of Program payments for meals not served to participating children;
 - (6) Service of a significant number of meals which did not include required quantities of all meal components;
 - (7) Excessive instances of off-site meal consumption; and
 - (8) Continued use of food service management companies that are in violation of health codes.

NOTE: Sponsors or sites which have been terminated in accordance with the provisions above shall be allowed to appeal in accordance with Section 225.13.

I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). 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. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

§225.6(a)(3) Each State agency shall require applicant sponsors submitting Program application site information sheets, Program agreements, or a request for advance payments, and sponsors submitting claims for reimbursement to certify that the information submitted on these forms is true and correct and that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

§225.6 (i)(4)The criminal penalties and provisions established in section 12(g) of the National School Lunch Act (42 U.S.C. 1760(g)) that states substantially: Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance under this Act or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.), whether received directly or indirectly from the United States Department of Agriculture, or whoever receives, conceals, or retains such funds, assets, or property to personal use or gain, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

DATE	NAME AND TITLE OF AUTHORIZED SPONSOR REPRESENTATIVE (Print or type)	SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE

DATE:	NAME AND TITLE OF AUTHORIZED DHS REPRESENTATIVE (Print or type)	SIGNATURE OF AUTHORIZED DHS REPRESENTATIVE
APPROVED?	1)	1)
DENIED? STATE REASON FOR DENIAL AND ATTACH APPEAL RIGHTS	2)	2)