



Arizona Department of Education
 CHILD AND ADULT CARE FOOD PROGRAM
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION AND BUDGET
 (Please TYPE or PRINT Clearly)

| | | |
|---|---|---|
| 1. Name of Sponsoring Organization | 2. Mailing Address (P.O. Box or Street Address, City, State & Zip Code) | DUNS # |
| 3. Street Address (if different from 2.) (Street Address, City, State & ZIP Code) | | 4. CTD # |
| 5. School Principal/Administrator Name Position School Principal/Administrator's Email Address School Principal/Administrator's Telephone # () - Ext. School Principal/Administrator's Fax # () - Ext. School Principal/Administrator's Birthday: | 6. Food Program Contact's Name Position Food Program Contact's Email Address Food Program Contact's Telephone # () - Ext. Food Program Contact's Fax # () - Ext. Food Program Contact's Birthday: | 7. Financial Contact's (Optional) Name Position Financial Contact's Email Address Financial Contact's Telephone # () - Ext. Financial Contact's Fax # () - Ext. |
| 8. Type of Sponsor: <input type="checkbox"/> School Food Authority (public or private, non-profit) <input type="checkbox"/> Government Entity (State, Local, Municipal or County) Example: County Health Dept. <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) <input type="checkbox"/> Private Non-Profit Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations. | | |
| 9. Method of Meal Preparation: <input type="checkbox"/> Self Preparation OR <input type="checkbox"/> Vended | 10. If Method of Meal Preparation is Self Preparation, are meals prepared: <input type="checkbox"/> At each site <input type="checkbox"/> At a central kitchen | |
| 11. If food is prepared at a vendor kitchen (Food Service Management Company or School Food Service Authority) or at a central kitchen (serving more than one site) list the facility name, address and contact information below for each separate facility: | | |
| Facility Type: <u>(Column A)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext. | Facility Type: <u>(Column B)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext. | Facility Type: <u>(Column C)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext. |

If meals are served via a central kitchen, list all sites served by each central kitchen: Use additional sheets if necessary.

Column A:

Column B:

Column C:

12. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

Yes No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

13. Does any other agency other than the sponsor provide site personnel? (If meals are vended, mark yes and enter the information for the FSMC below)

Yes No

If **Yes**, provide the name, agency and title of person responsible:

14. Identify the date that the following **minimum required topics** training sessions for administrative and site personnel will be held: _____

◆Purpose of the Program ◆Meal Pattern Requirements ◆Site Eligibility ◆Site Operations ◆Recordkeeping ◆Duties of a Monitor ◆Civil Rights

15. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: Yes No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

16. Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program?

Yes No

If **Yes**, please submit a written explanation regarding the circumstances to ADE-CACFP/SFSP.

17. Advances

Does the applicant organization elect to receive advance payments? Yes No

If **Yes**, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in any month(s) selected:

| Month | Operating Advance | Requested Amount | Administrative Advance | Requested Amount |
|---------|--------------------------|------------------|--------------------------|------------------|
| June 1 | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| July 15 | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |

Note: Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the requested amount.

SPONSOR BUDGET

1. Administrative Staffing Plan

List administrative positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet included with your application packet.

| A. Title of Position | B. Number of Staff | C. Hours per day on SFSP Admin | D. Salary per hour | E. Number of days | G. Fringe Benefits | H. Total (BxCxDxE)+G | I. Specific Duties |
|---|-----------------------|-----------------------------------|-----------------------|----------------------|-----------------------|-------------------------|-----------------------|
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3 of the Sponsor Budget) | | | | | | \$ | |

2. Operational Staffing Plan

List operational positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

| A. Title of Position | B. Number of Staff | C. Hours per day on SFSP Operations | D. Salary per hour | E. Number of days | G. Fringe Benefits | H. Total (BxCxDxE)+G | I. Specific Duties |
|---|-----------------------|--|-----------------------|----------------------|-----------------------|-------------------------|-----------------------|
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| | | | \$ | | | \$ | |
| Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget) | | | | | | \$ | |

3. Total SFSP Budget

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

| Administrative Costs | Proposed Administrative Budget | ADE-CACFP/SFSP USE ONLY Approved Administrative Budget | Operational Costs | Proposed Operational Budget |
|---|--------------------------------|--|---|-----------------------------|
| Salaries/Fringe Benefits (Total from #1 on p. 3) | \$ | \$ | Food Service Labor/ Fringe Benefits (Total from #2 on p. 3) | \$ |
| Rent for Office Space | \$ | \$ | Food | \$ |
| Office Supplies | \$ | \$ | Supplies | \$ |
| Administrative Mileage | \$ | \$ | Transportation of Food | \$ |
| Audit Fees | \$ | \$ | Utilities | \$ |
| Telephone | \$ | \$ | Equipment Rent | \$ |
| Postage | \$ | \$ | Other (please specify) | \$ |
| Printing/Copying | \$ | \$ | | |
| Advertising | \$ | \$ | | |
| Other (please specify) | \$ | \$ | | |
| Total Administrative Costs | \$ | Total Approved Administrative Budget | Total Operational Costs | \$ |
| Administrative Meals x Rates | \$ | \$ | Operational Meals x Rates | |

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- Vendor ACH-EFT Form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- Copy of entire, current Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)
- Completed and signed Free and Reduced Priced Policy Statement (new sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or School Principal/Administrator below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. 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.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated by the applicant organization (sponsor) at all sites.
5. Reimbursement will be claimed only for meals served to eligible children.
6. Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and School Principal/Administrator(s) accept final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

SIGNATURE OF SCHOOL PRINCIPAL/ADMINISTRATOR

| | | | |
|---|------|--|------|
|  | |  | |
| TITLE | DATE | TITLE | DATE |

ADE-CACFP/SFSP USE ONLY BELOW THIS LINE

APPROVED BY ADE-CACFP/SFSP REPRESENTATIVE

TITLE

DATE

| | | | |
|---|--|--|--|
|  | | | |
|---|--|--|--|