



## Summer Food Service Program



## Bulletin

*Child Nutrition Programs*  
Teaching and Learning Support  
801 West 10th Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465 4788  
Fax (907) 465-8910

**To:** SFSP Sponsors  
Program Reviewers

**Date:** January 15, 2014

**Bulletin:** 2014-01

**From:** Alicia Stephens  
SFSP Program Specialist

**Subject:** Preparing for Summer 2014

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### USDA Policy Memos, Information & Implementation Memos:

1. SFSP01-2014 – Sponsors Operating in Multiple States in the Summer Food Service Program—REISSUE
2. SFSP02-2014 – Mobile Feeding Options in Summer Feeding Programs
3. SFSP03-2014 – Census Data Release: Fiscal Year 2014
4. SFSP04-2014 – Promoting Nutrition in Summer Meals
5. SFSP05-2014 – Use of School and Census Data
6. SFSP06-2014 – Available Flexibilities for CACFP At-Risk Sponsors and Centers Transitioning to Summer Food Service Program
7. SFSP07-2014 – Expanding Awareness and Access to Summer Meals
8. SFSP08-2014 – Meal Service Requirements
9. SFSP09-2014 – Summer Food Service Program Questions and Answers 2014
10. SFSP10-2014 – Smoothies offered in Child Nutrition Programs
11. 2014 Reimbursement Rates (*attached*)
12. USDA Nondiscrimination Statement Update (*attached*)

To view previous USDA policy memos, visit:

<http://www.fns.usda.gov/sfsp/policy>

### Additional Topics

- New Program Specialist
- Upcoming Annual SFSP Training (*registration attached*)
- Intent to Operate (*attached*)
- 2014 SFSP Applications (*attached*)
- Summer Food Website Updates
- Summer Meal Grants Webinar

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**Program changes as a result of USDA Policy Memos are to be implemented immediately. Please file this bulletin for reference, guidance and compliance with the Summer Food Service Program. Feel free to call the Child Nutrition Services office if you need further clarification.**

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## **USDA Policy Memos, Information & Implementation Memos:**

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1. **SFSP01-2014 – Sponsors Operating in Multiple States in the Summer Food Service Program—REISSUE** The purpose of this memorandum is to provide guidance for Summer Food Service Program (SFSP) sponsors operating sites in multiple States.
2. **SFSP02-2014 – Mobile Feeding Options in Summer Feeding Programs** The purpose of this memorandum is to provide guidance on the use of the mobile feeding model in the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) of the National School Lunch Program (NSLP).
3. **SFSP03-2014 – Census Data Release: Fiscal Year 2014** The purpose of this memorandum is to announce the new schedule for release of census data used by State agencies and Program operators for area eligibility determinations in the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), and the Seamless Summer Option (SSO) of the National School Lunch Program.
4. **SFSP04-2014 – Promoting Nutrition in Summer Meals** This memorandum highlights existing policies and procedures that can assist with serving more nutritious meals that appeal to children in the SFSP and the SSO.
5. **SFSP05-2014 – Use of School and Census Data** The purpose of this memorandum is to provide additional guidance on the use of school and census data to establish area eligibility in the Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), and the Seamless Summer Option (SSO) of the National School Lunch Program (NSLP).
6. **SFSP06-2014 – Available Flexibilities for CACFP At-Risk Sponsors and Centers Transitioning to Summer Food Service Program** This memorandum highlights existing flexibilities available to CACFP institutions to simplify their participation in SFSP.
7. **SFSP07-2014 – Expanding Awareness and Access to Summer Meals** The purpose of this memorandum is to clarify and provide guidance on requirements in the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) of the National School Lunch Program (NSLP) related to expanding awareness and access to these programs.
8. **SFSP08-2014 – Meal Service Requirements** The purpose of this memorandum is to consolidate, clarify, and provide additional guidance on meal service requirements in the Summer Food Service Program (SFSP) and the National School Lunch Program (NSLP).
9. **SFSP09-2014 – Summer Food Service Program Questions and Answers 2014** This memorandum serves to update previously issued Questions and Answers to reflect recent Program changes.
10. **SFSP10-2014 – Smoothies offered in Child Nutrition Programs** This revision modifies FNS guidance on fruit smoothies to allow for the crediting of yogurt in smoothies prepared in-house during breakfast service. Please note that the original memorandum permitted milk to credit in these products; this memorandum adds information on the crediting of yogurt.
11. **2014 Reimbursement Rates** The USDA has posted the 2014 Reimbursement Rates on the federal register effective January 1, 2014 through December 31, 2014. Alaska's 2014

reimbursement rates are attached. Please note at the bottom, which areas are considered “urban.” You can also find the USDA’s reimbursement rates at: <http://www.gpo.gov/fdsys/pkg/FR-2014-01-07/pdf/2014-00032.pdf>

## 12. USDA Nondiscrimination Statement Update

USDA has updated their nondiscrimination statement. This statement is required to be posted on all publications and websites. If the updated nondiscrimination statement is too large to post on a publication (i.e. Menus) then the small version must be used. This statement must read: ***This institution is an equal opportunity provider and employer.*** You can find the USDA Nondiscrimination Statement Update attached to the bulletin.

**Please use the following long-version on your website, policies, and in any media releases:**

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish).*

*This institution (or the name of your agency) is an equal opportunity provider and employer.*

## Additional Topics

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- **New Program Specialist**

Happy New Year! I would like to introduce myself—I am Alicia Stephens, the new Summer Food Service Program Specialist. I joined the Child Nutrition Team last month and am delighted to work with all of you who are committed to feeding Alaska’s youth during the summer. I am a lifelong Alaskan and have experience working with children and social services. Alaska’s youth are our biggest resource and I am excited to work with you all to ensure their nutrition needs are met.

- **Upcoming Annual SFSP Training (required for all new/returning sponsors)**

Annual training is required every year in order to be an eligible sponsor and receive reimbursement for participation Summer 2014. Training will be held in Anchorage at the Crowne Plaza in Midtown on March 26<sup>th</sup> (half day) for returning sponsors and March 27<sup>th</sup> for new sponsors. Distance training for school sites will be and held on April 3<sup>rd</sup>. Distance training for all

other site sponsors unable to travel to Anchorage will be held on April 16<sup>th</sup>. Please submit registration to [debbie.soto@alaska.gov](mailto:debbie.soto@alaska.gov) by February 28<sup>th</sup> (attached).

- **Intent to Operate (required for all returning sponsors)**

Sponsors of the Summer Food Service Program (SFSP) are required to submit in writing, their intention to operate the program and the sites they plan to serve. Please indicate which sites you plan on operating, as well as any additions or deletions of sites that you know of at this time. If you are not planning to participate in the SFSP, please advise our offices so that a termination form may be sent to your agency. Please submit to [debbie.soto@alaska.gov](mailto:debbie.soto@alaska.gov) by March 1<sup>st</sup> (attached).

- **SFSP 2014 Application**

Each SFSP Sponsor is required to complete an application annually in order to be eligible to participate in the SFSP. You can find the application packet attached to this bulletin or on the SFSP Website: <http://www.eed.state.ak.us/tls/cnp/SFSP5.html>

For programs requesting an advance, applications are due no later than April 15, 2014 or 30 days prior to the beginning of program operations. Please contact the State Agency if you need assistance with the application. The final deadline for all 2014 applications is June 15<sup>th</sup>.

- **Summer Food Website Updates**

<https://education.alaska.gov/tls/cnp/sfsp.html>

The State of Alaska, Department of Education & Early Development, Summer Food Service Program website has been updated to reflect the most current information and resources. Please check out our website to find resources including: 2014 Application Packets, 2014 Reimbursement Rates, Claim Calendar, Resources, and Bulletins.

- **Summer Meal Grants Webinar**

How can grants help you achieve your summer meals program goals? Join Share Our Strength to learn about new and existing grant opportunities that can benefit your summer meals program; innovative ways to utilize grant funding; and best practices in grant writing. We'll be joined by granting experts from Share Our Strength, Feeding America, USDA Rural Development, and USDA Office of Policy Support so bring your questions, concerns and big ideas.

*Please note that this session will be available via Microsoft Office LiveMeeting (Webinar) and is free to all participants. You will need access to a telephone line and a computer with internet access for this webinar. We request that you participate as a group whenever necessary. If you have never participated in a Microsoft Office LiveMeeting webinar before, we strongly advise that you log into the website below about 2 hours in advance to download the LiveMeeting client software. This will preclude any connectivity issues prior to the actual webinar.*

- **When:** Thursday, January 23, 2014 from 9:30-10:30 AST
- **Dial-In Number:** 866.740.1260 & **Access Code:** 4786557
- **Register** for this webinar through ReadyTalk here:  
<https://cc.readytalk.com/cc/s/registrations/new?cid=rarjqvw9h1p8>

## Calendar of Upcoming Events & Deadlines

<b>Summer Meal Grants Webinar</b>	<b>January 23, 2014</b>
<b>Annual SFSP Training in Anchorage</b>	
Returning sponsors	<b>March 26, 2014</b>
New sponsors	<b>March 27, 2014</b>
<b>Distance School Site SFSP Training</b>	<b>April 3, 2014</b>
<b>SFSP Applications Due for Sponsors Requesting Advance Payments</b>	<b>April 15, 2014</b>
<b>Distance SFSP Training</b>	<b>April 16, 2014</b>
<b>Final day to submit SFSP Applications</b> <u>All applications must be submitted <i>no later</i></u>	<b>June 15, 2014</b>

### Contact Information

Alicia Stephens, SFSP Program Specialist  
(907) 465-4788 fax (907) 465-8910  
[Alicia.Stephens@alaska.gov](mailto:Alicia.Stephens@alaska.gov)

Debbie Soto, SFSP Education Program Assistant  
(907) 465-3316 fax (907) 465-8910  
[Debbie.Soto@alaska.gov](mailto:Debbie.Soto@alaska.gov)

### Commonly Used Acronyms

SFSP – Summer Food Service Program  
CNP – Child Nutrition Programs  
WRO – Western Region Office  
FNS – Food & Nutrition Services  
FNSRO-Food & Nut Services Reg. Office  
USDA – U.S. Department of Agriculture  
SA – State Agency  
DEC – Department of Conservation  
LEA – Local Education Agency

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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*USDA is an equal opportunity provider and employer.*



# Summer Food Service Program

## Alaska Rates

(Effective January 1, 2014 through December 31, 2014)

Each eligible meal served at a **\*Rural Site or Self-Prep Urban site** is reimbursed at the following rates:

	<u>Operating Costs</u>	+	<u>Administrative Costs</u>	=	<u>Total Reimb.</u>
Breakfast	\$ 2.98		\$ .2950		\$ 3.2750
Lunch or Supper	\$ 5.20		\$ .5425		\$ 5.7425
Supplement	\$ 1.21		\$ .1475		\$ 1.3575

Each eligible meal served at an **Urban Vended site** is reimbursed at the following rates:

	<u>Operating Costs</u>	+	<u>Administrative Costs</u>	=	<u>Total Reimb.</u>
Breakfast	\$ 2.98		\$ .2350		\$ 3.2150
Lunch or Supper	\$ 5.20		\$ .4500		\$ 5.6500
Supplement	\$ 1.21		\$ .1175		\$ 1.3275

\*Rural means all areas except for: Anchorage, Fairbanks, Juneau, Ketchikan and Kodiak, which are considered urban.



United States  
Department of  
Agriculture

Food and  
Nutrition  
Service

3101 Park  
Center Drive

Alexandria, VA  
22302-1500

May 24, 2013

Subject: USDA Nondiscrimination Statement Update

To: Associate Administrators  
Regional Administrators  
Staff Office Directors

This information is provided based on guidance from the Office of the Assistant Secretary for Civil Rights. The Department's Policy staff has updated the nondiscrimination statement; however, it is included in Departmental Regulation (DR) 4300-003, Equal Opportunity Public Notification Policy, which has not been cleared for issuance. Until the DR is issued, the following nondiscrimination statements should be used for our programs.

**SNAP and FDPIR State or local agencies, and their subrecipients, must post the following nondiscrimination statement:**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

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## USDA Nondiscrimination Statement Update

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For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

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**For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following nondiscrimination statement:**

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

### **Joint Application Form (HHS)**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

The U.S Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the

USDA Nondiscrimination Statement Update

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Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

When we receive updates to the nondiscrimination statement and “*And Justice for All*” posters, we will share appropriately. If you have question, please contact me at (703) 305-2213.



Crystal Tolar  
Chief, Compliance Branch  
Office of Civil Rights



# Summer Food Service Program 2014



## Annual Training Registration Form

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

### **Federal Regulations require attendance at a workshop for approval to run a SFSP**

#### **Workshop Locations, Dates, and Time:**

Please check **ONE** box indicating date of workshop you will be attending.  
A registration confirmation email will be sent once your form is received.  
Continuing sponsors may attend a new sponsor & new staff training if they prefer.

 **Anchorage Location:** Crowne Plaza Hotel 109 W Intl Airport Rd, Anchorage

- March 26, 2014      1:00 PM – 4:30 PM      Returning Sponsors & Staff
- March 27, 2014      9:00 AM – 4:30 PM      New Sponsors & Staff

 **School Site Training:** Call will originate from DEED, Child Nutrition Programs

- April 3, 2014      1:00 PM – 4:30 PM      New and Returning Sponsors & Staff

 **Distance Delivery:** Call will originate from DEED, Child Nutrition Programs

- April 16, 2014      9:00 AM – 3:30 PM      New and Returning Sponsors & Staff

Name(s) and Title(s) \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Fax or e-mail completed registration form by **February 28<sup>th</sup>, 2014** to:

**Debbie Soto, SFSP Program Assistant, [debbie.soto@alaska.gov](mailto:debbie.soto@alaska.gov) or;  
Fax: (907) 465-8910**

If you have questions regarding which workshop to attend, registration, or if you have a disability and need assistance in order to participate in this training, please contact the SFSP Specialist at (907) 465-4788.

## **Food That's In When School Is Out!**



# Summer Food Service Program 2014



## Intention to Operate

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

**Sponsor Name:**

Participation in the 2014 Summer Food Service Program

Sponsors of the Summer Food Service Program (SFSP) are required to submit in writing their intention to operate the program and the sites they plan to serve. Please indicate which sites you plan on operating, as well as any additions or deletions of sites that you know of at this time. If you are not planning to participate in the SFSP an explanation would be helpful to program staff and USDA.

Site Name	New/Returning	Site Location	Participating?			Comments
			Yes	No	Maybe	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponsor Representative:			Date			

**Fax or mail this form to Child Nutrition Programs**  
**at (907) 465-8910 by February 14<sup>th</sup>.**

**If you have any questions, please contact our office at (907) 465-4788**



## Summer Food Service Program



### Application Packet Checklist for Returning Sponsors

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910  
[Alicia.Stephens@alaska.gov](mailto:Alicia.Stephens@alaska.gov)

Check off each item as you prepare to submit your completed application:

1. **Complete CNP Web Online Application.**

- Sponsor Information Sheet
- Site Information Sheet (one for each site)
- Budget (if applicable)

2. **Submit Paper Application.** Please see specific items for returning or new sites.

**For Sponsor Organizations with Returning Sites**, please submit the following forms for each site operating the SFSP:

- Public Release and Policy on Free Meals
- Site Eligibility Documentation
  - Census Map (if using census)
  - School boundary map with site location noted (if using school data)
  - Free/Reduced Price List with eligible school being used noted (if using school data)
  - Letter from AK Native or Migrant Organization (if Alaska Native/Migrant site)
- DEC/MOA Notification Letter
- Sponsor-Site Agreement (for unaffiliated sites only)
- School Acknowledgement Form (for sites operating in a school only)

**For Sponsoring Organizations with New Sites or sites with problems in the previous year please submit these additional forms** for each site operating the SFSP. *New sites will not be added into the CNP Web as a site until all forms have been submitted and approved by the State Agency. (Sponsoring Organizations may not be able to complete the Site Information Sheet until the paper application for the site has been submitted and approved by the State Agency):*

- Site Application
- Pre-Operational Visit Form
- Training Agenda & Sign-in
- Cycle Menu (please contact the State if you need a cycle menu template)

3. **Submit the following items if it applies to your site's meal service and program.**

- Vended Meal Service Agreement (for sites purchasing meals from a vendor only)
- Agreement between Sponsor and School to Furnish Food (for sites purchasing meals from a School Food Authority only)
- Waiver for Unitized Meals (for sites purchasing meals from a vendor or School Food Authority that does not prepare, package and deliver all meal components, except milk or juice, as a complete unit)
- A copy of the Invitation to Bid and the schedule for bid dates *mandatory for bids exceeding \$150,000*
- Intent to Contract

4. **Submit CNP Web User Authorization Request and Signatory Authority ONLY for new users, or returning users who have forgot their username/password.**



## Summer Food Service Program 2014



### Application Packet Checklist for New Sponsors

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**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910  
[Alicia.Stephens@alaska.gov](mailto:Alicia.Stephens@alaska.gov)

Check off each item as you prepare to submit your completed application:

1. **Submit Permanent Agreement.**
2. **Submit New Vendor Questionnaire (only if you haven't done business with the State).**
3. **Submit CNP Web User Authorization Request and Signatory Authority** for all users needing access to the CNP Web. Your username and password will be e-mailed to you by CNP staff.
4. **Complete CNP Web Online Application.**
  - Sponsor Information Sheet
  - Site Information Sheet (one for each site)
  - Budget (if applicable)
5. **Submit Paper Application.** Please see specific items for returning or new sites. Please submit the following forms for each site operating the SFSP. *New sites will not be added into the CNP Web as a site until all forms have been submitted and approved by the State Agency. (Sponsoring Organizations may not be able to complete the Site Information Sheet until the paper application for the site has been submitted and approved by the State Agency):*
  - Sponsor Application
  - Site Application
  - Public Release and Policy on Free Meals
  - Pre-Operational Visit Form (one for each site)
  - Site Eligibility Documentation
    - School boundary map with site location noted (if using school data)
    - Free/Reduced Price List with eligible school being used noted (if using school data)
    - Census map (if using census data)
    - Letter from AK Native or Migrant Organization (if Alaska Native/Migrant site)
  - DEC/MOA Notification Letter
  - Cycle Menus
  - School Acknowledgement Form (for sites operating in a school only)
  - Sponsor-Site Agreement (for unaffiliated sites only)
6. **Submit copies of Summer Menus for all sites operating the SFSP. Please contact CNP if you need a sample menu template.**
7. **Submit the following items if it applies to your site's meal service and program.**
  - Intent to Contract
  - Vended Meal Service Agreement (for sites purchasing meals from a vendor only)
  - Agreement between Sponsor and School to Furnish Food (for sites purchasing meals from a School Food Authority only)
  - Waiver for Unitized Meals (for sites purchasing meals from a vendor or School Food Authority that does not prepare, package and deliver all meal components, except milk or juice, as a complete unit)
  - A copy of the Invitation to Bid and the schedule for bid dates *mandatory for bids exceeding \$50,000*



## Summer Food Service Program 2014



### Alaska Income Eligibility Guidelines

**Child Nutrition Programs**  
**Teaching and Learning**  
**Support**  
 801 West 10<sup>th</sup> Street, Suite 200  
 P.O. Box 110500  
 Juneau, Alaska 99811-0500  
 Phone (907) 465-4788  
 Fax (907) 465-8910

An income scale is used to determine eligibility for free and reduced price meals.

**Do Not Send Out with Participant Letter.**

### Alaska Income Eligibility Guidelines Free & Reduced Price Meals July 1, 2013- June 30, 2014

Household Size	Reduced Price Meals – 185% of Federal Poverty Guidelines					Free Meals – 130 % of Federal Poverty Guidelines				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,548	2,213	1,107	1,022	511	18,655	1,555	778	718	359
2	35,853	2,988	1,494	1,379	690	25,194	2,100	1,050	969	485
3	45,159	3,764	1,882	1,737	869	31,733	2,645	1,323	1,221	611
4	54,464	4,539	2,270	2,095	1,048	38,272	3,190	1,595	1,472	736
5	63,770	5,315	2,658	2,453	1,227	44,811	3,735	1,868	1,724	862
6	73,075	6,090	3,045	2,811	1,406	51,350	4,280	2,140	1,975	988
7	82,381	6,866	3,433	3,169	1,585	57,889	4,825	2,413	2,227	1,114
8	91,686	7,641	3,821	3,527	1,764	64,428	5,369	2,685	2,478	1,239
<b>For each additional family member add:</b>										
	9,306	776	388	358	179	6,539	545	273	252	126

#### **Definitions**

**Family:** A household or family is defined as a group of related or unrelated individuals who are living as one economic unit.

**Income:** Income is the money received by any member of the household before such deductions as taxes and Social Security. It includes the following: salary or wages; earnings from self-employment, Social Security, pensions, retirement and disability payments; and other cash income received or withdrawn from any source which would be available for payment of a child's meal. Food Stamp benefits are not included.

Current income is determined by the income received by all members of the household during the month prior to application. But if this income was much higher or lower than usual, the expected income for this year (12 months starting from the month prior to application) should be used. For example, self-employed people such as fishermen and farmers should use yearly income.

#### **Acronyms for Public Assistance:**

ATAP/TANF = Alaska Temporary Assistance Program

NFAP = Native Family Assistance Program

SNAP = Supplemental Nutrition Assistance Program, formerly known as Food Stamps

SSI = Social Security Income

## 2014 Income Eligibility Form for Summer Food Service Program

### PART 1. All Household members

\*If **ALL** children listed below are foster children, complete Part 1, then skip to Part 6 to sign this form.

Names of <b>ALL</b> household members (First, Middle Initial, Last)	Name of School	Age	Foster Child	Check if approved for PFD in 2013
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### PART 2. Benefits

If any member of your household receives **SNAP/Food Stamp** or **ATAP/TANF**, provide the name and case number for the person who receives benefits and **skip to Part 6. If NO ONE receives these benefits, skip to Part 3.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART 3.**  Check if this application is for a child who is enrolled in Early Head Start or Head Start. Skip to Part 6.

**PART 4.**  Check if this application is for a child who is homeless, migrant, or a runaway. Skip to Part 6.

### PART 5. Total Household Gross Income. You must tell us how much and how often.

Name (List <b>ALL</b> adults and children in the household with income.)	Gross income how often it was received ( Annual; Weekly; Every 2 Weeks; Twice A Month or Monthly)			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>(Example) Jane Smith</i>	<b><u>\$200/ Weekly</u></b>	<b><u>\$150/ Every 2 weeks</u></b>	<b><u>\$100 / Monthly</u></b>	<b><u>\$2,500/ Annual</u></b>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

### PART 6. Signature and Last Four Digits of SSN (An adult household member **must sign** the application.)

If Part 5 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \*-\* \*- \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  I do not have a Social Security Number

**PART 7. Children's Ethnic and Racial Identities (Optional)**

Choose one ethnicity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian       American Indian or Alaska Native       Black or African American  
 White       Native Hawaiian or other Pacific Islander

**Income Eligibility Form Determination Worksheet**

**SPONSORING ORGANIZATIONS USE ONLY**

**ELIGIBILITY:**

**By Income:**

Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify.

Total household members receiving PFDs \_\_\_\_\_ x \$900.00 = \_\_\_\_\_ Total PFD Amount (Annual)

**Annual Income Conversion:**

*\*If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual (i.e. \$200/Twice a Month, \$150/Monthly, \$200/Monthly & PFDs = Annual conversion)*

*\*If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received (i.e. \$200/month, \$100/month = No Annual Conversion necessary)*

Total Income by Category and Conversion to Annual, if necessary (list the income by sequence from 1<sup>st</sup> page):

Annual:            \$ \_\_\_\_\_ x 1 = \$ \_\_\_\_\_  
Monthly:         \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_  
Twice a Month: \$ \_\_\_\_\_ x 24 = \$ \_\_\_\_\_  
Every 2 Weeks: \$ \_\_\_\_\_ x 26 = \$ \_\_\_\_\_  
Weekly:           \$ \_\_\_\_\_ x 52 = \$ \_\_\_\_\_

Total Income (from above): \$ \_\_\_\_\_ Household size: \_\_\_\_\_

Check the sequence of income:  Weekly     Every 2 Weeks     Twice a Month     Monthly     Annual

Total Income from Above \$ \_\_\_\_\_ + Total PFD Amount \$ \_\_\_\_\_ = **TOTAL INCOME \$ \_\_\_\_\_**

**OR**

**By Categorical Eligibility (must provide supporting documentation):**

**Household**

- Food Stamp/SNAP household  
 ATAP/TANF Household

**Individual**

- Foster Child (only applies to Foster child enrollee)  
 Early Head Start or Head Start (only applies to EHS and HS enrollee)  
 Homeless/Migrant/Runaway (only applies to homeless/migrant/runaway child enrollee)

**DETERMINATION:**

- Free                       Reduced Price                       Over Income

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## Sample Parent Letter for Summer Food Service Program Participants for Camps and Enrolled Sites (remove prior to distribution)

Date \_\_\_\_\_

Dear Parent or Guardian:

Providing nutritious meals for children is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the reimbursement program for meals from the United States Department of Agriculture (USDA) **Summer Food Service Program (SFSP)**.

To assist our program in qualifying for these funds, please complete, sign, and return this application as quickly as possible. This information will be kept strictly confidential.

### How to Apply

Complete the application and return it. **Sponsors cannot approve an application that is incomplete.**

Your children are eligible for free meals if:

- Your total household income is equal or less than the amounts on the Income Chart below.

**Income Eligible:** The application must have the children’s names, the names of all household members (related or unrelated individuals who live together as an economic unit), the amount of total gross income each person received last month and where it came from, (amount received before deductions) the signature of an adult household member and that adult’s last four digits of their social security number or the box checked “No Social Security Number” if the adult does not have a social security number.

ALASKA INCOME ELIGIBILITY GUIDELINES									
Effective July 1, 2013 to June 30, 2014									
Family Size	1	2	3	4	5	6	7	8	Each add.
Monthly	2,213	2,988	3,764	4,539	5,315	6,090	6,866	7,641	+776

- You receive SNAP (formerly known as food stamps) or ATAP/TANF for your child, **SNAP or ATAP/ Recipients:** The application must have the children’s names, a SNAP or ATAP/TANF case number for each child, and the signature of an adult household member.

- You have a foster child living in your home. Foster children are eligible for free meals regardless of your income.

**Foster Child:** The applications must have the child’s name and the box checked that the child is a foster child. Non foster children may be listed on the same application as the foster child.

### Fair Hearing

If you do not agree with the eligibility decision on your application, you may wish to discuss it. You also have the right to a fair hearing. You can do this by calling or writing the following official:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

## Authorized Representative of Sponsor Organization

*In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*

# SUMMER FOOD SERVICE PROGRAM 2014



## Public Release and Policy for Camps and Enrolled Sites

Sponsors must send a public release to the media from which the site(s) draws its attendance announcing the availability of meals to attending children. It must contain a list of all the approved sites, a chart of current reduced-price income standards and the non-discrimination statement. A copy of the press release(s) must be sent to the State Agency as part of your application process.

This Public Release was or will be sent to the following news media outlet(s):

Name of Media Outlet:	Date Release or Sent:

The \_\_\_\_\_ is participating in the **Summer Food Service Program**.  
(Name of Sponsor)

Meals will be provided to all eligible children free of charge. To be eligible to receive free meals at a residential or non-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 below. Children who are part of households that receive food stamps, or benefits under Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Need Families are automatically eligible to receive free meals.

Alaska Income Eligibility Guidelines Effective July 1, 2013 to June 30, 2014			
FAMILY SIZE	YEARLY	MONTHLY	WEEKLY
1	26,548	2,213	511
2	35,853	2,988	690
3	45,159	3,764	869
4	54,464	4,539	1,048
5	63,770	5,315	1,227
6	73,075	6,090	1,406
7	82,381	6,866	1,585
8	91,686	7,641	1,764
<b>For each additional family member, add:</b>			
	+9,306	+776	+179

Acceptance and participation requirements for the Program and all activities are the same for all regardless of sex, race, color, age, handicap or national origin, and there will be no discrimination in the course of the meal service. Meals will be provided at the site(s) and time(s) as follows:

Site Name	Address	Times

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture,

Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

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Signature of Sponsor Representative

---

Date

# SUMMER FOOD SERVICE PROGRAM 2014



## PUBLIC RELEASE & Policy for Open, Alaska Native and Migrant Sites

*Sponsors must submit a copy of the following public release to the media serving the area from which the site(s) draw their attendance. Include a list of all approved sites with their location, dates of operation and serving times as well as the non-discrimination statement. A copy of the press release(s) must be sent to the State Agency as part of your application process.*

**This Public Release was or will be sent to the following news media outlet(s):**

Name of Media Outlet	Date Sent or Release

The \_\_\_\_\_ is participating in the **Summer Food Service Program for Children**.  
(Name of Sponsor)

Meals will be made available free to all children 18 years of age and under. Acceptance and participating requirements for the Program are the same regardless of race, sex, color, age, disability or national origin. Meals will be provided at the sites and times as follows:

Site Name	Address	Times

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

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---

Signature of Sponsor Representative

---

Date

**SAMPLE NOTIFICATION LETTER**  
**DEPARTMENT OF ENVIRONMENTAL CONSERVATION/MUNICIPALITY OF**  
**ANCHORAGE**  
**(PRINT ON YOUR ORGANIZATIONS LETTERHEAD)**

(DATE)

(Name of Local Health Department Official)  
(Name of Health Department)  
(Street Address)  
(City, State and Zip Code)

Dear Madam/Sir:

This is to notify you that (name of sponsoring organization) will operate a Summer Food Service Program at (number) location(s) during the summer. The address(es) and date(s) of operation:

Site Name	Address	Meal Times	Program Dates

We will notify you of any changes during the operation of the program.

Sincerely,

(Authorized Sponsor Representative)

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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# Summer Food Service Program



## Sponsor Site Agreement for Unaffiliated Sites

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

**Sponsor Organization** \_\_\_\_\_ **Site** \_\_\_\_\_

Address of Site: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

The person named above agrees as Site Supervisor to:

1. Serve meals to all 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. Review menus and production records daily to assure that all meals served meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service, assuring
  - No offsite consumption of food items except fruits or vegetables
  - No parent or adult consumption of foods from child's meal
  - Prior written or faxed notice for state agency approval of field trips and adequate staff and meals available for children not participating in field trip
4. Maintain and submit promptly such reports and records that the sponsor requires
  - Daily meal count documentation and consolidation forms
  - Daily review of Production Records and comparison of meals planned and meals actually served.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report to the sponsor any other problems regarding the meal services.
7. Comply with civil rights laws and regulations.
8. Comply with sanitation guidelines and assure food quality and safety.
9. Attend sponsor-training sessions.

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If this site is under the fiscal responsibility of a school district, superintendent signature is required.*



## Summer Food Service Program



### School Acknowledgement of SFSP in Schools

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone: (907) 465-4788  
Fax: (907) 465-8910

Community-based programs that offer enrichment activities for children and teenagers may provide free snacks and meals through the Summer Food Service Program (SFSP) **after the regular school year ends**. Eligibility for this program is for children through age 18.

The Summer Food Service Program is available to public entities, including school districts, private and public non-profit organizations, and for-profit centers if the program is located in a low-income area or serves an identified group of needy children.

SFSP meals may be claimed for reimbursement for up to two meals (three for camps) per child per day. Snacks and meals must be served on site and meals may be served on any day of the week.

I have read and understand that the school district may offer a meal program through the Seamless Summer Food Service Program or the National School Lunch Program. We are declining this option but will allow the following organization to offer the Summer Food Service Program at the school named below.

Name of Organization: \_\_\_\_\_

Name of School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Fiscally Responsible Authority of School District                      Signature                      Date

\_\_\_\_\_  
Printed Name of Fiscally Responsible Authority of Sponsoring Org.                      Signature                      Date

For more information about SFSP, contact:  
Alicia Stephens at (907) 465-4788 or email at [Alicia.Stephens@alaska.gov](mailto:Alicia.Stephens@alaska.gov)

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or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# Summer Food Service Program



## Site Application

**Child Nutrition Programs**  
 Teaching and Learning Support  
 801 West 10<sup>th</sup> Street, Suite 200  
 P.O. Box 110500  
 Juneau, Alaska 99811-0500  
 Phone (907) 465-4788  
 Fax (907) 465-8910

**Sponsor Organization Legal Name:**

**Site Name:**

Site Mailing Address	Site Street Address
Addr 1:	Addr 1:
Addr 2:	Addr 2:
City:	City:
Zip:	Zip:

Site Supervisor	Monitor (not the same as site supervisor)
Name:	Name:
Title:	Title:
E-mail:	E-mail:
Phone: Ext:	Phone: Ext:
Fax:	Fax:

Is this site in a:  Rural  Urban environment

Type of Site: (Please select one of the following)

<input type="checkbox"/> Open Site (using school data) School Name: Percent Free/Reduced Price eligible students: %	<input type="checkbox"/> Open Site (using Census Tract Data) (attach documentation)
<input type="checkbox"/> Enrolled Site (income applications collected) Projected Enrolled: Projected Eligible for Free/Reduced Meals:	<input type="checkbox"/> Enrolled Site (using Census Tract Data) (attach documentation)
<input type="checkbox"/> Enrolled Site (using school data) School Name: Percent Free/Reduced Price eligible students: %	<input type="checkbox"/> American Indian or Alaska Native Site
<input type="checkbox"/> National Youth Sports Programs	<input type="checkbox"/> Migrant Site (attach documentation)
	<input type="checkbox"/> Residential Camp
	<input type="checkbox"/> Day Camp (enter participants below) Projected Enrolled: Projected Eligible for Free/Reduced Meals:

If Income Application are used for Enrolled Sites or Day Camps do you plan to use the Sample Household Income Application for Child Nutrition Programs provided by the State Agency? Yes  No

If 'No', mail a copy of the form the site plans to use to the State Agency for approval

Is there a regularly scheduled organized activity at the site? Yes  No

If yes, please list the type of activities below or attach a schedule of daily activities.

If the site is a school (any grade k-12), is an educational program provided during the summer? Yes  No  N/A

If yes, please describe below the educational program and how you will provide food service to the community along with the educational students.

**Operating Dates** (sites may only operate when school is not in session for summer)

Beginning Date:	Ending Date:				
Number of Operating Days:	May	June	July	August	September
	Total Operating Days for entire summer:				

**Meal Service**

Meal Type	S = Self Prep SD = Sponsor Prep & Deliver V = Vended	Offer vs Serve (Schools Only)	Shift	Begin Time	End Time	ADP (average daily participation)	Est# Eligible (Camps Only)
Breakfast <input type="checkbox"/>	S <input type="checkbox"/> SD <input type="checkbox"/> V <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
AM Snack <input type="checkbox"/>	S <input type="checkbox"/> SD <input type="checkbox"/> V <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Lunch <input type="checkbox"/>	S <input type="checkbox"/> SD <input type="checkbox"/> V <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
PM Snack <input type="checkbox"/>	S <input type="checkbox"/> SD <input type="checkbox"/> V <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Supper <input type="checkbox"/>	S <input type="checkbox"/> SD <input type="checkbox"/> V <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Meal Preparation:	On-Site <input type="checkbox"/>	Delivery System <input type="checkbox"/>	
	Prep Kitchen Location:		

**Days of Operation**

	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
--	---------------------------------	---------------------------------	---------------------------------	----------------------------------	---------------------------------	---------------------------------	---------------------------------

How many children can eat at this site at one time?	How many staff members supervise the meal service?
---	--

Describe the feeding site – include 1) entrance & exit to serving line; 2) Where is the meal count taken; 3) How is the reimbursable meal counted or tallied (roster, tally marks on meal count sheet)

If the site is a camp or operates sporadically, describe the schedule below:

If this is an outdoor site, where will meals be served during inclement weather? (Please provide the address and procedures for alternate meal service.)

**Training and Monitoring**

Date Supervisor Training Scheduled:	Date Site Manager Training Scheduled:
Date 1 <sup>st</sup> Week Monitoring Visit Scheduled:	Date 4 <sup>th</sup> Week Monitoring Visit Scheduled:
Site Manager Name:	Site Monitor Name:
Date of letter to DEC/Municipality of Anchorage to advise of meal service operations:	

**Racial/Ethnic Data**

**Civil Rights Pre-award Compliance Review:** As part of the requirement for civil rights compliance you must provide information concerning the number of potential children in each racial/ethnic category in the geographical area from which the site will draw its attendance for the SFSP. Estimate the racial/ethnic makeup of the number of potentially eligible SFSP children to be drawn from the geographical area to be served.  
**Indicate the appropriate NUMBERS (not percentage) in the boxes below.**

	White
	African American (Black)
	Hispanic or Latino
	Asian
	Native Hawaiian or Other Pacific Islander
	American Indian or Alaska Native
	Non-Hispanic/Non- Latino
	Other/Mixed

Date when Ethnic and Racial form to be completed:

I certify that the information on the application is true and accurate to the best of my knowledge; that I will accept final administrative and financial responsibility for the total Summer Food Service Program operations at all facilities under my sponsorship; that reimbursement will be claimed only for meals served to enrolled children; that the SFSP will be eligible to all children without regard to race, color, sex, national origin, age, or disability at the approved food service facilities; and that these facilities have the capability for the meal service planned for the number of children anticipated. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation or withholding of information may subject me to prosecution under applicable State and Federal criminal statutes.

---

Printed Name and Title of Authorized Representative

---

Signature of Authorized Representative

Date

**Internal Use Only**

<input type="checkbox"/> Meal Time Waiver Approved	Approval Date:
--	----------------

# Pre-Operational Visit Worksheet

Site name: \_\_\_\_\_ Site number: \_\_\_\_\_

Site address: \_\_\_\_\_

Site telephone number: \_\_\_\_\_

Person to contact for use of site: \_\_\_\_\_

Type of site (check appropriate type):

- |  |   |
|--|---|
| <input type="checkbox"/> Recreation center | <input type="checkbox"/> Park             |
| <input type="checkbox"/> School            | <input type="checkbox"/> Residential camp |
| <input type="checkbox"/> Church            | <input type="checkbox"/> Play street      |
| <input type="checkbox"/> Playground        | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Settlement house  |   |

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 unpleasant 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?	_____	_____
Is the "Justice for All" poster displayed?	_____	_____

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

\_\_\_\_\_

Improvements or corrective actions needed before site operates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Monitor's Signature**

\_\_\_\_\_  
**Date**



## CNP Web User Authorization Request and Signatory Authority

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

**Instructions:** Complete and mail or fax this form to Child Nutrition Services. Retain a copy for your files. Everyone who requires access to the CNP Web must complete this form annually. A separate form must be completed for each user. The user log-on and password are not to be shared with anyone.

Representing: \_\_\_\_\_  
Sponsor/Agency Name(s)

New User Name: \_\_\_\_\_  
Last First Middle Initial Title

\_\_\_\_\_ Mailing address City State Phone Number

**Your password and instructions will be sent to you by e-mail.**

New user email: \_\_\_\_\_

Check programs and type of access:	NSLP*	SFSP*	CACFP*	Commodities
View only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* National School Lunch Program, Summer Food Service Program, Child and Adult Care Program

Please terminate access for:		Reason
Name		<input type="checkbox"/> No longer an employee
Title		<input type="checkbox"/> Change in job task
Requested by	Date:	<input type="checkbox"/> Security compromised
Processed by EED	Date:	<input type="checkbox"/> Other:

A password will be assigned to me by the Alaska Department of Education and Early Development, Child Nutrition Services and I agree to change it to a unique and secure password that only I will know and use. I understand that using the user name to submit data on the CNP website is equivalent to an original signature for purposes of official documentation. By using the user name and password, I certify that the information transmitted is complete and accurate.

User name and password are individually assigned and, to maintain the integrity of the data, may not be shared. If another user accesses the system under my user name and password and provides false information, I understand that I will be responsible for the content of the information transmitted to the Alaska Department of Education and Early Development.

If I believe that my user name and password have been compromised, I will notify the Alaska Department of Education, Child Nutrition Services immediately and be assigned a new user name and password.

If access to the CNPweb system is no longer needed, I understand that it is my responsibility to terminate access.

\_\_\_\_\_  
New User Signature Name (Please Print) Date

\_\_\_\_\_  
Fiscally Responsible Authority Signature Name (Please Print) Date

Contact number for Fiscally Responsible Authority: \_\_\_\_\_

**NOTE: Please update your User Authorization Request forms as often as changes occur to reflect only those currently approved to view or enter data and/or approve claims.**



# Summer Food Service Program



## Annual Vended Meal Agreement/Contract

For use by Summer Food Service Program (SFSP)  
sponsors vending or purchasing meals

**Child Nutrition Programs**  
Teaching & Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

Check only one:

- Both Purchaser and Vendor are Child Nutrition Program (CNP) Sponsors
- Purchaser is a CNP Sponsor; Vendor is NOT a CNP Sponsor

This agreement/contract is for the purpose of providing meals for children enrolled in the Sponsor's Summer Food Service Program. This Agreement provides the minimum obligations and responsibilities of the parties to this agreement.

This agreement/contract is made and entered into by and between:

	<u>Purchaser (SFSP Sponsor)</u>	<u>Vendor (Seller)</u>
Name:	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Contact Person:	_____	_____

This agreement/contract shall be effective for a period of one year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The terms and conditions of this agreement/contract are as follows:

1. Meals prepared under this contract by the Vendor must comply with the meal patterns and components as required in 7CFR 225.16. SFSP meal pattern attached to the contract for specific meals being purchased.
2. The Vendor agrees to supply the following number of meal(s) to the Purchaser at the following location(s) at these delivery or pick-up times:

Meal Type(s)	Number of Meals	Location	Delivery Time(s)	Pick-up Time(s)

The Purchaser shall ensure that a representative is available at each delivery site, at the specified time on each specified delivery day to receive, inspect and sign for the requested number of meals. The individual will verify the temperature, quality, and quantity of each meal delivery. The Purchaser assures the Vendor that this individual will be trained and knowledgeable in the record keeping and meal requirements of the SFSP and with local health safety codes.

3. Unit price per meal to be paid by the Purchaser to the Vendor:  
Breakfast: \$ \_\_\_\_\_ Lunch: \$ \_\_\_\_\_ Snack: \$ \_\_\_\_\_  
Supper: \$ \_\_\_\_\_ Milk: \$ \_\_\_\_\_
4. The total projected agreement/contract amount for the year: \$ \_\_\_\_\_.
5. The Purchaser must advise the Vendor of increases/decreases of required meals not later than \_\_\_\_\_(a.m. daily) [225.6 (2) (xi)].
6. The Vendor must have Federal, State or local health certification for the facility in which the meals are prepared for the Purchaser. The Vendor must insure that the health and sanitation requirements are met at all times [225.6 (2)(v)]. The Vendor shall provide the Purchaser with a copy of current health certifications for the food service facility in which it prepares meals for SFSP and a copy of the Certified Food Protection Manager certification for the staff, per State of Alaska Department of Environmental Conservation or Municipality of Anchorage regulations. The Vendor also agrees to notify the Purchaser of the results of any health inspection that is made during the duration of this Agreement.
7. Menu Preparation and Approval: The Vendor must provide the Purchaser, for approval, a proposed \_\_\_\_\_ cycle menu for the operational period, at least \_\_\_\_\_ business days prior to the beginning of the period to which the menu applies. Any changes to the menu made after the Purchaser approval must be agreed upon by the Purchaser and documented on the menu records. Menu items may be adjusted in writing by the mutual consent of both parties. However, the Vendor shall adjust the menus at the request of the Sponsor whenever the Sponsor determines certain items to be unacceptable. Such items can be determined to be unacceptable because of 1) monotonous diet resulting from items served frequently or similarity to other items; 2) the nutritional needs of the students; 3) susceptibility to spoilage; and 4) excessive waste resulting from unpopularity of items with children. Such adjustments shall be made at the earliest convenience of both parties, but in no instance later than \_\_\_\_\_ after request except that in the case of spoilage is discovered shall receive acceptable meals meeting meal pattern requirements. [225.6 (h)(2)(ix)].
8. The Vendor may not sub-contract any portion of this agreement/contract.
9. The Vendor must maintain all records supported by invoices, receipts or other evidence the Purchaser may need to meet their responsibilities [225.6 (h)(2)(iv)]. Recipes, nutrition facts labels, and any necessary child nutrition (CN) labels or product specification sheets related to the menus served; Vendors must use standardized recipes. On a daily basis, an accurate count of the number of meals, by meal type, prepared for and delivered to the Purchaser. Meal count documentation must include the number of meals requested by the Purchaser in writing.
10. The Purchaser may take adverse action against the Vendor for any non-compliance with the terms of this agreement/contract; this includes disallowed, spoiled, or unwholesome meals, or meals that do not meet the meal requirements. The Purchaser shall be responsible for informing the Vendor of its reason for determining that a meal is unacceptable in writing within forty-eight (48) hours. [225.11 (f)(4)].
11. The Purchaser will not pay for meals that are delivered outside of the agreed upon delivery time [225.6 (h) (2)(ix)].

12. The Vendor will present an invoice and delivery receipts within (#)\_\_\_\_\_ working days following the end of the preceding month for meals delivered. The Purchaser will submit payment to the Vendor within (#)\_\_\_\_\_ days of receipt of the invoice (#Purchaser/Vendor complete). The Purchaser shall notify the Vendor within (#)\_\_\_\_\_ days of receipt of any discrepancy in the invoice. The Purchaser shall pay the Vendor for all meals delivered in accordance with the Agreement. Neither EED/CNS, nor USDA will assume any liability for payment of the difference between the number of meals prepared and delivered by the Vendor and the number of meals served by the Purchaser that are eligible for reimbursement. In addition, neither EED/CNS, nor USDA will be responsible for resolving issues of partial or non-payment per the terms of this agreement.
13. The books and records pertaining to the Vendor's and Purchaser's food service operation shall be available for inspection and/or audit by representatives of the State Agency; USDA, Food and Nutrition Service; the U. S. General Accounting Office; USDA, Office of the Inspector General; at any reasonable time and place. These records must be retained for a period of three years from the date of receipt of final payment under this contract, or in cases where an audit remains unresolved, until such time as the audit is resolved [225.6 (h) (2)(vii)].
14. Both Vendor and Purchaser must follow USDA's non-discrimination policies. Vendor or Purchaser shall not illegally discriminate in either the provision of services, or in employment, against any person because of color, age, sex, race, disability and national origin. Vendor agrees to comply with all applicable federal and state laws, rules, regulations, and executive orders relating to non-discrimination, affirmative action and equal employment opportunity.

The following nondiscrimination statement must be included on all program materials published for public information through brochures, bulletins, leaflets, letters, and newspapers. If the material is too small to permit the full statement to be included, the material will at a minimum include USDA's short nondiscrimination statement. When used, both statements should be in print size no smaller than the text of the document.

**Full Version:**

*The United States Department of Agriculture (USDA) and the State of Alaska prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA and the State of Alaska are equal opportunity providers and employers.*

**Short Version:**

*This Institution is an equal opportunity provider and employer.*

Agreements, contracts and subcontracts in excess of \$100,000 shall comply with all applicable standards, orders, or requirements issued under section 305 of the Clean Air Act (42 U.S.C. 1837(h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive order 11738, and Environmental Protection Agency regulations (40 CFR part 15).

Meals must be unitized, with or without milk or juice, unless the sponsor submits to the State agency a request for exceptions to the unitizing requirement for certain components of a meal. These requests shall be submitted to the State agency in writing in sufficient time for the State agency to respond prior to the sponsor's advertising for the bids.[225.6 (h)(3)].

**Additional inclusion must be attached to this agreement.**

This agreement/contract may be terminated by either party upon submission to the other party of written notice at least 30 days prior to the date of termination. A copy of the termination letter must be sent to the State Agency.

Purchaser (SFSP Sponsor):

\_\_\_\_\_

Vendor (Seller):

\_\_\_\_\_

Printed Signatory Name: \_\_\_\_\_

Printed Signatory Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

cc: **Alaska State Department of Education & Early Development**  
**Child Nutrition Programs**  
**801 W. 10<sup>th</sup> Street, Suite 200**  
**P.O. Box 110500**  
**Juneau, AK 99801-0500**  
[Alicia.Stephens@alaska.gov](mailto:Alicia.Stephens@alaska.gov)

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*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish).*

*USDA is an equal opportunity provider and employer.*



# Summer Food Service Program 2014



**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

## Site Information Summary

**Sponsor Name:** \_\_\_\_\_

A site is the actual location of meal service. **All meal sites must be pre-approved.**  
Add additional pages as needed.

**\*\*Sites may only operate when area schools are closed for summer vacation\*\***

Site name and location for each site:	Planned meal types & times (check)		Estimated Average Daily Participation	Operation Dates	
	Meal Type	Meal Time	(300 maximum)	Begin Date	End Date
Site Name: _____	<input type="checkbox"/> Breakfast	_____	_____	_____	_____
_____	<input type="checkbox"/> AM snack	_____	_____	_____	_____
Location: _____	<input type="checkbox"/> Lunch	_____	_____	_____	_____
_____	<input type="checkbox"/> PM snack	_____	_____	_____	_____
_____	<input type="checkbox"/> **Supper	_____	_____	_____	_____
Site Name: _____	<input type="checkbox"/> Breakfast	_____	_____	_____	_____
_____	<input type="checkbox"/> AM snack	_____	_____	_____	_____
Location: _____	<input type="checkbox"/> Lunch	_____	_____	_____	_____
_____	<input type="checkbox"/> PM snack	_____	_____	_____	_____
_____	<input type="checkbox"/> **Supper	_____	_____	_____	_____
Site Name: _____	<input type="checkbox"/> Breakfast	_____	_____	_____	_____
_____	<input type="checkbox"/> AM snack	_____	_____	_____	_____
Location: _____	<input type="checkbox"/> Lunch	_____	_____	_____	_____
_____	<input type="checkbox"/> PM snack	_____	_____	_____	_____
_____	<input type="checkbox"/> **Supper	_____	_____	_____	_____
Site Name: _____	<input type="checkbox"/> Breakfast	_____	_____	_____	_____
_____	<input type="checkbox"/> AM snack	_____	_____	_____	_____
Location: _____	<input type="checkbox"/> Lunch	_____	_____	_____	_____
_____	<input type="checkbox"/> PM snack	_____	_____	_____	_____
_____	<input type="checkbox"/> **Supper	_____	_____	_____	_____

**List the schedule for monitoring all sites:**

It is recommended that sponsors monitor every other week, minimum requirement **first** and **fourth** week.

**Completion of site review forms is REQUIRED.** Site Review Forms are found in the Monitor's Guide

Site Name	Monitor Name	List dates			
		Pre-operational Visit	First Week Visit	<4th Week Review	Additional Monitoring
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*\*Camp, Alaska Native, Migrant only



**Intent to Contract Meal Service  
Summer Food Service Program**

**Child Nutrition Programs**  
Teaching & Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-8709  
Fax (907) 465-8910

*Due to State Agency 120 days prior to contract issuance*

**Sponsor Name:** \_\_\_\_\_

**Program Year:** \_\_\_\_\_

**Contract Type:**

- Food Service Management
- Contracting with School Food Authority      **SFA Name:** \_\_\_\_\_

**Contract Status**

- New
- Renewal

**Projected Value of Contract:**

- Below \$5000 *informal procurement permitted*
- Between \$5000 - \$150,000 *informal procurement permitted, must obtain 3 quotes & document process*
- Over \$150,000 *formal procurement required. Must establish Invitation to Bid or Request for Proposals*

**New Contract Proposed Schedule of Bid Dates:**

- It is recommended that formal procurement begins no less than 120 days prior to initiating the contract.
- All sponsors must use Alaska Child Nutrition Program prototype documents.
- Edits must be provided to the state no less than 30 days prior to posting.
- Proposed contracts shall be publicly announced and announced directly to the State Agency at least once 14 days prior to opening bids
- Successful bids over \$150,000 must be submitted to the State for approval with a copy of the bid notification prior to award issuance, as well as all bids lower than the winning bid that were not selected with an explanation.
- The state will respond within 5 days.
- Contracts should be in place no less than 2 weeks prior to program initiation.

Schedule of Dates

- \_\_\_\_\_ Prototype edits to state agency *if applicable*
- \_\_\_\_\_ Bid posting dates
- \_\_\_\_\_ Sponsor pre-award date
- \_\_\_\_\_ Date pre-awarded contract and lower, non-awarded contracts to the state agency
- \_\_\_\_\_ Date of award notification
- \_\_\_\_\_ Date of Award Conference
- \_\_\_\_\_ First date of meal service under contract

Schedule of Dates (renewals only):

\_\_\_\_\_ Date of contract to state agency

\_\_\_\_\_ Date of award notification

\_\_\_\_\_ First date of meal service under contract





# Summer Food Service Program



## Agreement to Furnish Food Service Waiver to Unitized Meals

**Child Nutrition Programs**  
Teaching and Learning Support  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-4788  
Fax (907) 465-8910

A Food Service Management Company (FSMC) or school sponsor that contracts to prepare SFSP meals (hereinafter referred to as the VENDOR) must provide unitized meals for the SFSP sponsor's site(s) unless the Alaska Child Nutrition Services has approved a waiver of the unitized meal requirement. The unitized meal requirement specifies that the meal components (except the milk or juice) must be portioned, packaged, delivered and served as a unit. Milk or juice, which may be packaged and provided separately, must be served with the meal unit and only such complete meals are reimbursable (7CFR 225.6(h)(3)).

\_\_\_\_\_ requests a waiver to the unitized meal requirement.  
Sponsor Name

The SFSP sponsor has entered into a Food Service Agreement with the VENDOR identified below.

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Meal Assembly and Service Procedure:** Meals will be assembled/served as follows (check one):

- A complete meal will be composed of prepackaged items combined and served to each child with milk and/or juice.
- A complete meal will be composed of bulk items shipped to the site with instructions about serving/portion sizes. Servers will portion foods. Each child will receive a complete meal with milk and/or juice.
- A complete meal will be assembled from bulk and prepackaged items. Servers will portion and assemble the meal. Each child will receive a complete meal with milk and/or juice.
- Other: \_\_\_\_\_

This meal assembly and service procedure will become a part of the Food Service Agreement signed by the SFSP sponsor and the VENDOR.

\_\_\_\_\_  
Signature of SFSP Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor's Authorized Representative

\_\_\_\_\_  
Date

A signature below signifies approval of the waiver request by Child Nutrition Programs

\_\_\_\_\_  
Signature of Child Nutrition Programs

\_\_\_\_\_  
Date

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If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

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