

Summer Food Service Program (SFSP) Annual Application Packet Reference Guide

There are four steps to completing the SFSP Annual Application Packet:

- I. Completing the Sponsor Information Sheet
- II. Complete the Sponsor budget
- III. Completing a Site Information Sheet for each of your sites
- IV. Checklist - upload required documents
- V. Submitting Packet to MEDOE for approval

**Tip: hit 'save' frequently so as not to lose information submitted*

Getting Started

1. Go to CNPWeb online at <https://me.cnpus.com/cnp/Login>
2. Log in with username and password



3. If this is your first-time logging into CNPWeb, you may be asked to change the initial password you are given. Follow screen instruction to change password.

4. Once logged in, select the 'SFSP' hyperlink in blue

Program Selection	
Program Code	Program Description
SNP	School Nutrition Programs
SFSP	Summer Food Service Program
FDP	Food Distribution Program (USDA Foods)

5. You may see a Notice, read the notice, and click 'Next Page'

6. On Program Year Selection page, select 2022

Program Year Selection		
Program Year	Program Begin Date	Program End Date
2016	October 1, 2015	September 30, 2016
2017	October 1, 2016	September 30, 2017
2018	October 1, 2017	September 30, 2018
2019	October 1, 2018	September 30, 2019
2020	October 1, 2019	September 30, 2020
2021	October 1, 2020	September 30, 2021
2022	October 1, 2021	September 30, 2022

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I. Completing the Sponsor Information Sheet


If you are responsible for more than one Sponsor, you will see the screen in step 1 below.


Otherwise, start with step 2.

**Tip: hit 'save' frequently so as not to lose information submitted*

1. Once you're logged in, you will see the sponsor(s) that you are linked with. Click on the blue hyperlinked sponsor number.

Sponsor Nbr	Sponsor Name	Sponsor Type	County	Status	SNP	CACFP	SFSP	FDP
28	Augusta Public Schools	Public	Kennebec	Active	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1466	RSU 34	Public	Penobscot	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. On the Sponsor Summary page, click on the Applications tab
3. Click on the  icon for Sponsor Information Sheet

Number	Name	Revision	Status	Date Approved	Action
	Sponsor Information Sheet				
	Site Information Sheet(s)				
1059	Jonesport-Beals High School				

4. Answer all questions.

**TIP: hit 'Save' and all required questions will appear in red.*

**TIP: hit 'Save' frequently to avoid timing out while filling out the forms.*

Mailing Addresses

Q1-4 Enter the mailing and street address for your business office

Contact Information

Q5-8- Enter the **Executive Contact** information, this is often referred to as the Legal Agent/Superintendent or the person legally responsible for the program

Q9-11- Enter the **Food Service Contact** information, this person often over sees the day-to-day program operations

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Q13-18 - Enter the **Claim Approving Official** (Legal Agent) contact, this person must be different than the person entering the claim.

General Information

Q19-Sponsoring type - if the sponsoring type listed is not correct, please contact Child Nutrition to have this fixed.

Q20- Application Type - Select the application type your sponsoring agency identifies with.

Q21-Method of Meal Preparation - select "Self-prep" if you make the meals in-house, or "Vended" if you purchase complete meals from a third party.

Q22- (if applicable) enter the address of your central kitchen (if you are producing meals from this location for multiple summer sites or enter the location of your purchased vended meals. If meals are made at each serving location, you may "clear selection" and leave the address section blank for Q22.

Adult Meal Prices

Q23 – If you are selling food to adults enter the amount you are charging for each meal

Q24 – Enter "Yes" unless the site is a residential camp

Q25 – Describe the services to the community (n/a for residential camp)

Q26 – Indicate if an outside organization provides site personnel

Q27- If yes to Q26, enter agency and title of person responsible

Q28 - Acknowledge that the sponsoring organization is responsible for training staff on the subjects listed

Q29 - Acknowledge that the sponsoring organization is responsible for conducting the procedures if necessary

Q30 – Has the organization been asked to discontinue operations in a child nutrition program but a federal or state entity? If yes contact Maine Child Nutrition.

Q31- List any other child nutrition programs or federal grants aiding your program

Q32- Indicate if your organization has ever been in civil rights non-compliance with other federal or state agencies.

Q33-Indicate the methods you are using to promote your program in your community

Q34- Indicate yes or no

Q35- indicate yes or no

Q36- As a representative of the sponsoring organization, you must agree to the Assurance of Civil Rights Compliance statement

Advances

Q37- Did the sponsor receive an advance to operate the summer program last year?

Q38- Did the sponsor have to repay advance funds to DOE because you overestimated your operating costs?

Q39- Does the sponsor wish to receive an operating advance this year?

Q40-42 – If yes to Q39, indicate the month you wish to receive your advance for and how much in the operational (food purchases/kitchen labor) and administrative (clerical

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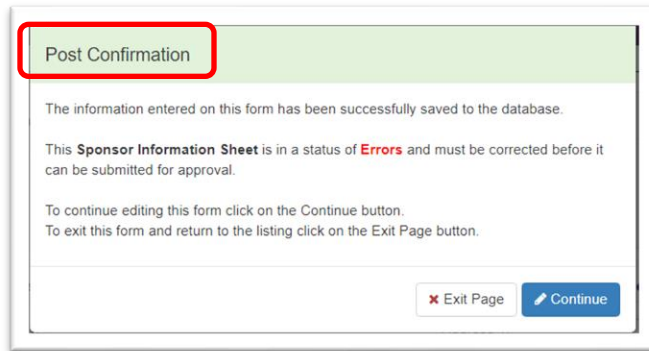
labor)categories.

Sponsor Certification

Q43 - read the summer agreement and indicate that to the best of your knowledge the info above is true and accurate.

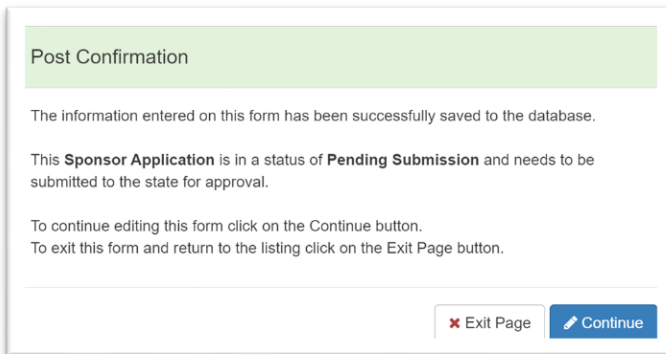
Hit 'Save'

If there are **Errors** on the form that must be corrected, you will see this message, hit 'Continue' to keep editing.



The screenshot shows a 'Post Confirmation' message box with a green header. The text inside reads: 'The information entered on this form has been successfully saved to the database. This **Sponsor Information Sheet** is in a status of **Errors** and must be corrected before it can be submitted for approval. To continue editing this form click on the Continue button. To exit this form and return to the listing click on the Exit Page button.' At the bottom right, there are two buttons: 'Exit Page' (with a red 'x' icon) and 'Continue' (with a blue pencil icon).

If no errors have occurred your Sponsor info sheet if complete and you may exit the page.




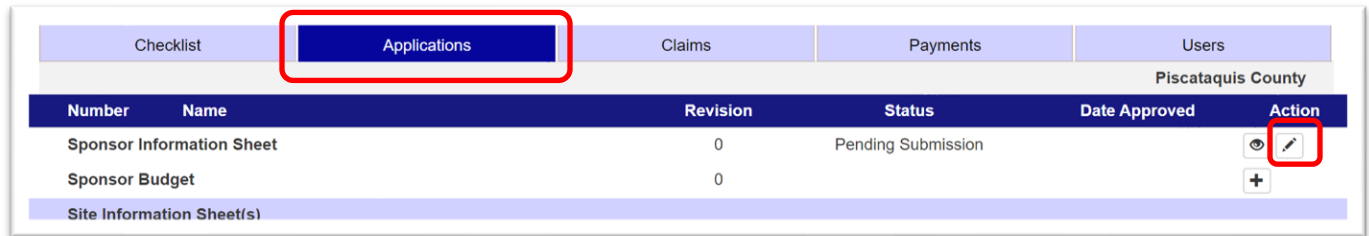
The screenshot shows a 'Post Confirmation' message box with a green header. The text inside reads: 'The information entered on this form has been successfully saved to the database. This **Sponsor Application** is in a status of **Pending Submission** and needs to be submitted to the state for approval. To continue editing this form click on the Continue button. To exit this form and return to the listing click on the Exit Page button.' At the bottom right, there are two buttons: 'Exit Page' (with a red 'x' icon) and 'Continue' (with a blue pencil icon).

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II. Sponsor Budget

**Tip: hit 'save' frequently so as not to lose information submitted*

On the Applications tab of the Sponsor Summary Screen, click on the  icon for Sponsor Budget.



1. Prior Year Financial Information

Q1 - Will be set to "0.00". Next year it will show the total reimbursement paid in the prior year.

2. Anticipated SFSP Revenue for New Year

Q2- What do you anticipate receiving in Summer Food Service Program reimbursement? Enter the amount.

Q3- What do you anticipate receiving as other sources of revenues (not SFSP reimbursement) payments, such as local town support or grants Enter the amount.

Q4- If you entered an amount for Q3, list the sources.

3. Anticipated Expenditures for Current Federal Fiscal Year

Salary Worksheet for Administrative Duties

A1- Enter the Name(S) of Staff that will be completing *administrative* duties for the SFSP

* Summer Salary - Enter only the salary earned while working for the Summer Operation

A1.	Name	Title	DoB	Location	SFSP Salary
	Erica Smith	Clerk	12/10/1978	Central Office	750.00
SFSP hrs/wk <input type="text" value="20"/> ÷ Work hrs/wk <input type="text" value="320"/> = 6.25% × * Summer Salary \$ <input type="text" value="12,000.00"/>					
<input checked="" type="checkbox"/> Prepare claim <input checked="" type="checkbox"/> Computer data entry <input checked="" type="checkbox"/> Bookkeeping <input checked="" type="checkbox"/> Clerical / Filing <input type="checkbox"/> Determine IEFs <input checked="" type="checkbox"/> Record daily meal counts <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Training <input type="checkbox"/> Supervising meal service <input type="checkbox"/> Other: <input type="text"/>					

If job duties for the sponsoring organization include duties outside the SFSP please indicated an estimate of their hours in the SFSP for the program and their total hours for the summer period worked for the Sponsor.

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If they only work in the SFSP then the # of “SFSP hrs/wk” should match the “work hrs/wk” (see Screen shot below)

v1. Name	Title	DoB	Location	SFSP Salary
Erica Smith	Clerk	12/10/1978	Central Office	12,000.00
SFSP hrs/wk <input type="text" value="320"/>		+ Work hrs/wk <input type="text" value="320"/>		= 100% × * Summer Salary \$ <input type="text" value="12,000.00"/>
<input checked="" type="checkbox"/> Prepare claim	<input checked="" type="checkbox"/> Computer data entry	<input checked="" type="checkbox"/> Bookkeeping	<input checked="" type="checkbox"/> Clerical / Filing	
<input type="checkbox"/> Determine IEFs	<input checked="" type="checkbox"/> Record daily meal counts	<input checked="" type="checkbox"/> Monitoring	<input type="checkbox"/> Training	
<input type="checkbox"/> Supervising meal service	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>			

To add additional staff members under the “administrative salaries” section click “add lines

Financial Viability Determination

Certification Statement

Bottom of Form

Supervising meal service Other:

Total SFSP.

Click "Add Lines" button for additional Administrative Duties lines

The “summer salary” should indicate the total amount this person is paid by the sponsor for all duties during the operating period of the summer program.

To calculate the SFSP hrs/wk click the green “calc” button on the left-hand side of the screen

Salary Worksheet for Operational Duties

O1 -List the paid staff that will be performing *operational* duties for the Summer Program. Estimate the number of hours they will work during the program and the total amount paid for the duration of the program. The “add lines” button in green will populate additional worksheets to enter additional staff. By clicking “calculate” the SFSP Salary will appear in bold on the right-hand side of the screen.

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O1.	Name Judy Smith	Title Kitchen manager	DoB 10/25/1990	Location kitchen	SFSP Salary 2,560.00
SFSP hrs/wk <input type="text" value="160"/> + Work hrs/wk <input type="text" value="160"/> = 100% × * Summer Salary \$ <input type="text" value="2,560.00"/>					
<input checked="" type="checkbox"/> Plan Meals <input checked="" type="checkbox"/> Point of service meal counts <input checked="" type="checkbox"/> Meal clean up <input type="checkbox"/> Grocery Shopping <input checked="" type="checkbox"/> Prepare meals <input type="checkbox"/> Supervise meal service <input type="checkbox"/> Complete meal production records <input checked="" type="checkbox"/> Serve meals <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>					

4. After all Staff members have been entered on the budget click the “calc” button

Food Service for Site(s)

Q5-9 Complete questions 5 – 9 by indicating how much you perceive you will spend on the items listed below for the program duration. If items are going to be paid for by a third party source, or not paid for by the SFSP indicate the amount in column B “non SFSP funds” being spent on that item.

Q8- this will automatically populate when you click the “calc” button from the operational Salaries listed above

Food Service for Site(s)		(A)	(B)	(C)
Budget Line Items		SFSP Funds	Non SFSP Funds	Annual Budget
Any costs that are to be included in determining the required non-profit food service must be listed in the following budget. This budget should list costs and funding anticipated for the entire year.				
5.	Food Purchases	<input type="text" value="15000"/>	<input type="text" value="0.00"/>	15,000.00
6.	Nonfood Supplies (e.g., napkins, soap, disposable plates, etc.)	<input type="text" value="6000"/>	<input type="text" value="0.00"/>	6,000.00
7.	Food Contracts (e.g., vendor, school, hospital)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.00
8.	Operational Salaries	<input type="text" value="2,560.00"/>	<input type="text" value="0.00"/>	2,560.00
9.	Other (specify) <input style="width: 150px;" type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.00
10.	Total Food Service Expenses	23,560.00	0.00	23,560.00

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Administrative Expenses

Q11-15 complete questions 11-15 by indicating how much of each item will be paid for from SFSP funds (column A) or Non-SFSP Funds (column B)

Q13 - Use the mileage calculator by estimating the total miles that will be driven and multiplying it by what your sponsor reimburses for mileage total. Q 13 must match Q12

Q14 - Administrative salaries will auto populate after clicking the “calc” button

Administrative Expenses			
Budget Line Items	(A) SFSP Funds	(B) Non SFSP Funds	(C) Annual Budget
11. Printing/Copying	150	200	350.00
12. Mileage (SFSP monitoring/other Pgm duties)	80	4	84.00
13. Miles <input type="text" value="150"/> X Per mile <input type="text" value=".56"/> This is a per mile rate not a per gallon rate. (total transportation cost) = 84.00			
14. Administrative Salaries	12,000.00	0.00	12,000.00
15. Other (specify) <input type="text"/>	0.00	0.00	0.00
16. Total Administrative Expenses	12,230.00	204.00	12,434.00

Q17- Total Program Costs, clicking the “calc” button will refresh the budget line items for total program costs

Budget Line Items	(A) SFSP Funds	(B) Non SFSP Funds	(C) Annual Budget
17. TOTAL PROGRAM COSTS	35,790.00	204.00	35,994.00

Financial Viability Determination

A-C- The total estimated Annual budget in Q17 should be less than the Anticipated SFSP Revenue in Q2 and Q3.

Q18 - certify that the information above is accurate to the best of your knowledge. Click “Save” to complete. You will be notified if there are any errors.


**Tip: hit 'save' frequently so as not to lose information submitted*









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III. Complete Site Information Sheets

Site information Sheets listed under each sponsor are those sites that were operational in 2019. If you wish to deactivate old site(s) or enter new sites in SFSP, you must let us know by completing this [form](#).

Sites can be added after your application has been approved, but all site info sheets listed must be completed by the sponsor or otherwise deactivated before the sponsor can “submit their SFSP application for DOE approval”

On the ‘Applications’ tab of the Sponsor Summary Screen, click on the  icon for Site Information Sheet and answer all the questions.

Number	Name	Revision	Status	Date Approved	Action
Piscataquis County					
	Sponsor Information Sheet	0	Pending Submission		 
	Sponsor Budget	0			
Site Information Sheet(s)					
S591-1	Center Theater Drama Camp				
S591-2	Dover-Foxcroft YMCA				
S591-3	Guildford Rec Program				
S591-4	Piscataquis Community Secondary Sch				
956	Se Do Mo Cha Elementary School				

Street Address:

Q1-5 - Enter the street address for the site (location meals are served)

Site Supervisor

Q6-8 - list the personal responsible for the meals at this site

General Information

Q9 - Rural or Urban –

The site is considered “Urban” if it is in: Penobscot, Sagadahoc, Androscoggin, Cumberland, or York Counties.

Otherwise, the site is considered “Rural”

<https://www.fns.usda.gov/sfsp/rural-designation>

Q10 - Site Location type – Click all that apply or indicate “other”

Q1 1- Site Classification type: (select one)

- **Open** - meals are available to any child who comes to the site, if you are an open site you must use area eligibility such as school data or census to qualify

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- **Restricted Open-** Meals are available to any child, but you have a limited capacity due to physical space or other restrictions, you serve on a first come first serve basis. Restricted open sites use area eligibility the same as Open sites.
- **Closed Enrolled** - sites-meals are provided to an identified group of children in enrolled programming to qualify closed enrolled sites either F/R status in known about the children and together they are over 50% F/r or the enrolled program is serving children in a community that qualifies through area eligibility (school or census tract)
- **Residential Camp (Over Night) and Non-Residential** - Camps are sites that offer regularly scheduled food service along with organized activities for enrolled residential or day campers. Unlike open and restricted-open sites, sponsors of both residential and nonresidential camps do not establish area eligibility. However, they must collect and maintain individual income eligibility applications. Camps are reimbursed only for those enrolled children who meet the F/RP meals eligibility standards.

Q12 - Site Eligibility Type: (Select one)

- **Camp/upward bound**-enter the estimated total number of children attending the camp and then the estimated number of children the qualify for F/R meals
- **Area eligibility:**
 - **School data** - Select "October Survey" and enter the school site ID and click "save". The site sheet will then auto populate with the schools F/R % from the October Survey (ED534)
 - **Census** - enter the track or block number and then the F/R %.
Census information can be found here <https://www.fns.usda.gov/area-eligibility>
 - **Census averaging** - please have MDOECN assist you with census averaging
 - **Special Eligibility Certification** - if the site has qualified using traditional methods (Census/School data) in the last 5 years (since 2018) indicate the year it last qualified and how
example: SY19 School data "Smith School" 60%
- **Not Area Eligible:**
 - **Closed Enrolled-** If the site is not using area eligibility (School or census data), enter projected enrollment at the site and projected number of children who qualify for F/R meals
 - **Migrant** organizations enter the number total children and children that have migrant status

Q13- Describe the area and population to be served.

Q14-18 Indicate yes or no

Q19 - Enter the first day and the last day meals will be served at this location

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Q20 - Indicate the number of days in each month you will be providing meals. For example, if you are serving 3 days (M,W,F) a week in July, your total serving days for July is 13. Operating days should be correctly reflected in your claim.

Q22-26

- In the drop down next to the meal type indicate if this meal is “S” self -prep (made in house) or “V” vended (purchased by the Sponsor from another entity
- Indicate if this meal uses offer vs serve or served as a complete unitized meal
- Select the Begin time and End Time of meal service
- Indicate the days of the week that the meal is being provided (the first check box selects all weekdays)
- Estimate the attendance or number of children you will serve
- Enter your CAP or the maximum number you are capable of serving (*you will not be able to claim over this number for that meal in a day*)

	Meal Type S = Self-Prep V = Vended	Offer vs Serve	Begin Time	End Time	Days Meals Served							Estimated Attendance	Est. # Eligible (Camps Only)	CAP	
					M	T	W	T	F	S	S				
22.	Breakfast	S <input type="text" value="S"/>	<input checked="" type="checkbox"/>	07:30 AM	07:30 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	0	500
23.	AM Snack	<input type="text" value=""/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
24.	Lunch	<input type="text" value=""/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
25.	PM Snack	<input type="text" value=""/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
26.	Supper	<input type="text" value=""/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0

Q28-29 - answer yes or no

Q30 - Enter the number of Staff that are supervising the service

Q31 - For camps, enter the number of camp sessions and a summary of the camp schedule to verify that activities for children are provided between meal service.

Q32 – For outdoor sites, describe the procedure if weather is unfavorable. Alternative site information is not required.

Q33 - Certify that the information has been completed to the best of your knowledge

If there are **Errors** on the form that must be corrected, you will see an error message. Hit ‘Continue’ to keep editing.

When all errors are corrected, the Site Information Sheet will be in a status of ‘Pending Submission’. You may ‘Exit Page’ to return to the Sponsor Summary page.

Complete the site information sheets for all sites listed

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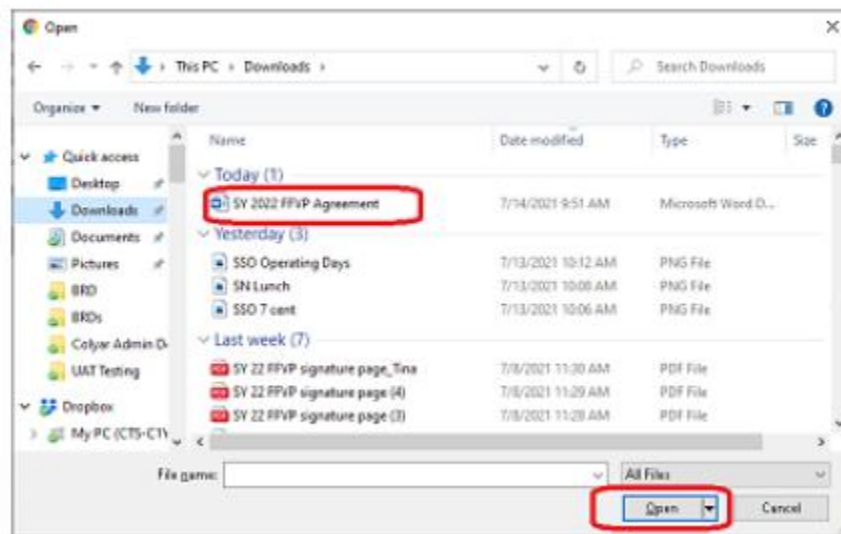
IV. Completing Checklist Documents

Once the Sponsor Application and Site Information Sheet(s) are in 'Pending Submission' status, click on the 'Checklist' tab and upload the required documents with a red checkmark.

Piscataquis County					
Item	Required	On-Line Forms	Description	Count/Date	Status
1.	<input checked="" type="checkbox"/>		Sponsor Information Sheet		Pending Submission
2.	<input checked="" type="checkbox"/>		Sponsor Budget Form		Incomplete
3.	<input checked="" type="checkbox"/>		Site Information Sheets	1 of 5	Incomplete

Item	Required	On-Line Forms	Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.	<input checked="" type="checkbox"/>		Agreement For Summer Food Service Program					

- The answers provided on the Sponsor and State Information Sheets have triggered document requirements on this Checklist Tab. Look for red checkmarks to see what is required.
- Forms provided by MEDOE that require you to fill out have a PDF icon. Click on the PDF icon to download the form. You will need to print, fill out and scan and save to your computer.
- To upload the completed document, click on the blue upload icon on the far right.
- Use the Open File dialog window to find the document you need to upload, click the document name once, and click the 'Open' button.



- Required documents must be completed and uploaded. Do not use the "Enter Dates for Off-Line Forms" button

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V. Submitting Packet to MEDOE for approval

- Once all forms on the Application tab are in Pending Submission status and all the required documents have been uploaded on the Checklist Tab, a blue button will appear at the bottom left of the screen that says, “Submit all forms to the State for Approval”. Click this button.

Sponsor Summary Acton Public Schools (2)

Checklist | Applications | Forms | Claims | Payments | Users

Assigned Specialist: No specialist currently assigned York County

Item	Required	On-Line Forms Description	Count/Date	Status
1.	<input checked="" type="checkbox"/>	Sponsor Information Sheet		Pending Submission
2.	<input checked="" type="checkbox"/>	Site Information Sheet(s)	1 of 1	Pending Submission

Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.	<input checked="" type="checkbox"/>	Agreement of Child Nutrition Program	2	7/14/2021	7/14/2021		
2.	<input checked="" type="checkbox"/>	Policy Statement for free and reduced price benefits	2	7/14/2021	7/14/2021		
3.		Agreement to Participate in CEP	2				
4.		Agreement to Participate in Provision I	2				
5.	<input checked="" type="checkbox"/>	Attestation of compliance with meal pattern requirements	5	7/14/2021	7/14/2021		
6.		Free & Reduced Price Meal Application and Household Letter					
7.		Free Eligibility Notification Letter					
8.		FFVP Annual Agreement	1				
9.		Reduced-price Eligibility Notification Letter					
10.		Denied Eligibility Notification Letter					
11.		Direct Certification Eligibility notification letter					
12.		Paid Lunch Equity (PLE) Tool	1				
13.		FSMC Contract/Renewal Agreement					

Enter Dates for Off-Line Forms

Submit all forms to the State for Approval

- The Sponsor Application will now be in a status of ‘pending approval’ and is ready for MDOECN.
- After MDOECN approves the application packet, it will be in a status of ‘approved’.

*Tip: Check the status of the application regularly until it is in a status of ‘approved’