

Summer Food Service Program Application Instructions

Contact Person: First Name/Last Name: Enter the first and last name of the person responsible for communication between the State Agency and the Sponsoring Organization. This person should be part of the day-to-day administration of the program.

Fax Number: Enter the fax number (including Area Code) if applicable. Do not enter any hyphens (ex. 2075551212)

E-Mail Address: Enter the year-round e-mail address of the Contact Person.

Sponsor Manager Email: Sponsor Email

Please make sure all contact information stays current.

Does Sponsor Claim Non-profit Status?: Answer “YES” if the Sponsoring Organization is recognized by the Internal Revenue Service as a 501(c)3 private, non-profit entity.

Did the Sponsor Participate Last Year? If the Sponsoring Organization participated in the Summer Food Service Program (SFSP) last year, answer this question “YES”.

Does the Sponsor Provide an On-going Year-round Service to the Community? This question refers to other programs/activities/services not related to the SFSP that the sponsor operates throughout the year. For most sponsors the answer to this question is “YES”. Although it is preferred, this is not a requirement.

Does Sponsor Receive Funding from other Federal Programs? If the sponsor receives funds or other assistance from any other federal programs, enter “YES” in the appropriate box(es). Please be aware that the sponsor cannot receive funds for meals served under the SFSP when it simultaneously participates in any other federally funded program.

Date of SFSP Training (MM/DD/YYYY): This date is the planned training to be conducted by the sponsor to site personnel that occurs before meal service begins. All site personnel must be trained. There must be documentation of the agenda used and those attending. A sample checklist for use in training is in the SFSP Administration Guide. Please do not reference the date of the training the sponsor attended with the Maine DOE as this question refers to training conducted by the sponsor to staff.

June, July, or August Advance: Advance payments are provided to help the sponsor operate the SFSP. The sponsor must plan to operate a meal service for at least 10 days of any particular month, certify that all staff are trained on program requirements and have a signed Agreement

with the State Agency.

Will the Sponsor be Contracting with a Food Service Management Company (FSMC)? In Maine, the sponsor answers “YES” to this question if they have an ongoing relationship to a FSMC who is already preparing meals for the sponsoring organization. In this case the existing contract between the company and the sponsor is usually sufficient for SFSP needs if it is modified to include SFSP meal requirements. Some examples in this category include NYSP and Upward Bound programs. Please call the State Agency if you have further questions.

Will the Sponsor be using School Kitchen Facilities? Enter “YES” if you are using school kitchen facilities, other than your own.

Has the State Division of Health Engineering (Health Inspection Program under Department of Health and Human Services), been notified of your intention to operate? Enter “YES” if the kitchen where you will be making the meals for the SFSP currently has an official License to Operate. If you do not have a license to operate a food service, please contact DHHS at (207) 287-5338 to notify them of your intent to operate.

Did any of the personnel work for another SFSP or FSMC? Enter “YES” if any personnel worked for a SFSP under another sponsor, or if they worked for a FSMC which provided meals to another sponsor of the SFSP.

Name of Person Authorized To. . . .: Enter the name of the person(s) holding the positions listed and responsible for performing the functions listed.

Will you receive income from funding sources other than the USDA to help finance the SFSP? If “YES”, please provide the source(s) of the income and the amount of the funding in the boxes indicated. The funding source refers to all federal, state and local funds, not just SFSP funds. The total yearly expenditures from each source must be listed.

PROJECTED OPERATIONAL AND ADMINISTRATIVE SALARIES

Title of Position and Number of Persons

Evaluate your proposed program and estimate the types of positions and number of persons needed to operate and administer the program. Each sponsor’s staffing needs will differ based on the size of the program, the location, the type of meals served, the food preparation facilities, the skills of the available personnel, and the site(s) served. The SFSP Administration Guide has more information on staffing patterns.

The titles offered here are generic in nature. If the appropriate title for a position is not listed, substitute one of these, or use the “Other” selection.

Hours Per Day on SFSP

Enter the average number of hours worked each day for each position.

Projected Salary

Enter the salary amount the staff member will make for the duration of the Summer Food Service.

Total Salary for the Program The system will provide the “Total Salary for the Program” by adding the Projected Salary column.

Estimated Operational Salaries

Title of Position	Number of Persons	Hours per day on SFSP	Salary per Hour	Number of Days	Total Salary
Cook					
Cook Assistants					
Site Supervisor					

Estimated Administrative Salaries

<i>Title of Position</i>	Number of Persons	Hours per day on SFSP	Salary per Hour	Number of Days	Total Salary
<i>Director</i>					
<i>Coordinator</i>					
<i>Monitor</i>					
<i>Recordkeeper</i>					

If you will be working with a flat salary for the entire summer, the following is a formula to calculate the numbers needed to complete this part of the Application correctly. FOR EXAMPLE: The Head Cook is budgeted to receive \$5000 over the summer for 60 days.

1. Divide the Total Salary by the Total Number of Days Worked.

$$5000 \div 60 = 83.33$$

2. Divide the result by the number of hours worked each day.

$$83.33 \div 8 = 10.42$$

3. The Head Cook is receiving \$ 10.42 per hour.
4. Enter these numbers in the appropriate places on the Application (Projected Operational Salaries).

PROJECTED OPERATIONAL AND ADMINISTRATIVE COSTS

After estimating the 2018 budget (see “Sample Budget Worksheet” on the next page) you will be able to determine the estimated figures for Operational and Administrative Costs. Not every program will need to budget costs for all the listed categories and some programs will have other costs not listed. For a detailed look at allowable program costs, please consult FNS Instruction 796-4 “Financial Management – Summer Food Service Program for Children” which is available from the State Agency.

Enter the estimated cost of each category for the entire program. **Do not use dollar signs or commas when completing this section. Also, if you are not including a certain category in your costs, enter “0” in that box.**

The amounts entered here will automatically roll forward and be listed as “Total Projected Costs” on the final copy of the Application.

PROJECTED SFSP BUDGET WORKSHEET 2018

ESTIMATED PROGRAM ATTENDANCE

(a) Projected ADA	(b) Number of Days of Meal Service	(c) Total Meals served During Summer
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TOTAL OPERATIONAL FUNDS = \$ _____ .00

ESTIMATED PROGRAM ADMINISTRATIVE FUNDS

Total Meals Served (from (c) above)	Administrative Reimbursement Rate			Administrative Program Funds Available
		Rural or Self- Prep Sites	All Other Types of Sites	
1. Breakfast _____	X	2018 rate	or 2018 rate	= \$ _____ .00
2. Lunch _____	X	2018 rate	or 2018 rate	= \$ _____ .00
3. Supper _____	X	2018 rate	or 2018 rate	= \$ _____ .00
4. Snack _____	X	2018 rate	or 2018 rate	= \$ _____ .00
TOTAL ADMINISTRATIVE FUNDS				= \$ _____ .00

Please note that the budget must be used as a guide when planning and staffing.