Child Nutrition
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Summer Food Service Program 2019

Agenda

- An introduction to the Summer Food Service Program
- Roles and responsibilities for program administrators
- First Steps
- Your Budget
- Qualifying sites
- Claim Reporting
- Menu Activity
- Food Safety
- Meal counting
- Increasing Participation

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Our Umbrella

USDA

↓

Maine DOE, Child Nutrition

↓

Non-profit Sponsors

↓

Meal Sites

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Sponsor Roles

Sponsors:

- Accept an agreement with Department of Education, Child Nutrition.
- Oversee personnel / volunteers & make sure the site(s) operate within compliance.
- Prepare the meals / or find a vender
- File reimbursement claims

Sponsors are typically school districts, local governments, camps, or other non-profits.

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Sites

Sites

Locations where meals are served and consumed. Sponsors can operate multiple sites, each site will have it's own information sheet.

Examples of sites:

Schools
Parks/ Playgrounds
Housing complexes

Libraries

- Any location that meals are provided must be pre-approved – field trips are an exception.

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First Steps as a Sponsor - NEO

Responsibilities of Sponsors and Legal Agents	
Sponsor	**Legal Agent**
Reviews Summer Food Service Agreement	Approves the program Agreement
Files Summer Food Application	Approves Summer Food Application
Adds Site Address	
Files Site Information Sheet	Approves Site Info Sheet
Uploads Supporting Application Documentation	
Files for Advance	
Files Claim	Approves Claim

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First Steps NEO

1. To gain access to NEO you will have to email

Nanci Stitt-Kittredge nanci.kittredge@maine.gov
Phone: 207 624 6877

- Separate User Names and Passwords are needed for those who are submitting the claim (Sponsors) and those approving the claim (Legal Agents)
- If you are both the Sponsor and the Legal Agent you will need two separate Email addresses

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NEO

When Emailing Nanci as a New Summer Sponsor let her know:

- Sponsoring Organization
- Your vender code- *if you don't have one you can request one.*
- Legal/Physical address
- A Summer and Winter Phone number you can be reached.
- Email address you wish to use

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First Steps as a New Sponsor

- Nanci will provide user names and passwords into NEO – the claiming system for Maine DOE programs.
  - If you are already in to as a school, Nanci will add the summer food module to your Nutrition Page

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Steps before You Can Serve Meals!

2. After access to NEO had been provided, the Legal Agent can accept the Program Agreement in NEO

3. When the Agreement is accepted the Sponsor can then fill out the Application (Filled out by June 10)

4.Create Site information sheets for each location serving meals

5.Submit a Media Release

6. Complete training to all staff and volunteers don't forget to document!

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Steps During Operations

7. Complete the Pre- Approval Form for all sites that have never operated before.

8. Complete the First Week Visit Form and the Racial and Ethnic Data Collection Form. During the first week of operation.

9. Complete the 4 Week Visit Form, in the 4th week of operation.

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New Sponsor Daily Tasks

10. Collect meal counts daily using the Tic Sheet

11. Document the food you have served, and save cost documentation.

12. Record temperatures

13. Consolidate your meal counts by month on a Meal Count Consolidation Form

14. File a claim for reimbursement by the 8th of Each Month.

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The Application

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NEO

Applications must be submitted by June 10th and approved by Maine DOE by June 15th

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Your Budget

Let’s plan your potential reimbursement for 2019.

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2019 Reimbursement Rates

	Rural or Self Prep Sites	All Other Types of Sites
BREAKFAST	**2.2975**	**2.255**
LUNCH or SUPPER	**4.0325**	**3.9675**
SNACK	**0.9525**	**0.9325**

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What's Your Budget?
Meals and Reimbursement

Number of Meals Served in a Day:

20 Breakfasts
30 Lunches

Breakfast: 20 X $2.2975 = $45.95

Lunch: 35 X $4.0325 = $141.13

You served/operated 10 days out of the month

Breakfast = $459.5

Lunch = $1,411.3

Ask:

- What is your average daily participation?
- What meal are you serving? Breakfast/Lunch/Snack
- How many days are you serving in the month?

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What's Your Budget ?

If you were to increase to 14 serving days

Your breakfast reimbursement would increase from $459.50 to $643.30

Your Lunch would increase from $1,411.30 to $1,975.68

Outreach is important!

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Common Expenses

- Staffing
- Food
- Transportation
- Start-up costs- one time purchases:
  coolers, food warmers, equipment
- Marketing
- Other:
  paper goods, utensils, waste disposal

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Site Information Sheet

Maine.gov

Logged on as kaitlin.fayle@maine.gov | Logoff

Maine DOE Nutrition

From Maine Department of Education

Dashboard | USDA | Reimbursement | Summer Food | Reports Dashboard

Summer Food - Site Information Sheet
RSU 09 - 2019

Sponsor Name : RSU 09
Meal Service Site : Please Select Site
Site Street Address : ,
City, State, Zip : ,
Site Phone# :
Site Supervisor :
First Name :
Last Name :

Beginning Date of Meal Service :
Ending Date of Meal Service :

Number of Meals Serving Days :

May : June : July : August : September : Other :

Total Meal Service Days :

Site Type : Please Select SiteType

If this site is a Camp, Please list Camp Schedule, All other sites please list all non operating Holidays below :

Maximum Number of Meals:

Maximum Capacity | Expected | Est. Number of Eligible

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Site Types

- Open
- Open Restricted
- Closed Enrolled
- Camps
- For–Profit
- Migrant

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Site Type

Open Sites

- Open to everyone, or the community at large
- Based on need of the area where over 50% considered low income
- Outdoors or indoors

Open Sites are qualified by:
- School Data
- Census Data

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Site Type

<u>Open Restricted Sites</u>

Open to the community but has restricted capacity due to:

- Space
- Security
- Safety
- Control

Open Restricted Sites are qualified by
- School Data
- Census Data

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Site Eligibility

The Magic number is 50!

- Sites must have over 50 percent of the participants qualify as low-income.
- We can find out if a site qualifies by looking at:
  - Local school data
  - Census track information
  - Income eligibility applications

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Websites For Area Eligibility

- FRAC Food Research Action Center
  -Displays eligibility by census block and group
- USDA Area Eligibility
  -Displays census data
- USDA Capacity Builder Tool
  - Allows for the visual of area eligibility, existing sites and potential sites among other map layers

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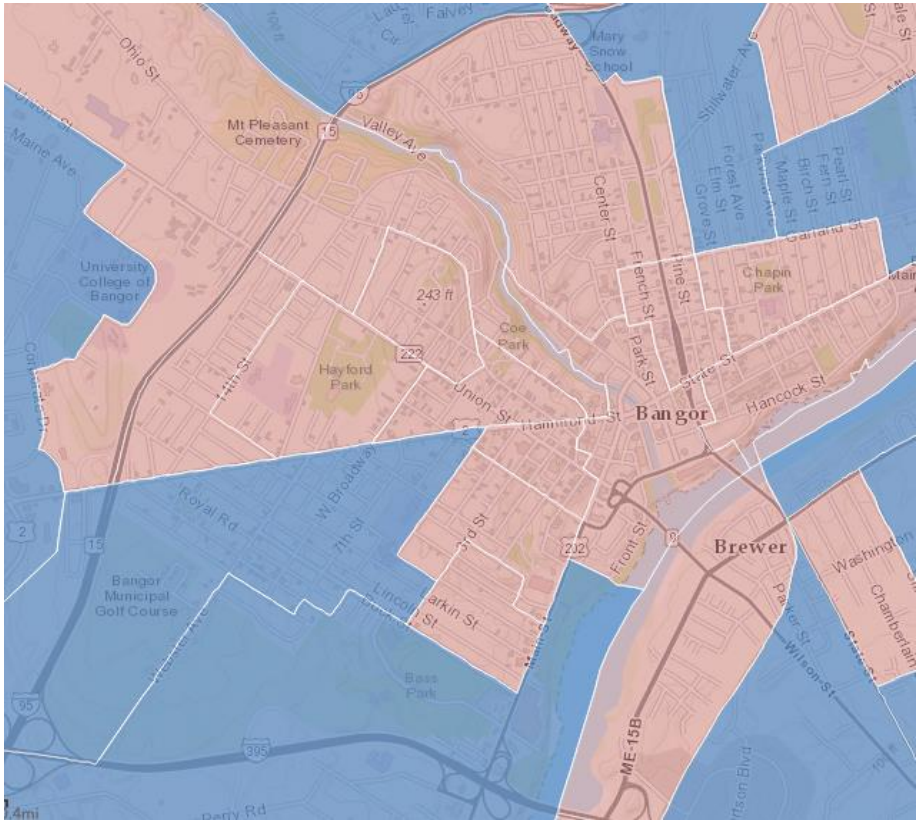
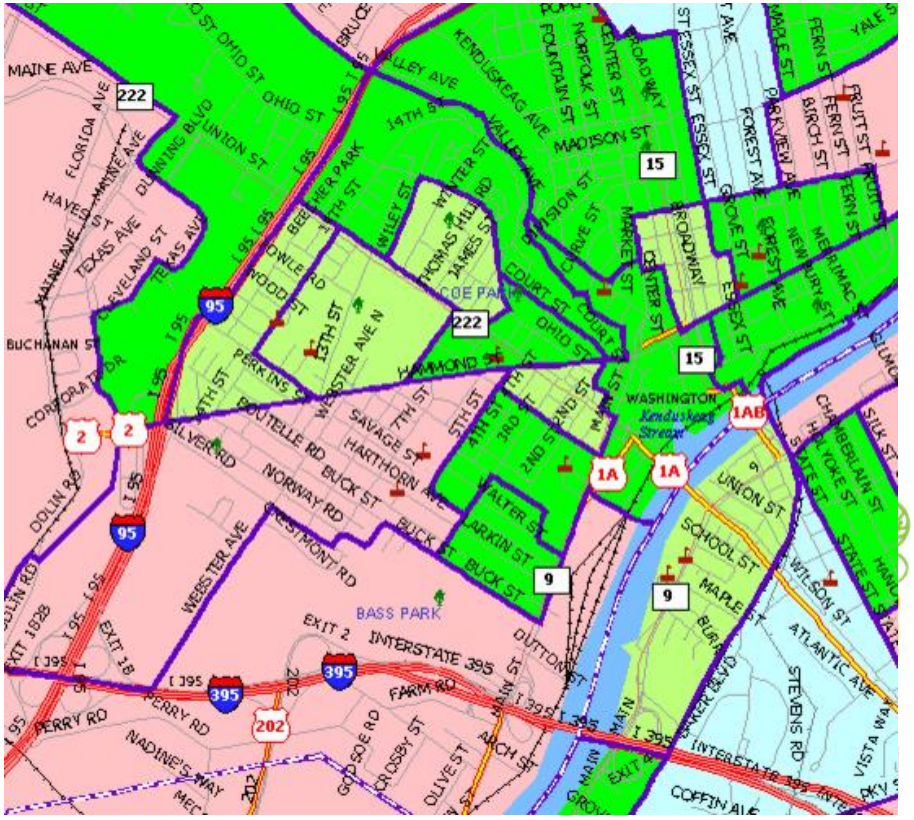
Eligibility Maps of Bangor

USDA Area Eligibility Map



FRAC Map



Site Type

Closed Enrolled Sites

- Only serve a group of children that are identified as low-income and is **not** open to the community at large.
  - Reimbursement provided for all children in attendance when at least 50% are eligible for free or reduced priced meals

Closed Enrolled Sites are Qualified by:
Income Eligibility Applications

Example:

- Programming at community centers or boys and girls clubs located in an area that doesn't qualify.

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Site Type

Camps

- Residential camps must offer continuous programing between meals if the are claiming 3 meals per day.
- Reimbursement is **<u>only</u>** for children who qualify for free or reduced price meals.

Reimbursement is only available for children eligible for free or reduced price meals, using the income eligibility applications.

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Site Eligibility and Type

Migrant Sites

- Operate like area-eligible open or restricted open sites
- Are reimbursed for meals served to all attending children
- May serve 3 meals

Migrant site eligibility based upon migrant status given by the migrant organization.

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Site Type

For-Profit

State agencies may approve meal service sites that are **not** identified as non-profit location if the site:

- Operates under a non-profit 501c
- Operates as open sites or restricted open site (open to the community)
- Serve meals at no charge

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Site Type

Tribal Governments

- Must have a nonprofit status
- The use of school data is not permitted for non school sites to determine eligibility
- Census data must be used in place of school data

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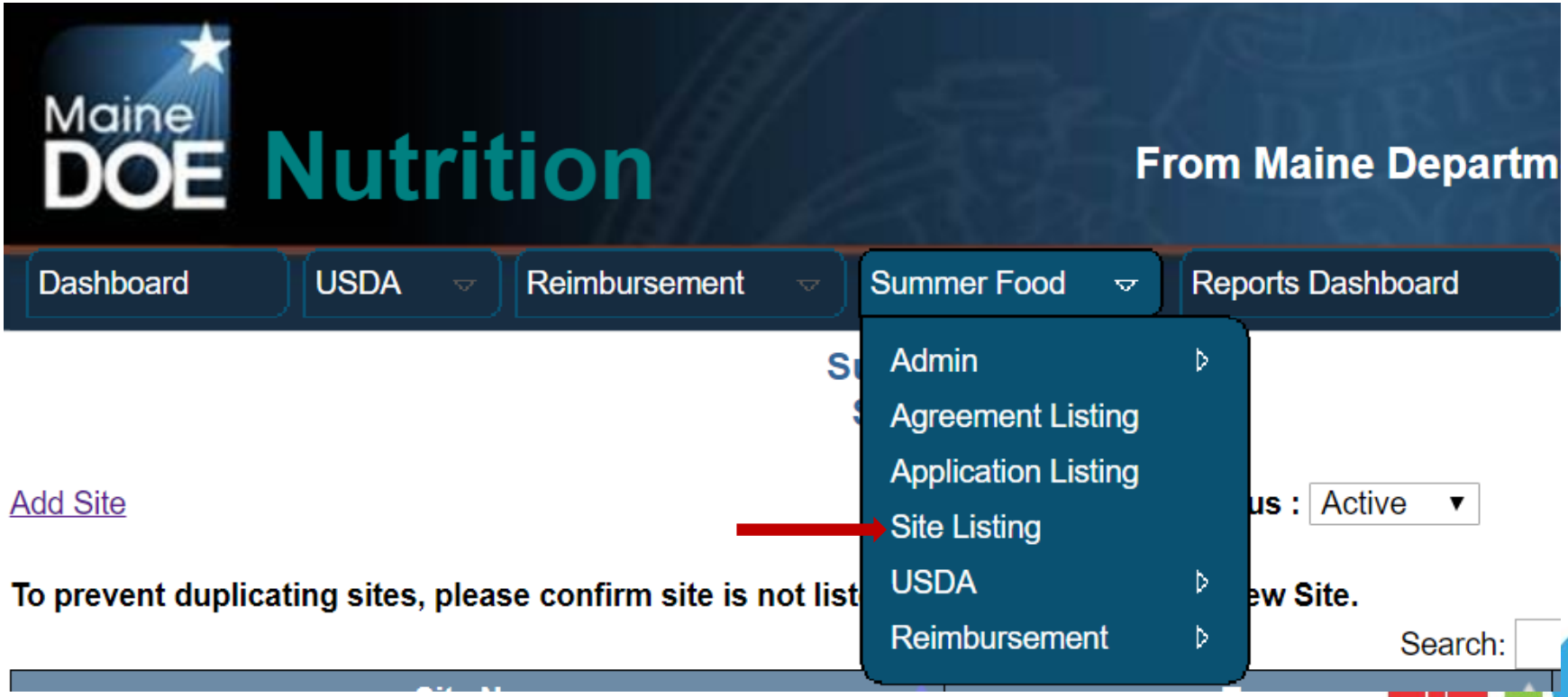
To Create a New Site



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To Create a New Site

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To Create a New Site, under Site Listing

Maine DOE Nutrition

From M

Dashboard | USDA | Reimbursement | Summer Food | Reports Dashboard

Summer Food
Add Site

** Use "Select Site" drop down to select a site. If site is not listed in drop down then enter site information below.

Select Site

* - Required Fields

Physical Address

Site Name: *

Address Line 1: *

Address Line 2:

Town: * Select

Zip: * Select

State: ME

Save Cancel

To Create a New Site

- After an address has been created for a site with the Site Listing Tab, a Site Info Sheet can then be created.

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Claim Reporting

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Reporting on your Claim

Actual Operations Cash Disbursements :

Food	$ 0.00
Non Food Supplies	$ 0.00
Kitchen/ Site Labor	$ 0.00
Meal Delivery	$ 0.00
Utilities	$ 0.00
Rental (Kitchen, Truck, Equipment)	$ 0.00
Other	$ 0.00

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Claim Reporting

Actual Administrative Cash Disbursements :

Administrative Salaries	$ 0.00
Office Supplies/Copying	$ 0.00
Telephone / Postage	$ 0.00
Transportation	$ 0.00
Audit Fees	$ 0.00
Other	$ 0.00

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Claim Reporting

Misc :

Summer Subsidy Rcvd	$ 0.00
Other Income*	$ 0.00
Starting Food Inventory	$ 0.00
Starting Non Food Inventory	$ 0.00
Ending Food Inventory	$ 0.00
Ending Non Food Inventory	$ 0.00

* Income (Grants, Adult Meals, Donations etc)

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Claim Reporting Continued

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Claim Reporting /Administrative Costs

Administrative Labor:

-Site supervisors

-Clerical support

Labor includes those who are involved in preparation, delivery, service of meals & clean-up record keeping, and direct supervision of children.

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Claim Reporting / Transportation

Transportation can only be claimed for:

- Meals being delivered to children.
- Transporting children to the meal service sites.

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Claim Reporting /Non-Food Supplies

Examples of “non-food supplies”

- Plastic Utensils
- Cleaning Supplies
- Paper Goods
- Waste Disposal

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Claim Reporting /Other Direct Operational Costs

- Other potential costs could include the rental of food service preparation and dining facilities
- Equipment for:
  - Storage
  - Preparation
  - Service
  - Transportation

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Claim Reporting /Program Income

Any other income from the program, besides reimbursement:

- Includes money for adults meals (if you charge adults)
- Donations, monetary or food (estimate food donation amount)
- Grants/Mini-Grants

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NEO Introduction

Welcome!

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NEO

Site Information Sheets:

to add a site that was previously in operation

Go to NEO, then "Summer Food" ➡ Application Listing ➡ View Summary ➡ In your Annual Application Packet ➡ New Site Info Sheet"

- Select from a list of already approved site locations.

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NEO

To add a brand new site:
For all non school sites, contact Adriane, Kate, or Nanci to see if it qualifies first!

Then create a new site by going to:

Summer Food ➡ Site Listing ➡ Add New site

Once a new site is added, go back to the Application page and fill out a site info sheet

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NEO

Site Info Sheets- let us know what your site operations will look like.

Make sure:

- The number of operating days is correct.
- The dates and times are correct for when service, you must only serve in the time slot reported on the Site Info Sheet, Otherwise the meals will not be reimbursable.

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NEO

Claims

- File the claim by the 8th of each month

Example: file your June claim on by July 8th
To file a claim go to:

Summer Food Listing → Reimbursement → Claim

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NEO

Claims:

You may combine 2 months of operating into one claim as long as the additional month is under 10 operating days.

- You may not combine 3 months into one claim no matter how many days

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Claims

- PLEASE be careful to select the correct month when filing.
  Example you will be filing in July for the June claim – select the June

- Make sure to “submit”, “save” is not submit- then the legal agent can approve the claim.

Legal agent must “approve” or the claim will not be paid.

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CN Label

CN Label

A CN Label Example:

CN

CN This 3.00 oz serving of raw beef patty provides when Cooked 2.00 oz equivalent meat for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement Authorized by the Food and Nutrition Service, USDA 05-84.) 000000 CN

CN

How do you identify a CN label?

A CN label will always contain the following:

- The CN logo, which is a distinct border;
- A 6-digit product identification number;
- USDA/FNS authorization; and
- The month and year of approval.

Source – Alaska Department of Education

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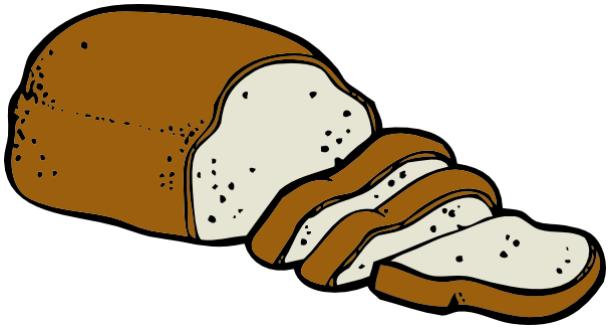
Menu Activity



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Summer Food Safety

Source: Centers for Disease Control and Prevention

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ICN Summer Food Safety Kit

- *Summer Meals Food Safety Training Guide*
- Visual Posters
  - *How to Properly Wash Your Hands*
  - *How to Properly Use Disposable Gloves*
  - *Food Safety Tips*
- Hot and cold temperature magnets
- Food thermometer
- Pen with food safety message
- Instructions for the kit
- All packaged together in a water resistant pouch

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Hand Washing

- Takes approx. 20 seconds.
- Wash hands between tasks and when getting more product.
  - Sanitizer Solution is not acceptable
- Use clean disposable towels to dry hands.
- Use “Single Use Disposable Gloves”
  - Gloves come off, they go in the trash.

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Temperatures

Take and record Temperatures

- Temperature of: Cooler, Freezer, Milk Cooler, and Dish Machine.
- Temperatures of Potentially Hazardous Foods.
- Temperature of items on the holding/steam table.

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Transporting Meals

- Food kept at proper temperature.
- How long is food held prior to serving.
- Milk?
- Transporting hot items?

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Field Trips

- Proper Storage, cold meals are easier
  - Cooler, ice chest.
  - Ice packs, various types.
  - Thermometer.

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Leftovers

Food items served to the customers however not consumed are not allowed to be returned to the kitchen for use or service later.

Unserved Items are allowed to be reserved.

Customers may share uneaten foods.

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Personal Hygiene

- Clean clothes every day.
- No jewelry on hand or arms except a plain rings such as a wedding band is allowed.
- Hair restraints, to include beards.
- No fake nails or nail polish.

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Deliveries

- Are you able to check in your food deliveries
- Do you check product for quality
- Is product stored properly?

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Meal Counts

- PLEASE – have a tic mark representing every child who ate! *Not just one number circled on the tic sheet.*
- At the end of each month, record your tic sheets on the consolidated meal count form, this can be done in excel!

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What is wrong with this?

Site Name: Loon Pond Meal Type (circle): B (L) SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: 11:00 Date: ___/___/___

Meals received/prepared 10 + Meals available from previous day 0 = 10 (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + 10 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 **Total Second Meals +** Ø [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** Ø [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals +** 5 [5]

TOTAL MEALS SERVED = 10 [6]

Total damaged/incomplete/other non-reimbursable meals + Ø [7]

Total leftover meals + Ø [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to Item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date 7/10/17

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Site Name: Loon Pond Meal Type (circle): B (L) SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: 11:00 Date: ___/___/___

Meals received/prepared 10 + Meals available from previous day 0 = 10 (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + 10 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 **Total Second Meals +** Ø [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** Ø [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals +** 5 [5]

TOTAL MEALS SERVED + 10 [6]

Total damaged/incomplete/other non-reimbursable meals + Ø [7]

Total leftover meals + Ø [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date 7/10/17

Date of Service ≠ Date of Signature

Tick marks were <u>not</u> given for each child getting a meal

Adults were counted as reimbursable meals

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What is wrong with this?

Site Name: Lao Park Meal Type (circle): B L SN SU

Address: Telephone:

Supervisor's Name: Delivery Time: 11:00 Date: 7/10/17

Meals received/prepared 15 + Meals available from previous day 5 = 20 (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

~~1~~	~~2~~	~~3~~	~~4~~	~~5~~	~~6~~	~~7~~	~~8~~	~~9~~	~~10~~	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Temp 40

Total First Meals + 10 [2]

Second meals served to children:
~~1~~ ~~2~~ ~~3~~ 4 5 6 7 8 9 10 **Total Second Meals +** 3 [3]

Meals served to Program adults:
~~1~~ 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** 1 [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals +** 4 [5]

TOTAL MEALS SERVED = 18 [6]

Total damaged/incomplete/other non-reimbursable meals + 0 [7]

Total leftover meals + 2 [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature Date 7/10/17

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Site Name: Lam Park Meal Type (circle): B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: 11:00 Date: 7/10/17

Meals received/prepared 15 + Meals available from previous day 5 = 20 (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

~~1~~	~~2~~	~~3~~	~~4~~	~~5~~	~~6~~	~~7~~	~~8~~	~~9~~	~~10~~	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Temp 40

Total First Meals + 10 [2]

Second meals served to children:
~~1~~ ~~2~~ ~~3~~ 4 5 6 7 8 9 10 **Total Second Meals +** 3 [3]

Meals served to Program adults:
~~1~~ 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** 1 [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals +** 4 [5]

TOTAL MEALS SERVED = 18 [6]

Total damaged/incomplete/other non-reimbursable meals + 0 [7]

Total leftover meals + 2 [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date 7/10/17

Clarify what type of meal service – *especially if you have more than one type of meal at the site.*

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What is wrong with this?

Site Name: Loon Park Meal Type (circle): B (L) SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: 11:00 Date: 6/22/17

Meals received/prepared 15 + Meals available from previous day Ø = 15 (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

~~1~~	~~2~~	~~3~~	~~4~~	~~5~~	~~6~~	~~7~~	~~8~~	~~9~~	~~10~~	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + 11 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 **Total Second Meals +** Ø [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** Ø [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals +** Ø [5]

TOTAL MEALS SERVED = 11 [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + 4 [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date 6/22/17

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21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + 11 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 **Total Second Meals +** Ø [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** Ø [4]

Meals served to non-Program adults:
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TOTAL MEALS SERVED = 11 [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + 4 [8]

Total of Items: [6] + [7] + [8] = [9]
(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date 6/22/17

Leaving out the ending tic-mark.

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Monthly consolidated meal counts

Take daily consolidated meal counts and consolidate.

SFSP

MEAL COUNT RECORD FOR MONTH OF _____

(For Open Sites)

REQUIRED FORM

Sponsor Name_____ Site Name_____ Site Supervisor_____

Day of Month	*BREAKFAST*				*LUNCH*				*SNACK*			
	Eligible First Meals Served	Eligible Seconds Served	Non-Program Adult Meals Served	Total Adult Meals Served	Eligible First Meals Served	Eligible Seconds Served	Non-Program Adult Meals Served	Total Adults Meals Served	Eligible First Meals Served	Eligible Seconds Served	Non-Program Adults Meals Served	Total Adult Meals Served
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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26												
27												
28												
29												
30												
31												

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Consolidated Meal Counts in Excel

Loon Park	Lunch			
Date	Total Meals	Elegible 1st	2nd Meal Count	
6/16/2018	15	14	1	
6/17/2018	17	16	1	
6/18/2018	13	12		
6/19/2018	6	6		
6/20/2018				
6/21/2018	16	15		
6/22/2018	16	14		
6/23/2018	14	13	1	
6/24/2018	17	17		
6/25/2018				
6/26/2018				
6/27/2018	18	18		
6/28/2018	20	19		
6/29/2018	15	14	1	
6/30/2018	14	12		
Total	**181**	**170**	**4**	

Loon Park	Breakfast		
Date	Total Meals	Elegible 1st	2nd Meal Count
6/16/2018	14	13	
6/17/2018	12	10	1
6/18/2018	10	9	
6/19/2018	8	6	
6/20/2018			
6/21/2018	12	11	
6/22/2018	13	12	
6/23/2018	10	10	
6/24/2018	5	5	
6/25/2018			
6/26/2018			
6/27/2018	10	9	
6/28/2018	14	12	
6/29/2018	13	10	1
6/30/2018	7	6	
Total	**128**	**113**	**2**

Simple addition is the most common finding!

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Serving Seconds

- Serving seconds is an option
- You are only reimbursed for 2% of first meals served
- Document on the monthly consolidated meals sheet
- Some programs will do this on Fridays when leftovers will not last over the weekend

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Adult Meals

- Can sell meals to adults
- Make sure you are charging enough to recoup your costs
- Soliciting funds or fundraising to be able to provide meals to adults is a nice incentive for families to come to your sites

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Leftover Funds

- Can be put towards the next year's Summer Meals Program
- Can be used for other Child Nutrition Programs

If sponsor **ceases** program operation, excess money must be returned to Maine Department of Education Child Nutrition

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Congregate Feeding Requirement

- All meals are consumed on-site

This is for food safety and to ensure the child is the one benefitting from the meal.

- Can take **one** fruit **or** vegetable **or** packaged grain off-site. This is up to sponsor discretion.

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Staff Training

All staff must receive Civil Rights training –(use the Site Supervisor's Guide)

Other training topics might include:

- Handling unauthorized adults trying to eat meals
- Meals being taken off-site
- Food safety and handling
- Trash removal

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Cost Documentation

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Cost Documentation

Program costs are recorded in the Claim under:

- Food
- Labor
- Other

Documentation of costs must be maintained!

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Receipts

Have a standard practice labeling your receipts and invoices!
Food – Labor- Other

Suggestion- highlight items that are unallowable costs on your receipts.

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See back for receipt for your chance to w
7KZFLDRL6W4

Walmart
Save money. Live better.

(207) 454 - 8178
MANAGER JORDAN CODREY
379 SOUTH ST
[redacted] ME 04619
ST# 02178 OP# 004753 TE# 07 TR# 03828
VAL WHET BRD 007021009866 F 9.80 0
10 AT 1 FOR 0.98
GV HAMB BUNS 007874222375 F 16.56 0
12 AT 1 FOR 1.38
GV HD BUNS 007874209728 F
12 AT 1 FOR 1.38
SUBTOTAL 16.56 0
TOTAL 42.92
CASH TEND 42.92
CHANGE DUE 60.00
ITEMS SOLD 34 17.08
TC# 6853 0126 2326 8184 8110
01/07/17 12:40:25
Store receipts on your phone. Walmart p

Weekly Report School Department

Week Ending 9-13-17

Name: Kate Fayle

Position:

DATE	SCHEDULED DUTY Check In Time	SCHEDULED DUTY Check Out Time	NON-SCHEDULED DUTY Check In Time	NON-SCHEDULED DUTY Check Out Time	TOTAL HOURS WORKED
Mon. 9-9-17	5:00	1:00			8 HRS
Tues. 9-10-17	5:00	12:30			7 1/2 HR
Wed. 9-11-17	5:00	12:00			7 HRS
Thurs. 9-12-17	5:00	1:00			8 HRS
Fri. 9-13-17	5:00	12:30			7 1/2 HRS
Sat. 9-14-17	7:00	4:00			9 hrs
Sun. Testing (7.2h		@ 4/5th =			32.40

Total Number of Hours Worked During Week: 47 hrs

All non-scheduled hours must be explained on back of sheet.

Supervisor's Signature

Employee's Signature

47 x 11.00 hr = $517.00 labor

Food 42.92

Documentation of hours claimed under labor.

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Claim Documentation

Item#	Qty	U/M	Brand	Description	Pack	Weight	Price	Sts	Amount	Cost
				*** OILS & SHORTENING CATEGORY TOT	Pieces:	1	$7.88	***		
10486	4	CS	SARA LEE	CROISSANT SLICED WG 2.35OZ	4/12		34.5600		138.24	.7200
33096	1	CS	Aunt Jemima	FRENCH TOAST STICKS WHL GRN	2/5LB		21.2100		21.21	.1326
10895	2	CS	FLOWERS	ROLL BURGER WHOLE GRAIN	10/12CT		25.1100		50.22	.2093
				*** FROZEN CATEGORY TOTAL:	Pieces:	7	$209.67	***		
10642	1	CS	BRAKEBUSH	CHICKEN PATTY WG BRD FC CN	51/3.15 O		31.8900		31.89	.6253
				*** FROZEN POULTRY CATEGORY TOTAL:	Pieces:	1	$31.89	***		
73336	2	CS	KayemFoods	BEEF POT ROAST FRESH	2/8 lb	33.14	4.8500		160.73	.3031
				Weights: 16.90 16.24						
				*** FRESH MEATS CATEGORY TOTAL:	Pieces:	2	$160.73	***		
	2-	CS		73336 ALLOWANCE #15104		33.14-	.1000		3.31-	.0000
				*** FRESH MEATS CATEGORY TOTAL:	Pieces:	2-	$3.31-	***		
9744	1	CS	EASYNAP	NAPKIN KRFT DIXIE ULTRA EASYNA	24/250CT		58.9900		58.99	.0098
11402	2	CS	BROWN BOX	TEASPOON PLST MED WHITE	1/1000CT		8.8300		17.66	.0088
				*** DISPOSABLES CATEGORY TOTAL:	Pieces:	3	$76.65	***		
FREIGH	1	CS	Dennis	FUEL SURCHARGE	1/1		3.8000		3.80	.0000
				*** System Required CATEGORY TOTAL	Pieces:	1	$3.80	***		

food 750.20
NON 80 45

Dry: 9	Refr: 12	Froz: 13	PIR: 0	Total: 34	Subtotal	Tax	Bottle Deposit	Total

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Customer [redacted] Telephone Sales Rep P.O. No. Terms

NET 30 DAYS

Item	Ordered	Shipped	B.O.	Size	Unit	Description	Price	Extension	ST
						**********			
						* DELIVER THROUGH BACK DOOR. USE WALK IN FREEZER AND WALK IN C *			
						* COOLER CALL 796 5131 BEFORE DELIVERY *			
						**********			
						** DRY **			
438147	1	1	1	1000 CT		FRST MRK FORK PLAS MW WHI PP	16.7500	16.75	
268806	1	1	1	25 LB		WEST CRK SUGAR EXTRA FINE GRANULATED	18.5000	18.50	
251635	1	1	2	5 LB		ASSOLUTI+PASTA NOODLE EGG WIDE 1/2"	19.2500	19.25	
438164	1	1	1	1000 CT		FRST MRK SPOON SOUP PLAS MW WHI PP	17.0000	17.00	
264679	1	1	1	16 OZ		ROMA (CINNAMON GRND	5.2500	5.25	
						** REFRIGERATED **			
155682	1	1	50	8 OZ		HOOD MILK SKIM ECO	10.6200	10.62	
234199	2	2	50	8 OZ		HOOD MILK 1% ECO PACK	11.0000	22.00	
315580	14	14	50	8 OZ		HOOD MILK CHOC FF PAPER	10.7300	150.22	
862449	1	1	1	12 CT		PACKER CUCUMBER EURO	25.0600	25.06	
						** FROZEN **			
976006	1	1	96	4 OZ		ARDMORE JUICE GRAPE CUP 100% CTF FZ	20.7500	20.75	
						Promotion Allowance	3.5000-	3.50-	
236187	1	1	2	5 LB		ROMA MEATBALL BEEF .5 OZ FC ITAL F	31.2500	31.25	
993228	1	1	1	20 LB		SLVR SRC VEG BLND 4 WAY IQF GRD B	22.2500	22.25	
276878	1	1	2	5 LB		APPLAUSE CHICKEN BRST NUGGET BRD FC FZ	26.2500	26.25	

CAT#	DESCRIPTION	COST	TAX		QTY	RETAIL	% PROF
1	** DRY **	76.75	.00	76.75	5	.00	.00
2	** REFRIGERATED **	207.90	.00	207.90	18	.00	.00
3	** FROZEN **	97.00	.00	97.00	4	.00	.00
					Total...		27

Tot Wgt: 659.85 Tot Cube: 19 Tax, St: .00 City: .00 Cnty: .00 Othr: .00

ORDER	SHIP	DRY	REFRIG	FROZEN	SUB TOTAL	TAX	DEPOSITS	INVOICE TOTAL	Status Code
27	27	5	18	4	381.65	.00		381.65	O = Out, S = Sub, P = Partial, T = Taxed

/ CUSTOMER SIGNATURE \ X

QTY RECEIVED

/ DRIVER SIGNATURE \ X

QTY DELIVERED | DRIVER COLLECTION—> | CASH AMOUNT | CHECK NO. | CHECK AMOUNT

IMPORTANT: Please check your merchandise before signing. Claims for shortages and damages must be noted by our driver the day of delivery. No credit will be issued on goods returned without authorization from our office. Unauthorized returns will be subject to a 15% handling charge. Delinquent accounts are subject to a service charge of 1½% per month on the unpaid balance. Customer agrees to pay all collection costs and reasonable attorney fees if account is placed with an attorney for collection. Customer agrees to be bound by the terms of our credit application

State Review Process

- You will get a letter notifying you
- Reviews are conducted every three years, however you may be re-visited the following year if there are errors. New sponsors are reviewed the first year of operation.
- We will review 1 site if you have under 10, 2 if you have 10 to 20, and 3 if you have 21-30
- We will watch one meal and review paperwork

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What is in the Packet?

- It's Short For
- Procedures for filling a complaint
- Sample News Release
- SFSP Meal Pattern
- Step by Step Guide to NEO
- SFSP Application Instructions
- Site Info Sheet Instructions
- Free and Reduced Price Meal Applications (required for camps and enrolled sites)
- Training Staff Check List
- Pre- Operational Visit Form (new sites)
- First week visit form (new sites)
- Racial or Ethnic Data Form
- Meal Count Sheet
- Consolidated meal count form
- SFSP production records
- Agreement to furnish the food service between sponsor and school
- Sample temperature log
- Web Resources
- Volunteer resources courtesy of Good Shepherd Food Bank
- Out-reach resources
- Sample activities

*Required paperwork is represented in red

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Increasing Participation

Awareness

2017 market research showed that 75% of Mainers found out about Summer Meals through **family, friends or coworkers.**
and 51% though **school sources, like flyers, emails, and robo calls.**

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How to spread the word?

- **65%** would **prefer** to receive information in the mail and **30%** feel that "**direct mail**" is the best way to reach them.
- **47%** feel that the best way inform about Summer Meals is "**At school / School newsletter**".

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Promotion in School

Before School is Out:

- Send flyers home with all kids.
- Hang flyers in the school.
- Post on websites and social media.
- Print information on menus.
- Include information in school announcements.
- Emails to families.

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Program Promotion

Where to Advertise!

WIC

Head Start

Pediatrician Office / Free Clinic

Housing authorities

Town Office

Food Pantry's / Churches

Thrift stores

Local municipal offices

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Program Promotion & Kick-Off Events Get the Summer Started off Right!

A great way to build awareness and create excitement around Summer Meals.

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Program Promotion & Kick off Events

Who to Invite:

- Local Radio and Newspapers
- Student Leaders or Athletes
- UMaine Extension
- Let's Go 5210
- Nutrition Educators SNAP-Ed

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Program Promotion & Kick-Off Events

Where to Have it:

- Preferably at your meal site, but if space doesn’t allow for capacity or planned activates look into moving your Kick-Off event to a different location.

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Program Promotion & Kick-Off Events

Attract Kids with Activities

- Face Panting
- Rent a bouncy house, or make a water slide.
- Invite a local animal shelter
- Public Safety
- Give out free books, and other prizes
- Hold contests like hula hooping or watermelon eating
- Door Prizes
- Invite a popular teacher from school to help serve meals

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Program Promotion & Kick-Off Events

What to do for the adults ?

- Serve adult meals
- Have a raffle or a workshop

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Mid-season Promotion!

Keeping the momentum, hold other events throughout the summer.

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Mid-season Promotion!

Blitz Events or Community Canvasing

- Paper the community with flyers using a small army of volunteers.

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Program Outreach Materials

More On Our Websites!

- Maine **DOE** Website
  Outreach and promotion suggestions
- **USDA** Summer Meals Website
  Outreach toolkit

https://www.maine.gov/doe/schools/nutrition/programs/sfsp

https://www.fns.usda.gov/sfsp/summer-meals-toolkit

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State Level Outreach and Promotion

- We advertise all open meal sites on the website **Summer Food Rocks** https://www.fns.usda.gov/summerfoodrocks
- You can also find meal sites near you and their operating times by **texting** "**summer meals**" to **97779**

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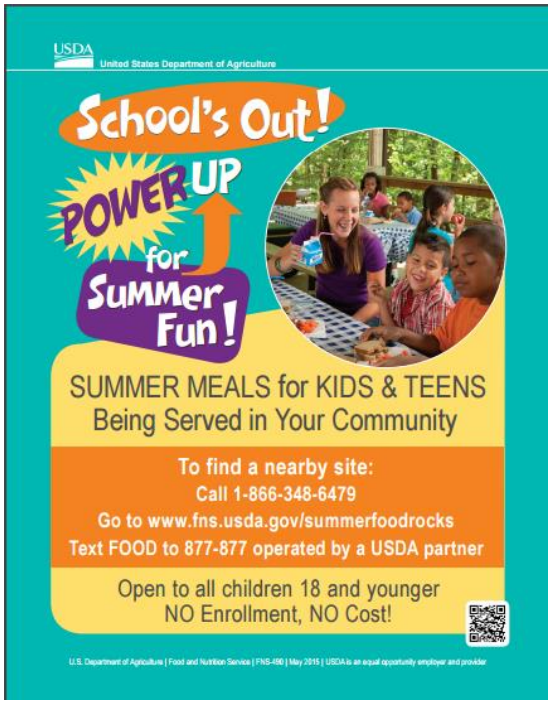
Summer Meals Promotion Materials

https://www.fns.usda.gov/sfsp/raise-awareness

- Flyer
- Postcard
- Bookmark
- Business Card
- Tear-Off Flyer
- Customizable Flyer
- Yard Signs
- Social media



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VolunteerME STATE OF MAINE

Post to Volunteer opportunities to VolunteerME

/http://getconnected.volunteermaine.org/how-to-use-volunteerme

Create a profile:
- Choose a region, then click to "register your organization" and request an account.

Thank you to Good Shepherd Food Bank for sharing their volunteer resource!

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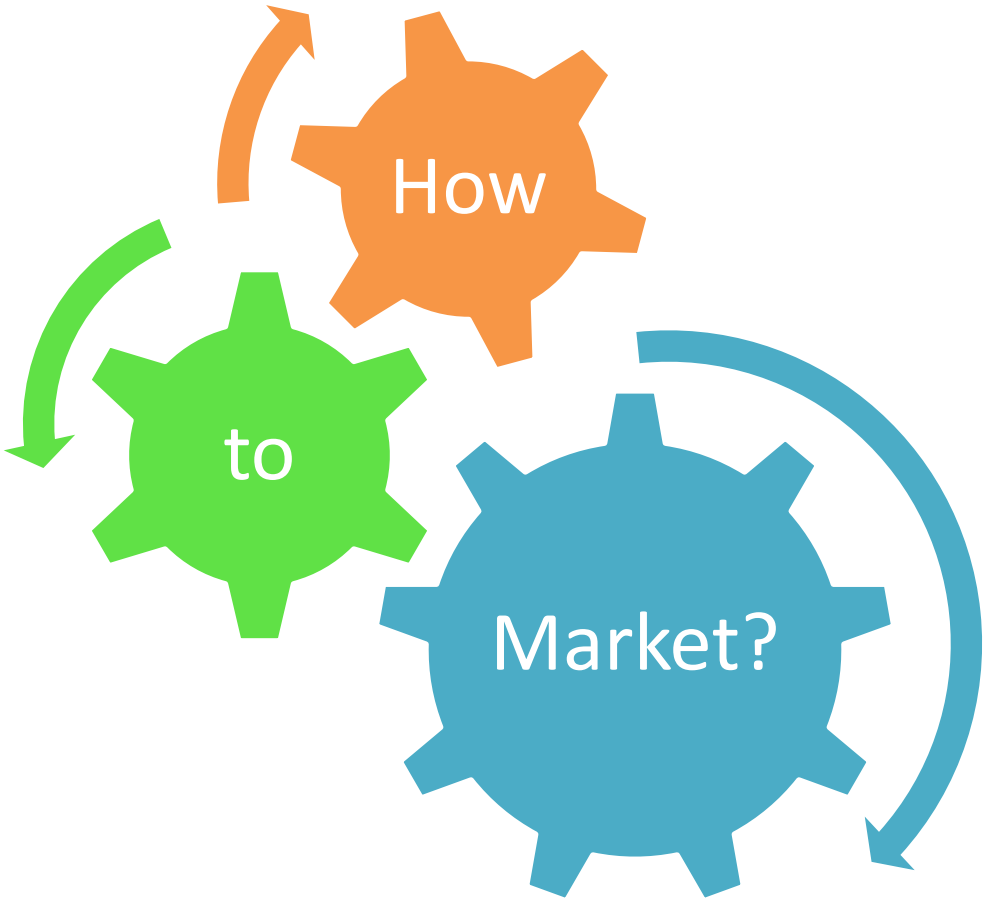
Let’s Brainstorm



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Questions?

Adriane Ackroyd
adriane.ackroyd@maine.gov
624-6726

Kate Fayle
Kaitlin.Fayle@maine.gov
624-6666

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Yum!

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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