Northrop Grumman Special Nutrition Program Summer Food Service Program (SFSP) User Manual

Rev 1.0

June, 2013

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4 Summary

The Special Nutrition Program manual is a tool for businesses associated with the Special Nutrition Program to use in conjunction with the SNP Web online software application. This manual is a reference guide for users that will assist in navigating the web application as they complete their day-to-day tasks.

The SNP Online Application has been developed in ASP.Net using a SQL database. The Minimum System Requirements for the SNP Web Application are:

- Windows version to XP

- Internet Explorer 6

- 128-bit encryption enabled

Session Cookies will be used to run the program; if Cookies are disabled, the user will be notified that cookies are required to utilize the program.

5 Accessing the Special Nutrition Program System

5.1 Welcome to the Special Nutrition Program Home Page

The Special Nutrition Program Home Page contains general information about the Special Nutrition Program. Providers can review this page to determine who may be eligible to participate in the SNP program and find the answers to Frequently Asked Questions. Providers can also select the **Apply to Participate in the Special Nutrition Program On-line** button to initiate a request for a user name and password or select the **Print Blank Application Forms** button to access the print forms directory from this page. (see *Figure 2.1-1*)

Figure 2.1-1 Welcome to Special Nutrition Program Main Page

5.2 Print Blank Application Forms

1. Although it is recommended that providers submit their paperwork online, some users prefer to submit the hard copy form to their coordinator. To print blank application forms and submit a hard copy of their information to the SNP office, select the **Print Blank Application Forms** button. The user will be directed to the Print Documents form.

    a. A directory of all programs' paper applications and forms will be found in this section. (see *Figure 2.1-2*)

Figure 2.1-2 – Print Forms page

2. To access a specific form or application, select the form name. This will redirect the user to an Acrobat Reader PDF form to allow the user to print the form. (see *Figure 2.1-3*)

**SPECIAL NUTRITION PROGRAMS
CERTIFICATE OF AUTHORITY**

Agreement #: _____

This is to certify that _____
(PRINT NAME OF AUTHORIZED PERSON)

_____   _____
(SIGNATURE OF AUTHORIZED PERSON)   (TITLE)

IS DESIGNATED AS THE AUTHORIZED REPRESENTATIVE OF THE

_____   _____
(NAME OF INSTITUTION)   (TELEPHONE NUMBER)

_____   _____
(STREET ADDRESS)   (CITY, STATE, ZIP)

Authority is hereby given to the above designated representative to enter into an agreement whether by handwritten or electronic signature, on behalf of the above-named institution for the operation of the Child and Adult Care Food Program, National School Lunch Program, and/or Summer Food Service Program, on all remaining forms for this application and any other documents or Division reports relating thereto, including claims for reimbursement.

Non-Profit Institution

BY: _____ _____ _____
(SIGNATURE: EXECUTIVE DIRECTOR, PRESIDENT OF BOARD OF DIRECTORS OR   (DATE)
SCHOOL SUPERINTENDENT)

For-Profit Institution (CACFP Only)

BY: _____ _____
(SIGNATURE: OWNER(S)   (DATE)

By my signature above, I understand that Special Nutrition Programs **must** be advised immediately of any change in authorized personnel and my designation of the above-named representative does not relieve me of any liability for the mistakes, fraud or any other illegal activity performed by the designated representative in the name of or on behalf of the above-named institution.

Figure 2.1-3 – Example of Certificate of Authority from Print Document directory

    a.   Select the **Print** button on the tool bar or select *File* from the tool bar and then select *Print* in the drop down list to print a document.

    b.   Select the **Back** button on the tool bar to return to the directory or close the browser.

5.3 Applying to the Special Nutrition Program On-Line

The **Apply to participate in the Special Nutrition Program On-Line** button can be selected to initiate a request for a user name and password for the Special Nutrition Program on-line application. After selecting this button, the user will be asked a series of questions to the appropriate program.

Follow these steps to navigate to the SNP Initial Screening Form:

1.   Access the Special Nutrition Program Website by using the following URL:
     https://dhs.arkansas.gov/dccece/snp/WelcomeSNPM.aspx
    a.   The Special Nutrition Program Home Page will appear.

2. Select the button labeled **Apply to Participate in the Special Nutrition Program On-Line** at the bottom of the page.

Northrop Grumman SNP IT Supports
Implementation
o Data Conversion
o Custom Interfaces
o User Training and Consultation

Hosting / Administration
o SQL Server 2008+IIS 7.0

Technical Support

For more Information please contact:

Greg Fitch
Systems Engineer & Child Nutrition Project Manager
(501) 682-8810
gregory.fitch@ngc.com

Apply to participate in the Special Nutrition Program On-Line!

This page has been viewed times.

a. Selecting this button will redirect the user to the SNP Initial Screening Form.

SNP Initial Screening Questionnaire

The SNP Initial Screening Questionnaire contains a series of questions to determine if a provider is eligible to apply.

NORTHROP GRUMMAN

Northrop Grumman Knows Child Nutrition IT

Welcome to SNP On-Line.   v3.24 (Aug. 13, 2012)

| Special Nutrition Program On-Line Application |

Enter Claims
Discussion Forum

Home
Existing User Log-On
NSLP
Centers
CACFP Homes
Summer Food
Rates/Poverty Levels
USDA Web Site
USDA NSLP Site
School Nutrition Assoc.
USDA CACFP Site
USDA SFSP Site
Resource Library
Privacy Statement
AR DHS Home Page

Please answer the questions below to see if you qualify to apply to the Arkansas Special Nutrition Program:

1. Do you have a Taxpayer Identification Number (TIN)?
   ⦿ Yes
   ○ No

2. Are you currently excluded from any state or federally administered programs?
   ○ Yes
   ⦿ No

3. Which program would you like to participate in?

   ○ CACFP
   ○ NSLP
   ⦿ SFSP
   ○ DON'T KNOW

(Information about each program can be found using the links on the left side of this web page. Please review this information before making your selection.)

Next

Follow these steps to answer the questions on the SNP Initial Screening Questionnaire:

1. Select the radio button beside the answer that is the correct answer to the question being posed.
   a. When the radio button is selected a dot will appear in the provided space to indicate the answer that has been selected.

2. Select the **Next** button located at the end of the survey.
   a. If the user is determined eligible to apply for the Special Nutrition Program through the on-line application, the user will be directed to another set of questions that are specific to the program for which the user is applying.

Physical Address

Same as Mailing Address

Address Line1	
Address Line2	
ZIP Code	-
City	
State	
County	

Address Where Records Are Kept

Same as Mailing Address   Same as Physical Address

Address Line1	
Address Line2	
ZIP Code	-
City	
State	
County	

Contact Information

Contact Person

Last Name		First Name	
Telephone		FAX Number	
E-Mail		Alternate Phone	

General Information

Status   PENDING APPROV ▼
PENDING APPROVAL

Directions

Assigned Coordinator   RALPH HEYMSFELD ▼
RALPH HEYMSFELD

SFSP Initial Screening

Have you been in business at least three years?
  ◉ Yes
  ◉ No

Please select one of the following Business types:
  ◉ University
  ◉ Public School
  ◉ Summer Camp
  ◉ Govt. Entity
  ◉ Other

Submit Request for Access To The SNP System

b. If the user is determined not eligible to apply for the Special Nutrition Program through the on-line application, the user will receive a message stating the following: "You need more information to proceed. Please contact SNP Central Office for information for the SNP Program. You may contact 1-800-xxx-xxxx or 555-xxx-xxxx for assistance."

3. Additional questions will be posed to the user to evaluate the appropriate program.

> **Note:** Day Care Homes and Home Sponsors cannot apply for a user name online. All other programs can request a user name and password online, unless they are already an SNP recipient. If the user is already an SNP recipient, they shall contact SNP Central Office for assistance in obtaining their user name and password.

Follow these steps to answer the questions on the program's Initial Screening form:

1. Enter the requested information in the appropriately labeled field.

> **Note**: The **Same As** buttons located in the address portion of the form can be selected if the Mailing, Physical, and/or Record Keeping addresses are the same.

2. Select the radio button beside the answer that is the correct answer to the question being posed.
   a. When the radio button is selected a dot will appear in the provided space to indicate the answer that has been selected.

3. Once all requested information has been entered and all questions have been answered, select the **Submit Request for Access to the SNP System** button.

4. A message will display indicating whether or not they meet the minimum requirements to request a user name and password.
   a. If the user entered data that meets the minimum requirements, the submitted request will be reviewed by the SNP staff and if approved, an e-mail with log-in instructions will be sent to the e-mail address provided when completing the Initial Screening form.

6 Existing User Log-on

Users that have access to the SNP On-line application will log in and complete their application to participate in the Special Nutrition Programs.

6.1 Entering User Name and Password

Once a user name and password have been assigned, the user can log in to complete the SNP On-line application by using the following steps:

1. Select the **Existing User Log-on** hyperlink from the main menu. (see *Figure 3.1-1*)

2. Enter the User Name and Password assigned to the facility attempting to log-in.

3. Once the information is entered select the **OK** button. To stop this action, select the **Cancel** button.

Figure 3.1-1 – User Log-On form

6.2 Changing Password

Users can change their password by using the following steps:
1. Select the *Existing User Log-on* hyperlink from the Main Menu.

2. Select the **Change Password** button.

     a. When the **Change Password** button is selected, additional fields will display labeled New Password and Confirm New Password.

Note: All passwords must contain both uppercase and lowercase alpha characters and at least one numeric character. The password must be at least 8 characters long, and cannot be one of the last 6 passwords used for the user account.

3. Enter the Username and current password in the corresponding fields.

4. Enter the desired password in the New Password field.

5. Re-enter the newly constructed password in the Confirm New Password field and select the **OK** button. To stop this action, select the **Cancel** button.

6. Once the password is updated, the user is required to sign in using the new password before they can access the online application system.

The newly entered password will be saved and can be used for future log-ins.

Note: Passwords are required to be changed every 90 days. The user shall receive a message when attempting to access the program if the password is due to expire within 14 days or has expired since last log-in.

6.3 Lost Password

If a user forgets their current password that will allow them to access the SNP on-line application, the following steps can assist them in resetting their password:

1. Select the *Existing User Log-on* hyperlink from the Main Menu.

2. Enter the Username in the corresponding field.

3. Select the **Lost Password** button.
     a. A security question and answer field will appear below the **Lost Password** button.

4. Enter the correct Security Answer for the question listed and select the **Submit** button. To stop this action, select the **Cancel** button.

5. A message will display and an email will be sent to the user notifying them that the password has been reset to the last four digits of their Social Security Number.
   a. If the user cannot answer their Security Question, the user must contact SNP Central Office at 1-800-482-5850 ext. 28699 or 682-8869 for additional assistance.

7   Alerts

7.1   Accessing Alerts

1. Upon successful log-on to the system, the user is redirected to their home page. This page will display a welcome message, alerts data grid, and all businesses associated to the user.
   a. The alerts will default to the New and Open alerts. (see *Figure 4.1-1*)

Figure 4.1-1 – Alerts Data Grid on Business Home Page

2. To read an alert,
   a. The user is redirected to a Site Alert form which displays all data regarding the alert.

3. The Open Date and View Date auto-populates the date and time when the alert is accessed the first time. The Close Date auto-populates the date and time when the user changes the Status from "In Process" to "Closed".

    a. The status is automatically updated on "New" alerts to display as "In Process" once accessed and are then considered as Open.

    b. Once the alert is closed, the alert is removed from the home page alert data grid.

    c. Find closed alerts by selecting the **View Closed** button.

    d. The user can use the **View New/Open**, **View New**, and **View Closed** buttons to filter their alerts.

8   Business and Site Maintenance

8.1   Business Maintenance

From the user's home page, the user can select their business to access the Business Maintenance form.

Business Maintenance stores the contact information for a Business or Sponsor. The form displays the facility information such as addresses, contact information and allows the user access to applications and any sites associated to the business. (see *Figure 5.1-1*)

Figure 5.1-1 – Business Maintenance

1. The user can select the **Applications** button to access the Application Main form. The **Site Maintenance** button will redirect the user to the Site Maintenance form. The **View Screening** function is not available for SFSP.

   a. If the Business is NSLP or SFSP Entity Types, when the **View Screening** button is selected, the user will receive the message, "*This function is not available for SFSP or unassigned facilities.*"

2. The online application system is integrated with the Child Care Licensing (CCLAS) and DHS Exclusions systems.

   a. The facility status is validated and displayed from the Child Care Licensing system.

   b. The system displays any exclusions the facility has had. *Business Directors and Business Users will not be able to view exclusion data.*

8.2 Site Maintenance

1. When the user selects the **Site Maintenance** button in Business Maintenance, the user is redirected to the Site Listing page. This page displays all of the sites associated with the business. The user can select a site within the data grid or add sites. (see *Figure 5.2-1*)

Figure 5.2-1 Site Listing

2. All Active and Inactive Sites will be displayed in the data grid. If a site has been closed by the Childcare Licensing Unit, the user shall contact their SNP Coordinator to change the status to Inactive.

   a. The user can remove Active or Inactive Sites at any time, by selecting the **Remove** button. The assigned SNP Coordinator will receive an alert when the user adds or removes sites they are associated with.

3. When the user selects a site or selects the **Add New** button, the user is redirected to the Site Maintenance form.

Site Information

CCL Number			
CCL Status		License Type	
	Get CCL Data		

Operating Name

Physical Address

Address Line 1	
Address Line 2	
ZIP Code	City
State	County
Telephone	
Status	ACTIVE	License Capacity	
Latitude	Longitude	
Fetch Coordinates	
School District		Find School District

Owner Information

Owner Last Name		Owner First Name	
Middle Initial		Owner SSN/TIN	

History Information

SNP Approved Date		Add Date	
SNP End Date		Last Updated	

Directions

Notes

Sponsor Information

Agreement Number	ZZ794
Sponsor Name	SUMMER CAMP TEST 1

Save   Return to Site Maint.   Seriously Deficient

4. The online application system is integrated with the Child Care Licensing system (CCLAS) and DHS Exclusions.
   a. The facility status is validated and displayed from the Child Care Licensing system.
   b. The system displays any exclusions the facility has had. *Business Directors and Business Users will not be able to view exclusion data.*

9 New and Reapplication Processes

To initiate a new or reapplication, select the business from the home page to advance to the Business Maintenance form. On the Business Maintenance form, select the **Applications** button to advance to the Application Main form. (see *Figure 6.1-1*)

Enter Claims	Existing Applications for:
Discussion Forum	CA23 - BELDERSON SCHOOL FOR THE BLIND
Home	123 MAIN
Resource Library	LITTLE ROCK, AR 72223
Training Calendar	
On-Line Training	
Privacy Statement	
AR DHS Home Page	
Data Entry	
Log Out	

Select	Contract Year	Start Date	End Date	Status
Select	2013	01/01/2013	12/31/2013	Pending Submission
1				

Complete the information below to add a new application or renewal application:

Contract Year   [2013]
Contract Start   [   ]
Contract End   [   ]
[Add New/Renewal Application]

Figure 6.1-1 Application Main

1. For New or Reapplications, enter their contract year in the contract year field to initiate the process. When the user exits the field, the system will auto-populate the Contract Start and Contract End fields.

2. The user shall select the **Add New/Renewal Application** button to add the application to the application's data grid.

3. Select an application from the applications data grid to access the application checklist.

10 Completing On-Line Applications

10.1 Accessing the Online Application Checklist

1. Select an application in the application data grid on the Application Main form to access the application checklist.
   a. The type of Business determines the correct application checklist the user will use. (see *Figure 7.1-1*)

2. The application checklist is made up 2 sections: Online Documents and Paper Documents. Each section includes of hyperlinks, checkboxes and buttons.
   - Online Documents
     - The hyperlinks found in the Item Description column redirect the user to the specific forms to be completed.
     - The checkboxes in the Started, Completed by Entity, Approved by SNP, and Additional Info Requested columns inform the user of the status of each specific form.

- The *Details* hyperlink, listed at the end of each form's row, notifies the user of additional information needed for a specific form. The user will select the *Details* hyperlink to access more information regarding the missing information.
- SNP Staff can send an alert or an email to the business user to notify of additional information needed to process the form.

NSLP, SBP, and SMP Independent LEA Pricing Checklist				
ZZ14 - BELDERSON SCHOOL FOR THE DEAF				
Contract Period 7/1/2012 6/30/2013			Update	
Item Description	**Started**	**Completed by Entity**	**Approved by SNP**	**Additional Info Requested**
On-Line Documents				
NSLP Application for Participation - 2134I	☐	☐	☐	☐ Details
Funds Received - SNP4	☐	☐	☐	☐ Details
Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2137	☐	☐	☐	☐ Details
Pre-Award Compliance Review - SNP6	☐	☐	☐	☐ Details
Public Release Verification - SNP7 (If Applicable)	☐	☐	☐	☐ Details
NSLP After School Snack Agreement	☐	☐	☐	☐ Details
Officers and Employees - NSLP3	☐	☐	☐	☐ Details
NSLP, SBP and SMP Agreement - 2136	☐	☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL	☐	☐	☐	☐ Details
EMail text				
EMail				

Figure 7.1-1 – Example of an incomplete Application Checklist

- Paper Documents
    - The hyperlinks found in the Item Description column open .pdf files of the specific forms to be printed, completed and either uploaded to the system or mailed to the SNP office.
    - The checkboxes in the Uploaded, Completed by Entity, Approved by SNP, and Additional Info Requested columns inform the user of the status of each specific form.
    - The *Details* hyperlink, listed at the end of each form's row, notifies the user of additional information needed for a specific form. The user will select the *Details* hyperlink to access more information regarding the missing information.
    - SNP Staff can send an alert or an email to the business user to notify of additional information needed to process the form.

Paper Documents				
Upload Documents	Uploaded			
Certificate of Authority	☐	☑ 6/2/2009	☑ 6/2/2009	☐ Details
Food Service Contract (If Applicable)	☐	☑ 6/2/2009	☑ 6/2/2009	☐ Details
W-9 Taxpayer ID Certification	☐	☑ 6/2/2009	☑ 6/2/2009	☐ Details
Executive Order Disclosure Form - EO9804	☐	☑ 6/2/2009	☑ 6/2/2009	☐ Details
Direct Deposit Form (Optional)	☐	☑ 6/2/2009	☑ 6/2/2009	☐ Details
Training Status	No Training Records		☑ 6/2/2009	☐ Details

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Submit Application to SNP

Coordinator Override Submit Date [   ]

3. Three hyperlinks, ***Return to Home Page, Return to Facility,*** and ***Return to Checklist***, are found on all online forms and checklists to offer the user short cuts for easier navigation throughout the system.

4. The system will display a date on the checklist to verify when the form was completed, approved or the date additional information was requested.

   - By using the checkboxes and the dates, the user can monitor what has been processed on their application.

5. Once all mandatory forms have been completed, the user will submit the application. An alert is sent to the assigned coordinator to notify that the application is ready for processing.

   - The system will display the date and time that the user submitted the form.

11 Summer Food Service Program (SFSP)

The Summer Food Service Program is a federally funded program that provides nutritious meals and snacks to children during the summer months. The program helps eligible children receive the same high quality meals during the summer as they get during the school year. There are five types of Summer Food Programs:

1. Public school food authorities and non-profit private school food authorities
2. Public or non-profit private residential summer camps
3. Units of local, municipal, county, tribal or state government
4. Public or private non-profit colleges or universities which are currently participating in the National Youth Sports Programs
5. Private, non-profit (501[c][3]) organizations

Each section will give a synopsis of the forms for each specific checklist. However, all of the forms will work the same. There are two types of forms: Online Documents and Paper Documents.

With the Online Documents, when the user starts a form, the system will automatically check the Started check box. When the form is submitted, the system will check the Completed by Entity checkbox. With the Paper Documents, the user will be required to manually select the Completed by Entity checkbox when they send in their paper documents to SNP Central Office.

The user shall complete the Online Documents and select the Submit button to electronically submit the form to the user's checklist. In some instances, the form may be information that must be read. The submit button for that form may read as "I Have Read and Understand This Form" or similar wording. Some forms may span additional pages, due to their length. Each form will give the user the opportunity to print the document for their records. Some forms will allow the user to copy data from one year to the next.

The Paper Documents section has links to allow the user to print PDF documents to be completed and returned to SNP Central Office. However, depending on the program, some information may not require a form.

11.1 SFSP Colleges and Universities

On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 10.1-1a-1b*)

SFSP Colleges and Universities Checklist				
CA21 - SOUTHERN AR UNIVERSITY-UPWARD BOUND P151				
Contract Period	1/1/2013	12/31/2013	Update	
Item Description		**Completed by Entity**	**Reviewed by SNP**	**Additional Info Requested**
On-Line Documents				
SFSP Sponsor Application - 2160		☑	☐	☐ Details
SFSP Site Applications - 2161		☐	☐ 0 of 1	☐ Details
Funds Received - SNP4		☐	☐	☐ Details
Meal Policy Statement - FRPS1		☐	☐	☐ Details
Pre-Award Compliance Review - SNP6		☐	☐	☐ Details
Public Release Verification - SNP7		☐	☐	☐ Details
SFSP Agreement		☐	☐	☐ Details
Officers and Employees - SNP3 (If applicable)		☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL		☐	☐	☐ Details
Schedule for Site Visitation		☐ 0 of 1	☐	☐ Details
Schedule for Making Pre-Operational Visits		☐ 0 of 1	☐	☐ Details
EMail Text				
EMail				

Figure 8.1-1a – SFSP Colleges and Universities Checklist

Paper Documents		Uploaded			
Upload Documents		**Uploaded**			
Executive Order Disclosure Form - EO9804		☐	☐	☐	☐ Details
Certificate of Authority (if applicable)		☑	☑	☐	☐ Details
Food Service Contract (If applicable)		☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification (if applicable)		☑	☑	☐	☐ Details
Direct Deposit Form (optional)		☑	☑	☐	☐ Details
Copy of Health Inspection or Letter to Health Department for Each Site		☐	☐	☐	☐ Details
Description of Method Used to Secure Corrective Action Including Follow-Up Plans (new sponsors only)		☐	☐	☐	☐ Details
Description of Procedures for Collecting Daily Number of Meals (new sponsors only)		☐	☐	☐	☐ Details
Copy of Public Release		☐	☐	☐	☐ Details
Training Status				☐	☐ Details

Training Date	Attended	Program	Class Name
05/01/2012	☑	SFSP	SFSP ANNUAL TRAINING*RETURNING SPONSORS ONLY*
05/13/2011	☑	SFSP	SUMMER FOOD TRAINING
04/16/2010	☑	SFSP	SFSP ANNUAL TRAINING
1 2			

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Submit Application to SNP

Coordinator Override Submit Date ☐

Status Pending Submission	Coordinator Approval Coordinator UnApprove

Figure 8.1-1b – SFSP Colleges and Universities Checklist

Below is a listing of each on-line document:

1. **SFSP Sponsor Application – 2160**
   a. This form shall be completed for all businesses applying for the Summer Food Service Program. The user shall complete identifying information, including information such as Administrative and Operational budgets.

2. **SFSP Site Applications – 2161**
   a. This list displays all of the sites the sponsor is associated with. The user shall select the site through the Site Application Checklist for the 2161.

    a.   This form shall be completed for all sites associated with the SFSP Sponsor. The user shall complete identifying information, including attendance and meal preparation methods.

3. **Funds Received – SNP 4**

    a.   This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than $100,000 per year in state and/or Federal funds.

4. **Meal Policy Statement – FRPS1**

    a.   This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult.

5. **Pre-Award Compliance Review – SNP6**

    a.   This statement assures that all participants in attendance will be offered the same meals as non-participants.

6. **Public Release Verification – SNP7**

    a.   This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.

    b.   The hyperlink, *Public Release Form SNP-8*, redirects the user to a paper document the user would send to the news media.

7. **SFSP Agreement**

    a.   The SFSP Agreement contains participant rules and responsibilities for taking part in the summer food program.

8. **Officers and Employees – SFSP3**

    a.   Applicants will list board member, owner and employee information on this form.

9. **Disclosure of Lobbying Act – SFLLL**

    a.   This Federal form is for all participants. If it does not apply, sign and date.

10. **Schedule for Site Visitation**

    a.   Applicants are required to submit a schedule of site visitation.

11. **Schedule for Making Pre-Operational Visits**

    a.   Applicants are required to submit a schedule of Pre-Operational Visits.

Paper Documents

Below is a listing of each paper document listed on the *SFSP Colleges and Universities Checklist*:

1. **Executive Order Disclosure Form – EO9804**

a. Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, of the spouse or immediate family member of any of the previously listed persons must complete this disclosure. This form is required to be completed by all applicants.

2. **Certificate of Authority**

   a. Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

3. **Food Service Contract**

   a. Applicants will be required to complete this form if they answered Contract with Food Service Management Company on the Site Application for Participation – SFSP2161 form.

4. **W-9 Request for Tax Payer Identification Number and Certification**

   a. Applicants must complete this form.

5. **Direct Deposit Form**

   a. Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

6. **Copy of Health Inspection or Letter to Health Department for Each Site**

   a. Applicants are required to submit copies of health inspections or letters from the health department.

7. **Description of Method Used to Secure Corrective Action Including Follow-Up Plans**

   a. Applicants are required to submit a description of the method used to secure corrective action, with follow-up plans with their application packet.

8. **Description of Procedures for Collecting Daily Number of Meals**

   a. Applicants are required to submit a description of their procedures for collecting their daily meal count.

9. **Copy of Public Release**

11.2 SFSP Government Entities
On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 10.2-1a-1b*)

SFSP State, Local, Municipal, or County Government Entity				
GA34 - CITY OF LAKE VIEW				
Contract Period	1/1/2013	12/31/2013	Update	
Item Description		**Completed by Entity**	**Reviewed by SNP**	**Additional Info Requested**
On-Line Documents				
SFSP Sponsor Application - 2160		☐	☐	☐ Details
SFSP Site Applications - 2161		☐	☐ 0 of 1	☐ Details
Funds Received - SNP4		☐	☐	☐ Details
Meal Policy Statement - FRPS1		☐	☐	☐ Details
Pre-Award Compliance Review - SNP6		☐	☐	☐ Details
Public Release Verification - SNP7		☐	☐	☐ Details
SFSP Agreement		☐	☐	☐ Details
Officers and Employees - SNP3 (If applicable)		☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL		☐	☐	☐ Details
Schedule for Site Visitation		☐ 0 of 1	☐	☐ Details
Schedule for Making Pre-Operational Visits		☐ 0 of 1	☐	☐ Details
EMail text				
EMail				

Figure 10.2-1a – SFSP Government Entity Checklist

Paper Documents				
Upload Documents	**Uploaded**			
Executive Order Disclosure Form - EO9804	☐	☐	☐	☐ Details
Certificate of Authority (If applicable)	☑	☑	☐	☐ Details
Food Service Contract (If applicable)	☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification (If applicable)	☑	☑	☐	☐ Details
Copy of Health Inspection or Letter to Health Department for Each Site	☐	☐	☐	☐ Details
Direct Deposit Form (optional)	☐	☐	☐	☐ Details
Description of Method Used to Secure Corrective Action Including Follow-Up Plans (new sponsors only)	☐	☐	☐	☐ Details
Description of Procedures for Collecting Daily Number of Meals (new sponsors only)	☐	☐	☐	☐ Details
Copy of Public Release	☐	☐	☐	☐ Details
Training Status			☐	☐ Details

Training Date Attended	Program	Class Name
04/25/2013 ☐	SFSP	SUMMER FOOD SERVICE PROGRAM ANNUAL TRAINING
06/01/2012 ☑	SFSP	SFSP ANNUAL TRAINING*ALL SPONSORS*
04/22/2011 ☑	SFSP	SUMMER FOOD TRAINING
1 2		

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Submit Application to SNP

Coordinator Override Submit Date

Status	Pending Submission		Coordinator Approval	Coordinator UnApprove

Figure 10.2-1b – SFSP Government Entity Checklist

Below is a listing of each on-line document:

1. **SFSP Sponsor Application – 2160**

a. This form shall be completed for all businesses applying for the Summer Food Service Program. The user shall complete identifying information, including information such as Administrative and Operational budgets.

2. **SFSP Sponsor Application – 2161**
   a. This list displays all of the sites the sponsor is associated with. The user shall select the site through the Site Application Checklist for the 2161.

   b. This form shall be completed for all sites associated with the SFSP Sponsor. The user shall complete identifying information, including attendance and meal preparation methods.

3. **Funds Received – SNP 4**
   a. This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than $100,000 per year in state and/or Federal funds.

4. **Meal Policy Statement – FRPS1**
   a. This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult.

5. **Pre-Award Compliance Review – SNP6**
   a. This statement assures that all participants in attendance will be offered the same meals as non-participants.

6. **Public Release Verification – SNP7**
   a. This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.
   a. The hyperlink, *Public Release Form SNP-8*, redirects the user to a paper document the user would send to the news media.

7. **SFSP Agreement**
   a. The SFSP Agreement contains participant rules and responsibilities for taking part in the summer food program.

8. **Officers and Employees – SNP3**
   a. Applicants will list board member, owner and employee information on this form.

9. **Disclosure of Lobbying Act – SFLLL**
   a. This Federal form is for all participants. If it does not apply, sign and date.

10. **Schedule for Site Visitation**
    a. Applicants are required to submit a schedule of site visitation.

11. **Schedule for Making Pre-Operational Visits**
    a. Applicants are required to submit a schedule of Pre-Operational Visits.

Paper Documents

Below is a listing of each paper document listed on the *SFSP State, Local, Municipal, or County Government Entity Checklist*:

1. **Executive Order Disclosure Form**
   a. Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, of the spouse or immediate family member of any of the previously listed persons must complete this disclosure.   This form is required to be completed by all applicants.

2. **Certificate of Authority**
   a. Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

3. **Food Service Contract**
   a. Applicants will be required to complete this form if they answered Contract with Food Service Management Company on the Site Application for Participation – SFSP2161 form.

4. **W-9 Request for Tax Payer Identification Number and Certification**
   a. Applicants must complete this form.

5. **Copy of Health Inspection or Letter to Health Department for Each Site**
   a. Applicants are required to submit a copy of their most recent health inspection or letter from the health department for each of their sites.

6. **Direct Deposit Form**
   a. Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

7. **Description of Method Used to Secure Corrective Action Including Follow-Up Plans**
   a. Applicants are required to provide a description of the method they use to secure corrective action, including follow-up plans.

8. **Description of Procedures for Collecting Daily Number of Meals**
   a. Applicants are required to provide a description of the procedures they use to gather their daily meal counts.

9. **Copy of Public Release**

11.3 SFSP Local Education Agency
On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 10.3-1a-1b*)

SFSP Public or Private Non Profit Local Education Agency				
SA52 - BEEBE PUBLIC SCHOOLS				
Contract Period	1/1/2013	12/31/2013	Update	
Item Description		**Completed by Entity**	**Reviewed by SNP**	**Additional Info Requested**
On-Line Documents				
SFSP Sponsor Application - 2160		☐	☐	☐ Details
SFSP Site Applications - 2161		☐	☐ 0 of 4	☐ Details
Funds Received - SNP4		☐	☐	☐ Details
Meal Policy Statement - FRPS 1		☐	☐	☐ Details
Pre-Award Compliance Review - SNP6		☐	☐	☐ Details
Public Release Verification - SNP7		☐	☐	☐ Details
SFSP Agreement		☐	☐	☐ Details
Officers and Employees - SNP3 (If applicable)		☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL		☐	☐	☐ Details
Schedule for Site Visitation		☐ 0 of 4	☐	☐ Details
Schedule for Making Pre-Operational Visits		☐ 0 of 4	☐	☐ Details
EMail Text				
EMail				

Figure 8.3-1a – SFSP Local Education Agency Checklist

Paper Documents					
Upload Documents	**Uploaded**				
Executive Order Disclosure Form - EO9804	☐	☐	☐	☐ Details	
Certificate of Authority (if applicable)	☑	☑	☐	☐ Details	
Food Service Contract(if applicable)	☐	☐	☐	☐ Details	
W-9 Taxpayer ID Certification (if applicable)	☑	☑	☐	☐ Details	
IRS Tax Exempt Letter (If applicable)	☐	☐	☐	☐ Details	
Direct Deposit Form (optional)	☑	☑	☐	☐ Details	
Copy of Health Inspection or Letter to Health Department for each site	☐	☐	☐	☐ Details	
Description of Method Used to Secure Corrective Action Including Follow-Up Plans (new sponsors only)	☐	☐	☐	☐ Details	
Description of Procedures for Collecting Daily Number of Meals (new sponsors only)	☐	☐	☐	☐ Details	
Copy of Public Release	☐	☐	☐	☐ Details	
Training Status			☐	☐ Details	

Training Date	Attended	Program	Class Name
04/25/2013	☐	SFSP	SUMMER FOOD SERVICE PROGRAM ANNUAL TRAINING
03/26/2013	☐	SFSP	SUMMER FOOD SERVICE PROGRAM APPLICATION TRAINING
05/01/2012	☑	SFSP	SFSP ANNUAL TRAINING*RETURNING SPONSORS ONLY*
1 2 3			

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Submit Application to SNP

Coordinator Override Submit Date [   ]

Status Pending Submission	Coordinator Approval Coordinator UnApprove
[ ]	

Application Type

SFSP Local Education Agency ▼

Change Application Type

Business At A Glance Report

Figure 8.3-1b – SFSP Local Education Agency Checklist

Below is a listing of each on-line document:

1. **SFSP Sponsor Application – 2160**
   a. This form shall be completed for all businesses applying for the Summer Food Service Program. The user shall complete identifying information, including information such as Administrative and Operational budgets.

2. **SFSP Sponsor Application – 2161**
    a. This list displays all of the sites the sponsor is associated with. The user shall select the site through the Site Application Checklist for the 2161.
    b. This form shall be completed for all sites associated with the SFSP Sponsor. The user shall complete identifying information, including attendance and meal preparation methods.

3. **Funds Received – SNP4**
    a. This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than $100,000 per year in state and/or Federal funds.

4. **Meal Policy Statement - FRPS1**
    a. This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult.

5. **Pre-Award Compliance Review – SNP6**
    a. This statement assures that all participants in attendance will be offered the same meals as non-participants.

6. **Public Release Verification – SNP7**
    a. This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.
    b. The hyperlink, *Public Release Form SNP-8*, redirects the user to a paper document the user would send to the news media.

7. **SFSP Agreement**
    a. The SFSP Agreement contains participant rules and responsibilities for taking part in the summer food program.

8. **Officers and Employees – SFSP3**
    a. Applicants will list board member, owner and employee information on this form.

9. **Disclosure of Lobbying Act – SFLLL**
    a. This Federal form is for all participants. If it does not apply, sign and date.

10. **Schedule for Site Visitation**
    a. Applicants are required to submit a schedule of their site visitations.

11. **Schedule for Making Pre-Operational Visits**
    a. Applicants are required to submit a schedule of their Pre-Operational Visits.

Paper Documents

Below is a listing of each paper document listed on the *SFSP Public or Private Non Profit Local Education Agency Checklist*:

1. **Executive Order Disclosure Form**
   a. Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure.   This form is required to be completed by all applicants.

2. **Certificate of Authority**
   a. Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

3. **Food Service Contract**
   a. Applicants will be required to complete this form if they answered Contract with Food Service Management Company on the Site Application for Participation – SFSP2161 form.

4. **W-9 Request for Tax Payer Identification Number and Certification**
   a. Applicants must complete this form.

5. **IRS Tax Exempt Letter**
   a. Applicants are required to submit verification of their tax exempt status.

6. **Direct Deposit Form**
   a. Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

7. **Copy of Health Inspection or Letter to Health Department for Each Site**
   a. Applicants are required to submit a copy of their most recent health inspection for each site or a letter from the health department.

8. **Description of Method Used to Secure Corrective Action Including Follow-Up Plans**
   a. Applicants are required to provide a description of the methods they used to secure corrective action, including follow-up for their sites.

9. **Description of Procedures for Collecting Daily Number of Meals**
   a. Applicants are required to provide their procedures for collecting their daily meal counts

10. **Copy of Public Release**

11.4 SFSP Other Private Non-Profits
On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 10.4-1a-1b*)

SFSP Other Non Profit Entity					
TA91 - CITY YOUTH MINISTRIES INC P24					
Contract Period	1/1/2013	12/31/2013		Update	
Item Description			**Completed by Entity**	**Reviewed by SNP**	**Additional Info Requested**
On-Line Documents					
SFSP Sponsor Application - 2160			☐	☐	☐ Details
SFSP Site Applications - 2161			☐	☐ 0 of 3	☐ Details
Funds Received - SNP4			☐	☐	☐ Details
Meal Policy Statement - FRPS1			☐	☐	☐ Details
Pre-Award Compliance Review - SNP6			☐	☐	☐ Details
Public Release Verification - SNP7			☐	☐	☐ Details
SFSP Agreement			☐	☐	☐ Details
Officers and Employees - SNP3 (If applicable)			☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL			☐	☐	☐ Details
Schedule for Site Visitation			☐ 0 of 3	☐	☐ Details
Schedule for Making Pre-Operational Visits			☐ 0 of 3	☐	☐ Details
EMail text					
	EMail				

Figure 8.4-1a – SFSP Other Private Non-Profit Checklist

Paper Documents				
Upload Documents	**Uploaded**			
Executive Order Disclosure Form - EO9804	☐	☐	☐	☐ Details
Certificate of Authority (if applicable)	☑	☑	☐	☐ Details
Food Service Contract (If applicable)	☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification (if applicable)	☑	☑	☐	☐ Details
IRS Tax Exempt Letter	☐	☑	☐	☐ Details
Direct Deposit Form (optional)	☐	☑	☐	☐ Details
Copy of Health Inspection or Letter to Health Department for Each Site	☐	☐	☐	☐ Details
Description of Method Used to Secure Corrective Action Including Follow-Up Plans (new sponsors only)	☐	☐	☐	☐ Details
Description of Procedures for Collecting Daily Number of Meals (new sponsors only)	☐	☐	☐	☐ Details
Copy of Public Release	☐	☐	☐	☐ Details
Training Status			☐	☐ Details

Training Date	Attended	Program	Class Name
04/18/2013	☐	SFSP	SUMMER FOOD SERVICE PROGRAM ANNUAL TRAINING
03/05/2013	☐	SFSP	SUMMER FOOD SERVICE PROGRAM APPLICATION TRAINING
05/29/2012	☑	SFSP	SFSP ANNUAL TRAINING *NEW SPONSORS ONLY*
	1 **2 3**		

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Submit Application to SNP

Coordinator Override Submit Date [   ]

Status Pending Submission	Coordinator Approval Coordinator UnApprove

Application Type
SFSP Other Private Non Profit ▾
Change Application Type

Figure 8.4-1b – SFSP Other Private Non-Profit Checklist

Below is a listing of each on-line document:

1. **SFSP Sponsor Application – 2160**
    a. This form shall be completed for all businesses applying for the Summer Food Service Program. The user shall complete identifying information, including information such as Administrative and Operational budgets.

2. **SFSP Sponsor Application – 2161**
    a. This list displays all of the sites the sponsor is associated with. The user shall select the site through the Site Application Checklist for the 2161.

b. This form shall be completed for all sites associated with the SFSP Sponsor. The user shall complete identifying information, including attendance and meal preparation methods.

3. **Funds Received – SNP4**
   a. This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than $100,000 per year in state and/or Federal funds.

4. **Meal Policy Statement - FRPS1**
   a. This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult.

5. **Pre-Award Compliance Review – SNP6**
   a. This statement assures that all participants in attendance will be offered the same meals as non-participants.

6. **Public Release Verification – SNP7**
   a. This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.
   b. The hyperlink, *Public Release Form SNP-8*, redirects the user to a paper document the user would send to the news media.

7. **SFSP Agreement**
   a. The SFSP Agreement contains participant rules and responsibilities for taking part in the summer food program.

8. **Officers and Employees – SNP3**
   a. Applicants will list board member, owner and employee information on this form.

9. **Disclosure of Lobbying Act – SFLLL**
   a. This Federal form is for all participants. If it does not apply, sign and date.

10. **Schedule for Making Pre-Operational Visits**
    a. Applicants are required to submit a schedule of their pre-operational visits.

11. **Schedule for Site Visitation**
    a. Applicants are required to submit a schedule of their site visitation schedule.

Paper Documents

Below is a listing of each paper document listed on the *SFSP Colleges and Universities Checklist*:

12. **Executive Order Disclosure Form**

a. Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure.   This form is required to be completed by all applicants.

13. **Certificate of Authority**

a. Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

14. **Food Service Contract**

a. Applicants will be required to complete this form if they answered Contract with Food Service Management Company on the Site Application for Participation – SFSP2161 form. The user can select the *Food Service Contract* hyperlink to print the form from the checklist.

15. **W-9 Request for Tax Payer Identification Number and Certification**

a. Applicants must complete this form.

16. **IRS Tax Exempt Letter**

a. Applicants are required to provide a letter from the IRS validating their tax exempt status.

17. **Direct Deposit Form**

a. Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

18. **Copy of Health Inspection or Letter to Health Department for Each Site**

a. Applicants are required to submit their most recent health inspections for each site, or a letter from the health department.

19. **Description of Method Used to Secure Corrective Action Including Follow-Up Plans**

a. Applicants are required to provide a description of the method the business uses to secure corrective action, including follow up plans.

20. **Description of Procedures for Collecting Daily Number of Meals**

a. Applicants are required to provide a description of the procedures the business uses to collect the daily meal count.

21. **Copy of Public Release**

a. Applicants are required to provide their procedures for collecting their daily meal counts.

11.5 SFSP Residential Summer Camps
On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 10.5-1a-1b*)

			Completed by Entity	Reviewed by SNP	Additional Info Requested
Return to Home Page	Return to Facility	Return to Checklist			
SFSP Summer Camp Checklist					
CA23 - BELDERSON SCHOOL FOR THE BLIND					
Contract Period	1/1/2013	12/31/2013		Update	
Item Description			**Completed by Entity**	**Reviewed by SNP**	**Additional Info Requested**
On-Line Documents					
SFSP Sponsor Application - 2160			☐	☐	☐ Details
SFSP Site Applications - 2161			☐	☐ 0 of 0	☐ Details
Funds Received			☐	☐	☐ Details
Meal Policy Statement			☐	☐	☐ Details
Pre-Award Compliance Review			☐	☐	☐ Details
Public Release Verification			☐	☐	☐ Details
SFSP Agreement			☐	☐	☐ Details
Officers and Employees (If applicable)			☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL			☐	☐	☐ Details
Schedule for Site Visitation			☑ 0 of 0	☐	☐ Details
Schedule for Making Pre-Operational Visits			☑ 0 of 0	☐	☐ Details

Figure 8.5-1a – SFSP Summer Camp Checklist

Paper Documents				
[Upload Documents]	**Uploaded**			
Executive Order Disclosure Form - EO9804	☐	☐	☐	☐ Details
Certificate of Authority (if applicable)	☐	☐	☐	☐ Details
Food Service Contract (If applicable)	☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification (if applicable)	☐	☐	☐	☐ Details
IRS Tax Exempt Letter	☐	☐	☐	☐ Details
Direct Deposit Form (optional)	☐	☐	☐	☐ Details
Copy of Health Inspection or Letter to Health Department for each site	☐	☐	☐	☐ Details
Description of Method Used to Secure Corrective Action Including Follow-Up Plans (new sponsors only)	☐	☐	☐	☐ Details
Description of Procedures for Collecting Daily Number of Meals (new sponsors only)	☐	☐	☐	☐ Details
Copy of Public Release	☐	☐	☐	☐ Details
Training Status	No Training Records		☐	☐ Details
I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes. [Submit Application to SNP]				
Status [Pending Submission]				
[Business At A Glance Report]				

Figure 8.5-1b – SFSP Summer Camp Checklist

Below is a listing of each on-line document:

1. **SFSP Sponsor Application - 2160**
   a. This form shall be completed for all businesses applying for the Summer Food Service Program. The user shall complete identifying information, including information such as Administrative and Operational budgets.

2. **SFSP Sponsor Application – 2161**
   a. This list displays all of the sites the sponsor is associated with. The user shall select the site through the Site Application Checklist for the 2161.
   b. This form shall be completed for all sites associated with the SFSP Sponsor. The user shall complete identifying information, including attendance and meal preparation methods.

3. **Funds Received – SNP4**
   a. This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than $100,000 per year in state and/or Federal funds.

4. **Meal Policy Statement - FRPS1**
   a. This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult.

5. **Pre-Award Compliance Review – SNP6**
   a. This statement assures that all participants in attendance will be offered the same meals as non-participants.

6. **Public Release Verification – SNP7**
   a. This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.
   b. The hyperlink, *Public Release Form SNP-8*, redirects the user to a paper form to send to the news media.

7. **SFSP Agreement**
   a. The SFSP Agreement contains participant rules and responsibilities for taking part in the summer food program.

8. **Officers and Employees**
   a. Applicants will list board member, owner and employee information on this form.

9. **Disclosure of Lobbying Act – SFLLL**
   a. This Federal form is for all participants. If it does not apply, sign and date.

10. **Schedule for Site Visitation**
    a. Applicants are required to submit the business's site visitation schedule.

11. **Schedule for Making Pre-Operational Visits**
    a. Applicants are required to submit the business's pre-operational visits schedule.

Paper Documents

Below is a listing of each paper document listed on the *SFSP Summer Camp Checklist*:

12. **Executive Order Disclosure Form**

a. Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure.   This form is required to be completed by all applicants.

13. **Certificate of Authority**

a. Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

14. **Food Service Contract**

a. Applicants will be required to complete this form if they answered Contract with Food Service Management Company on the Site Application for Participation – SFSP2161 form.

15. **W-9 Request for Tax Payer Identification Number and Certification**

a. Applicants must complete this form.

16. **IRS Tax Exempt Letter**

a. Applicants are required to submit verification of tax exempt status from the IRS.

17. **Direct Deposit Form**

a. Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

18. **Copy of Health Inspection or Letter to Health Department for Each Site**

a. Applicants are required to submit a copy of the most recent health inspection for each site or a letter from the health department.

19. **Description of Method Used to Secure Corrective Action Including Follow-Up Plans**

a. Applicants are required to provide a description of the business's method they used to secure corrective action, including their follow-up plans.

20. **Description of Procedures for Collecting Daily Number of Meals**

a. Applicants are required to provide a description of the procedures the business used to collect the daily meal count.

21. **Copy of Public Release**

12 Application Approval Process

> **Note:** This section is geared to understanding the approval process. Although the Business User will be unable to view the steps for the approval process in their system, an understanding of the process will better familiarize the user as to the steps the SNP User must complete to process the application.

The SNP Coordinator can review the application has been completed and all forms have been submitted by the business entity and approve the individual forms, request additional information from the business entity, and dispose of the application (Approve / Deny). To review the application, request additional information, and approve the application, the SNP Coordinator will do the following:

1. The SNP User will log on to the SNP On-Line application by selecting the **Existing User Log-in** hyperlink and enter the assigned username and password. Alerts shall be displayed in the user's Alerts data grid, notifying the coordinator of the applications that have been submitted for processing. The user can access the facility and go to the application through the alert.

2. Alternately, the Coordinator can select the **Application** hyperlink located in the main menu on the left hand side of the screen to complete a search for applications. (see *Figure 11.1-1*)

Figure 9.1-1 – Application Search

a. A list of all applications that meet the search criteria will be displayed in the application data grid.

3. The Coordinator will view the checklist for the desired business by selecting the business to be accessed.

4. The Coordinator is redirected to the business's application checklist. The user will review each form submitted and will approve the form or request information. (see *Figure 11.1-2*)

Figure 9.1-2 – Example of approved forms

5. Once all forms have been approved, the SNP coordinator can approve the application or reject the application. (see *Figure 11.1-3*)
    a. An alert will be sent to the SNP Administrator notifying that person that the application has been approved or denied.
    b. The Program Coordinator or the SNP Administrator can submit the Administrator approval on the application. An alert will go to the facility notifying them of approval of their application.
    c. The Coordinator Approval sends an alert to the Program Administrator, who must give the application final approval.
        i. When Coordinator Approval button is selected, a date will display verifying the date and time the Coordinator approved the checklist.
        ii. The Program Administrator and Program Coordinators can select the Administrator Approval button.
        iii. Once approved, the Business will receive an alert and email notifying of the approval of the application.
        iv. When the Administrator Approval button is selected, the date and time will display verifying the application approval date.

Figure 11.1-3 – Example Coordinator Approval and Administrator Approval

13 Business At A Glance Report

1. The business director or user can access to the Business At A Glance Report. This report displays the Sponsor and Site demographics, based upon the specifications for each program.

2. The Business At A Glance Report is accessed from the user's application checklist.
    a. Select the Business At A Glance button to access the report. (see *Figure 12.1-1*)

Figure 10.1-1 – View of Business At A Glance Report button

b. The Business At A Glance report viewer will display. In the Select a Format drop down list, select Acrobat (PDF) File. (see *Figure 12.1-2*)

Figure 10.1-2 – View of Business At A Glance Report Viewer

3. After choosing the recommended Acrobat PDF File format, select the ***Export*** hyperlink to initiate a printable version of the form.

a. A file download box will display. Select the Open button to access the report.

NOTE: Word and Excel formats are an option.

4. Once downloaded, the report will display and allow for the user to view or print the report. (see *Figure 12.1-3*)

SFSP Business At A Glance Report

5/16/2013 7:20:30 AM

SFSP Residential Summer Camp   Fiscal Year: 2013

CA23 - BELDERSON SCHOOL FOR THE BLIND   TIN: 9087898333

123 MAIN

LITTLE ROCK, AR 72223   Start Date: 1/1/2013

BELDERSON ARTHUR   End Date: 12/31/2013

County: PULASKI   Date Submitted: 5/15/2013

Phone: (501) 555-5555   Date Approved: 5/15/2013

Coordinator: MARY ABNEYYOUNG   Directions:

App. Status: Approved/Amended

Sites

DAY DREAMS DAY CARE	Breakfast: 0	AM Snack: 0
503 DETROIT NE	Lunch: 1100	PM Snack: 0
GRAVETTE, AR 72736	Supper: 0	
County: BENTON		

CARE BEAR LAND PRESCHOOL	Breakfast: 0	AM Snack: 0
109 E. FREEMAN	Lunch: 1200	PM Snack: 0
BERRYVILLE, AR 72616	Supper: 0	
County: CARROLL		

Number of Sites: 2

Figure 10.1-3 – Business At A Glance Report (.PDF)

14 Rates/Poverty Levels

14.1 Reimbursement Rates

Select the **Rates/Poverty Levels** hyperlink on the main menu to access the Poverty Levels and Reimbursement Rates form. (see *Figure 13.1-1)*

Note: This hyperlink is only available when the user is not logged on to the system.

NORTHROP GRUMMAN

Northrop Gruman Knows Child Nutrition IT

Welcome to SNP On-Line.   v3.24 (Aug. 13, 2012)

Enter Claims
Discussion Forum

Home
Existing User Log-On
NSLP
Centers
CACFP Homes
Summer Food
Rates/Poverty Levels
USDA Web Site
USDA NSLP Site
School Nutrition Assoc.
USDA CACFP Site
USDA SFSP Site
Resource Library
Privacy Statement
AR DHS Home Page

Reimbursement Rates and Poverty Levels

Select Fiscal Year 2011 ▼

Reimbursement Rates By Program

Day Care Home Rates

Tier 1 Rates

Breakfast	$1.19
Lunch	$2.22
Supplement	$0.66
Supper	$2.22

Tier II Rates

Breakfast	$0.44
Lunch	$1.34
Supplement	$0.18
Supper	$1.34

Administrative Rates

1 - 50 Homes	$102.00
51 - 200 Homes	$78.00
201 - 999 Homes	$61.00
1000+ Homes	$53.00

Day Care Center Rates

Breakfast

Free	$1.48
Reduced	$1.18
Paid	$0.26

Lunch and Supper

Free	$2.72
Reduced	$2.32
Paid	$0.26

Supplement

Free	$0.74
Reduced	$0.37
Paid	$0.06

National School Lunch Program
Rates

Breakfast

Free	$1.76
Reduced	$1.46
Paid	$0.26

Lunch

Free	$2.74
Reduced	$2.34
Paid	$0.28

Supplement

Free	$0.74
Reduced	$0.37
Paid	$0.06
Milk	$0.18

Summer Food Service Program

Operating Cost

Breakfast
Lunch/Supper
Supplement

Administrative Costs - Rural/Self Prep

Breakfast
Lunch/Supper
Supplement

Administrative Costs - Vended/Urban

Breakfast
Lunch/Supper
Supplement

Figure 13.1-1 – Rates and Poverty Levels

1. The SNP Reimbursement Rates and Poverty Level form displays a table of the Day Care Home, Day Care Center, National School Lunch Program and the Summer Food Service Program rates by Fiscal Year.
   a. Select the Fiscal Year drop-down list to retrieve rates for other years. The current fiscal year will be the default year.

2. The SNP Reimbursement Rates and Poverty Level form displays the Poverty Level amounts for Free and Reduced Meals by Annual, Monthly and Weekly income by Fiscal Year.
   i. Select the Fiscal Year drop-down list to retrieve rates for other years. The current fiscal year will be the default year.

15 USDA SFSP Site

This hyperlink, found on the main menu, located at the left side of the form, directs the users to the Summer Food Service Program section of the USDA website. This hyperlink is only available when the user is not logged on to the system.

1. Select the *USDA SFSP Site* hyperlink.
   a. The hyperlink opens the USDA Summer Food Service Program form and displays a general overview of the program at the national level.

Program Info and Hyperlinks

15.1 Summer Food Service Program (SFSP) Link

The *Summer Food* hyperlink directs the user to an overview of the Summer Food Service Program.

15.2 Accessing the SNP Claims System

15.3 Entering User Name and Password

The user can log in to submit the SNP Claim by using the following steps:

1. Go directly to https://dhs.xxxx.gov/DCCECE/SNPClaims/ or click on Enter Claims from the SNP Main page.

2. Enter the User Name and Password assigned to the facility attempting to log-in.

3. Once the information is entered select the **OK** button. To stop this action, select the **Cancel** button.

Please Enter User Name and Password to Access the System

This is a government computer system and is the property of the Arkansas Department of Human Services. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Human Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Human Services personnel.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

User Name [_____]
Password [_____]

[OK] [Cancel]

16 Alerts

16.1 Accessing Alerts

4. Upon successful log-on to the Claims system, the user is redirected to their home page. This page will display the alerts data grid, and all businesses associated to the user.
   a. The alerts will default to the New and Open alerts. (see *Figure 4.1-1*)

Alerts: (Default view shows New and Open Alerts)

Select	Facility	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	G52	In Process	New Application	05/15/2013	05/15/2013	
Select	G26	In Process	Admin Approval	05/15/2013	05/15/2013	
Select	G26	In Process	New Application	05/15/2013	05/15/2013	
Select	S50	New	New Application	04/22/2013		
Select	G66	In Process	Facility Change	03/08/2013	03/08/2013	

View New   View Closed   View New&Open   Generate Alert

1

Business Search: (Enter One Search Criteria Below to Find a Business)

Agreement Number [   ]

TIN [   ]

Business Name [   ]

Find Facility

Enter Claims   Payment Plan   Advance Payments
                Facility Payment   Additional Payments

Figure 13.1-1 – Alerts Data Grid on Business Home Page

5. To read an alert, the user shall select the alert from the data grid.
   a. The user is redirected to a Site Alert form which displays all data regarding the alert.

Alert Information

In Process ▼

App Approved ▼   App Approved

710332240

Your application/amendments for participation in the SNP program has been approved.

3/12/2013 2:24:51 PM

6/4/2013 11:40:35 AM

Save

6. The Open Date and View Date auto-populates the date and time when the alert is accessed the first time. The Close Date auto-populates the date and time when the user changes the Status from "In Process" to "Closed".

a. The status is automatically updated on "New" alerts to display as "In Process" once accessed and are then considered as Open.
b. Once the alert is closed, the alert is removed from the home page alert data grid.
c. Find closed alerts by selecting the **View Closed** button.
d. The user can use the **View New/Open**, **View New**, and **View Closed** buttons to filter their alerts.

17 Enter and Submit Claims

17.1 Enter New Claims

From the Claims' home page, select the business for which user would like to submit a claim, and click on the **Enter Claims** button.

The next screen displays the facility's name, address, TIN and allows the user to access existing Claims, adjust claims that have not been submitted and add new Claims.

(see *Figure 14.1-1*)

Figure 14.1-1 – Claims

Verify Eligibility

Select the month, and enter the year, click on **Verify Eligibility** to verify authorization to claim for this time period.

Summer Food Service Program - Claim Entry

CA25 - SUMMER CAMP TEST 1
123 MAIN
LITTLE ROCK, AR 72203
TIN: 9087891111

Claim Month   [May   ▼]
Claim Year   [2013]   [Search]

[Verify Eligibility]

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
[Select]	[Adjust]		5	2013	Inactive

[Daily Meal Counts]   [View Claim Summary]

Submit New Claim

   c. Choose **SELECT,** all sites for the current user will be displayed.

Claim Month   [May   ▼]
Claim Year   [2013]   [Search]

[Verify Eligibility]

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
[Select]	[Adjust]		5	2013	Inactive

[Daily Meal Counts]   [View Claim Summary]

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb	Status
[Select]	No Claim	No Claim	DAY CAMP LEARNING CENTER	True	
[Select]	No Claim	No Claim	KIWANIS BOYS CAMP	True	
1					

   d. Click on Select next to the site for which you would like to enter a claim, Click on "Daily Meal Counts". A dropdown for selecting the Meal Served and a calendar are displayed.

SFSP Daily Meal Counts

Select breakfast, lunch or dinner from the Meal Served dropdown, click on the day for which you would like to claim meals.

The Meal Counts grid for that day will display. Enter the Totals for meal selected, and click on Update to save your entries.

You can make changes by selecting Edit.

Meal Counts for: 7/9/2013

	Count Date	Site	Meal	Total Meals Prepared	Inclement Weather Meals (Waivers)	Meals Previous	First Meals	Second Meals	Program Adult Meals	NonProgram Adult Meals	Damaged Meals	Leftover Meals	Additional Children	Money Collected
Edit	07/09/2013	SUMMER FOOD SITE TEST 1	Breakfast	50	0	4	50	3	0	0	0	0	0	$0.00

SFSP Daily Meal Counts

Return to Site Claim Form

Select Meal Served
Lunch ▼

			May 2013			
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
			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	

Meal Counts for: 5/8/2013

	Count Date	Site	Meal	Total Meals Prepared	Inclement Weather Meals (Waivers)	Meals Previous	First Meals	Second Meals	Program Adult Meals	NonProgram Adult Meals	Damaged Meals	Leftover Meals	Additional Children	Money Collected
Edit	05/08/2013	SCHOOL BASED DAY TREATMENT/CATHERINE S HSE		0	0	0	0	0	0	0	0	0	0	0
Edit	05/08/2013	SUMMER FOOD SITE TEST 1		0	0	0	0	0	0	0	0	0	0	0

Figure 14.2 – Meal Counts displayed for Sponsors with multiple sites.

Continue entering meal counts by selecting the appropriate meal from the drop down, and selecting the day meals were served. Carefully complete each field. Meals claimed must meet eligibility and application information. EDIT checks will appear later when attempting to calculate the claim.

For example: Total number of meals cannot exceed the SNP Approved Level of Meal Service on the 2161. Second servings cannot exceed 2% of first servings. If you enter second servings that exceed 2% of the first servings, a message will display and the number will be reduced to the maximum allowed second servings.

Continue to enter all meal counts for your claim, click on Return to Site Claim Form

In the Claim Listing for Month/Year Requested, select the claim you want to submit.
In the Site Listing for Current Claim grid, Select the claim, then Claim Summary.

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		5	2013	Inactive

[Daily Meal Counts] [View Claim Summary]

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb	Status
Select	No Claim	No Claim	KIWANIS BOYS CAMP	True	
1					

SFSP Site Claim Data

	First Servings	Second Servings
Number of Days In Operation	1 [Get Current Daily Data]	
Number of Breakfast	1	0
Number of Lunches	6	0
Number of Snacks	0	0
Number of Suppers	0	0
Average Daily Attendance	6	
Operation Total		
Admin A Total		
Admin B Total		
Subtotal		

[Calculate] [Save]

CALCULATE or SAVE.
Choosing SAVE will calculate and save in one step. Choosing CALCULATE does not Save.
This message will display to verify that the data has been saved

The page at iisd1 says:

Site Claim Inserted. Please remember to submit your claim from the Claim Summary Page.

[OK]
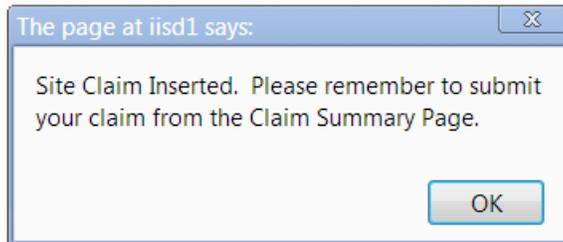
17.2 Submit Claims

After saving all claims you want to enter, you must submit the claims to SNP.

View Claim Summary

Click on View Claim Summary

    a. Select the month and enter the year for the claim you would like to view.

Claim Month	June ▼
Claim Year	2013 Search

Verify Eligibility

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		6	2013	Inactive

Daily Meal Counts   View Claim Summary

    b. Choose **SELECT** next to the claim to be submitted, and choose **View Claim Summary**

If the claim has already been submitted, the form is Read Only with the exception of buttons at the bottom of the form that will enable users to Return to Site Claims, Print Site Summary, Print Claim Summary or Print Disbursement.

    c. Review the Claim Summary Data, enter the date, optional comments and choose **SUBMIT** for the claim to be sent to SNP Personnel for authorization. *Once user has chosen SUBMIT, no adjustments can be made unless the user is an authorized Home Sponsor. Users not authorized to make their own adjustments must submit adjustments in writing to SNP personnel.*

CA25 - SUMMER CAMP TEST 1
123 MAIN
LITTLE ROCK, AR 72203
TIN: 9087891111

Claim Date	06/06/2013
Claim Month	June
Claim Year	2013
Number of Sites	1
Number of Days In Operation	1
Number of Breakfast	0
Number of Second Breakfast	0
Number of Lunches	51
Number of Second Lunches	1
Number of Snacks	0
Number of Second Snacks	0
Number of Suppers	0
Number of Second Suppers	0
Average Daily Attendance	51
Operation Total	$163.28
Admin A Total	$17.16
Admin B Total	$0.00
Subtotal	$180.44
Advance Amount	$0.00
Balance Due	$0.00
Payment Plan Amount	$0.00
Previous Claim Amount	$0.00
Amount Paid	$180.44
Date Signed	
Comments	

☐ I certify that the information submitted on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds and the deliberate misrepresentation may result in prosecution under applicable State and Federal statutes. I have met the training requirements for all administrative and site personnel as required under 225.15(d)(1).

[Submit]

[Return to Site Claims]

[Print Daily Summary]   [Print Site Summary]

Return to Site Claims

17.3 Adjust Claims

Search for a Claim

Select the month and enter the year for the claim to be adjusted, click **Search**.

Select the Site for the claim to be adjusted.
Click on Adjust next to the claim to be adjusted

CA25 - SUMMER CAMP TEST 1
123 MAIN
LITTLE ROCK, AR 72203
TIN: 9087891111

Claim Month [May ▼]
Claim Year [2013] [Search]

[Verify Eligibility]

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	6/6/2013 2:45:55 PM	5	2013	Active
Select	Adjust		5	2013	Inactive

[Daily Meal Counts] [View Claim Summary]

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb	Status
Select	$189.71	6/6/2013	SCHOOL BASED DAY TREATMENT/CATHERINE S HSE	True	PASS
Select	No Claim	No Claim	SUMMER FOOD SITE TEST 1	True	
1					

Select the new Inactive record, click on Daily Meal Counts

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	6/6/2013 3:56:43 PM	8	2013	Active
Select	Adjust		8	2013	Inactive

[Daily Meal Counts] [View Claim Summary]

Select the Meal served from the dropdown list, and day that you would like to adjust.

Select Meal Served
Breakfast ▾

August 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				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

☐ Add This Day To Watch List
☐ Lock This Day
Meal Counts for: 8/1/2013

	Count Date	Site	Meal	Total Meals Prepared	Inclement Weather Meals (Waivers)	Meals Previous	First Meals	Second Meals	Program Adult Meals	NonProgram Adult Meals	Damaged Meals	Leftover Meals	Additional Children	Money Collected
Edit	08/01/2013	SCHOOL BASED DAY TREATMENT/CATHERINE S HSE	Breakfast	25	0	0	5	0	0	0	0	0	0	$0.00
Edit	08/01/2013	SUMMER FOOD SITE TEST 1		0	0	0	0	0	0	0	0	0	0	0

Click Edit beside the appropriate site, make changes, click Update and Return to Site Claim Form

Select the adjusted claim, and the Site Listing

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	6/6/2013 3:56:43 PM	8	2013	Active
Select	Adjust		8	2013	**Inactive**

[Daily Meal Counts] [View Claim Summary]

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb	Status
Select	$9.90	6/6/2013	**SCHOOL BASED DAY TREATMENT/CATHERINE S HSE**	**True**	**PASS**
Select	No Claim	No Claim	SUMMER FOOD SITE TEST 1	**True**	

1

Get Current Daily Data
Calculate and/or Save

SFSP Site Claim Data

SCHOOL BASED DAY TREATMENT/CATHERINE S HSE

	First Servings	Second Servings
Number of Days In Operation	1	[Get Current Daily Data]
Number of Breakfast	5	0
Number of Lunches	0	0
Number of Snacks	0	0
Number of Suppers	0	0
Average Daily Attendance	5	
Operation Total	$9.00	
Admin A Total	$0.90	
Admin B Total	0	
Subtotal	$9.90	

[Calculate] [Save]

Select View Summary, enter date and Submit Claim, Return to Site Claims

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	6/6/2013 3:56:43 PM	8	2013	Inactive
Select	Adjust	6/6/2013 4:06:34 PM	8	2013	Active

[Daily Meal Counts] [View Claim Summary]

The original claim is now inactive, and the adjustment has been applied to an Active claim.

18 Rates/Poverty Levels

18.1 Reimbursement Rates

Select the **Rates/Poverty Levels** hyperlink on the main menu to access the Poverty Levels and Reimbursement Rates form. (see *Figure 13.1-1*)

Note: This hyperlink is only available when the user is not logged on to the system.

Reimbursement Rates By Program

Day Care Home Rates			Day Care Center Rates		
Tier 1 Rates			**Breakfast**		
Breakfast	$1.27		Free	$1.55	
Lunch	$2.38		Reduced	$1.25	
Supplement	$0.71		Paid	$0.27	
Supper	$2.38		**Lunch and Supper**		
Tier II Rates			Free	$2.86	
Breakfast	$0.46		Reduced	$2.46	
Lunch	$1.44		Paid	$0.27	
Supplement	$0.19		**Supplement**		
Supper	$1.44		Free	$0.78	
Administrative Rates			Reduced	$0.39	
1 - 50 Homes	$107.00		Paid	$0.07	
51 - 200 Homes	$82.00				
201 - 999 Homes	$64.00				
1000+ Homes	$56.00				
National School Lunch Program Rates			Summer Food Service Program		
Breakfast			**Operating Cost**		
Free	$1.85		Breakfast	$1.80	
Reduced	$1.55		Lunch/Supper	$3.14	
Paid	$0.27		Supplement	$0.73	
Lunch			**Administrative Costs - Rural/Self Prep**		
Free	$2.88		Breakfast	$0.18	
Reduced	$2.48		Lunch/Supper	$0.33	
Paid	$0.29		Supplement	$0.09	
Supplement			**Administrative Costs - Vended/Urban**		
Free	$0.78		Breakfast	$0.14	
Reduced	$0.39		Lunch/Supper	$0.27	
Paid	$0.07		Supplement	$0.07	
Milk	$0.19				

19 INSPECTIONS

19.1 Accessing the SNP Inspections System

The user can log in to submit the SNP Claim by using the following steps:

1. Go directly to https://dhs.xxxx.gov/DCCECE/snpinspect

2. Enter the User Name and Password (same login used for Applications, Claims and Inspections)

3. Once the information is entered select the **OK** button. To stop this action, select the **Cancel** button.

Please Enter User Name and Password to Access the System

This is a government computer system and is the property of the Arkansas Department of Human Services. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Human Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Human Services personnel.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

User Name   [   ]
Password   [   ]

[OK]   [Cancel]

19.2 Accessing Alerts

4. Upon successful log-on to the Inspections system, the user is redirected to their home page. This page will display the alerts data grid, and all businesses associated to the user.
    The alerts will default to the New and Open alerts. (see *Figure 4.1-1*)

Alerts: (Default view shows New and Open Alerts)

No Alerts For acbelderson

| View New | View Closed | View New&Open | Generate Alert |

Business Search: (Enter One Search Criteria Below to Find a Business)

Agreement Number

TIN

Business Name

Find Facility

Figure 16.1-1 – Alerts Data Grid on Business Home Page REDO WHEN THERE ARE ALERTS^^

5. To read an alert, the user shall select the alert from the data grid.

The user is redirected to a Site Alert form which displays all data regarding the alert.

Alert Information

In Process

App Approved   App Approved

710332240

Your application/amendments for participation
in the SNP program has been approved.

3/12/2013 2:24:51 PM

6/4/2013 11:40:35 AM

Save

6. The Open Date and View Date auto-populates the date and time when the alert is accessed the first time. The Close Date auto-populates the date and time when the user changes the Status from "In Process" to "Closed".

The status is automatically updated on "New" alerts to display as "In Process" once accessed and are then considered as Open.

Once the alert is closed, the alert is removed from the home page alert data grid.

Find closed alerts by selecting the **View Closed** button.

The user can use the **View New/Open**, **View New**, and **View Closed** buttons to filter their alerts.

Completing a Review

    Accessing the Online Sponsor Inspection Checklist

        Business Search

Enter an Agreement number, Tin and/or business name, click on Find Facility.
A list of all Facilities that meet the search criteria will be displayed in the application data grid.

Business Search: (Enter One Search Criteria Below to Find a Business)

Agreement Number   [ ]
TIN   [ ]
Business Name   [belderson]

[Find Facility]

Select	Prefix	Number	TIN	Name	Phone	Status
Select	CA	23	9087898333	BELDERSON SCHOOL FOR THE BLIND	5015555555	ACTIVE

1

The user will view the Review Listing for the desired business by selecting the business to be accessed.
The user is redirected to the business's Review Listing. The user will complete the form and click on Add Review

Review Listing

CA23 - BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK, AR 72223

Review Type   [USDA Sponsor Review Summary ▼]
Date of Review   [06/08/2013]
Month Reviewed   [June ▼]
Application Reviewed   [2013 - SFSP Residential Summer Camp - Approved/Amended ▼]

[Add Review]   [Print a Review]

No Reviews Found.

Deleted Reviews

No Deleted Reviews

Select a Review in the Existing Reviews data grid to access the Inspection checklist.

Existing Reviews For This Facility

Select	Delete	Month	Fiscal Year	Review Date	Status	Type
Select	Delete	6	2013	06/08/2013	Open	USDA Sponsor Review Summary
1						

SNP USDA SFSP Sponsor Inspection Checklist

Return to Home Page   Return to Review Listing   Return to Checklist

CA23 - BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK, AR 72223

Inspection Forms	Started	Date Keyed
Review Date 6/8/2013 Update Date		
Application Reviewed 2013 - SFSP Residential Summer Camp - Approved/Amended ▼ Update		
There are no forms to complete. Enter findings from the USDA Review on the Findings Page.		
Enter Findings		
Upload Documents/Pictures (0 Files Uploaded)		
Review Status Open ▼		
Update Review Status		
Create Follow-Up Review		
No Reviews Found.		

Enter Findings

    Click the Enter findings button

CA23 - BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK, AR 72223

☐ CACFP - Child and Adult Care Food Program
☐ FRPM - Free and Reduced Priced Meals
☐ NSLP - National School Lunch Program
☐ SAEF - State Administrative Expense Funds
☐ SBP - Special Breakfast Program
☐ SFSP - Summer Food Service Program
   ☐ 225
☐ SMP - Special Milk Program

Please Select a Regulation and/or Enter Finding Below:

Finding Type [▾] Finding Date: [   ]

[Save Finding] [Add New Finding]
Current Findings

Select	Delete	Type	Finding	Finding Date
[Select]	[Delete]	Positive	a	05/05/2013

[Show Previous Findings]

[Generate Letters]

Select a Regulation or enter the Finding in the text box.
Select Finding Type and enter Date
Save Finding.

Each Finding will be displayed in the Current findings Grid

Current Findings

Select	Delete	Type	Finding	Finding Date
Select	Delete	Positive	a	05/05/2013
Select	Delete	Positive	Findings txt box	06/11/2013

Show Previous Findings

Generate Letters

The user shall select the Finding from the data grid.

Click on Generate Letters.

Select the Letter Type, the letter template will display.

CA23 - BELDERSON SCHOOL FOR THE BLIND

123 MAIN

LITTLE ROCK, AR 72223

Select Letter Type   Center Sponsor Review Notification Letter

```
06/11/2013


GERTRUDE BELDERSON
BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK  AR  72223



RE: Agreement Number - CA23 Compliance Review Date:  06/08/2013 - Review Month:
6

Dear GERTRUDE BELDERSON:

Center Opening


Center Closing



MARY  ABNEYYOUNG
Grants Coordinator
Arkansas Special Nutrition Program
```

Confirmation number: Mailing Date: Response Received: ☐

Save Letter   Print Letter

Enter the Confirmation Number and/or Mailing Date

Save Letter

All Letters created will be displayed in the Letters Created data grid.

Letters Created For This Review

Select	Delete	Create Date	Print Date	Confirmation Number	Mailing Date	Description	Response Recieved
Select	Delete	06/10/2013			05/05/2015	Impending Review Letter	Yes
Select	Delete	06/11/2013			06/06/2013	Center Sponsor Review Notification Letter	No

Upload Files

    Return to the Review Listing

        Click on Upload Documents and/or Pictures, Choose File and enter a Document Description, Upload file

UPLOAD FILE

Choose File   No file chosen

Document Description Test Upload

Upload File

Maximum File Size is 4mb, Attempting to Upload a Larger File Will Result In an Error.

NOTE: Only PDF, JPG and Excel files are accepted for upload.

Update a Review Status

 On the home page, search for the site.

 Select the site from the grid.

Business Search: (Enter One Search Criteria Below to Find a Business)

Agreement Number	ca23
TIN	
Business Name	

Find Facility

Select	Prefix	Number	TIN	Name	Phone	Status
Select	CA	23	9087898333	BELDERSON SCHOOL FOR THE BLIND	5015555555	ACTIVE

Select the new review Status from the dropdown and Click on Update Review Status

CA23 - BELDERSON SCHOOL FOR THE BLIND 123 MAIN LITTLE ROCK, AR 72223		
Inspection Forms	**Started**	**Date Keyed**
Review Date 6/8/2013 [Update Date]		
Application Reviewed 2013 - SFSP Residential Summer Camp - Approved/Amended ▼ [Update]		
There are no forms to complete. Enter findings from the USDA Review on the Findings Page.		
[Enter Findings]		
[Upload Documents/Pictures] *(0 Files Uploaded)*		
Review Status Pending Corrective Action ▼		
[Update Review Status]		
[Create Follow-Up Review]		

Create a Follow-up Review

Click on Create Follow-up Review, then select the Follow up review from the grid.

SNP USDA SFSP Sponsor Inspection Checklist

CA23 - BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK, AR 72223

Inspection Forms	Started	Date Keyed
Review Date 6/8/2013 Update Date		
Application Reviewed 2013 - SFSP Residential Summer Camp - Approved/Amended ▼ Update		
There are no forms to complete. Enter findings from the USDA Review on the Findings Page.		
Enter Findings		
Upload Documents/Pictures (0 Files Uploaded)		
Review Status Open ▼		
Update Review Status		
Create Follow-Up Review		

Select a Follow Up Review

Select	Follow Up Date	Completed
Select	06/11/2013	

Complete the form and click on Save Follow-Up Review

CA23 - BELDERSON SCHOOL FOR THE BLIND
123 MAIN
LITTLE ROCK, AR 72223

Follow-Up Date   6/11/2013

Test Month   June ▼

SNP Representative   ▼

                    Last Name [   ]   First Name [   ]   Middle Initial
Facility Representative
                    [   ]

Facility Phone   [-   ]

Compliance Review Date   6/8/2013
Corrective Action Received and   [▼]
Approved
Adjusted Claim Received   [▼]

Compliance Review Findings

                        No Findings Have Been Entered.

Deficiency Cited

Comments

Deficiency Corrected   [▼]

[Save Finding]

Have all deficiencies cited in the compliance review been corrected?   [▼]

Have all areas of non compliance been explained in detail?   [▼]

Was training and technical assistance provided in each area of non compliance?   [▼]

Do Food Service personnel need to attend SNP training?   [▼]

Is an additional Corrective Action Plan required?   [▼]

Is an Adjusted Claim required?   [▼]

If Adjusted Claim required, enter number of meals disallowed:

    Breakfast [0]   Lunch [0]   Snack [0]   Supper [0]

Is organization considered to be seriously deficient?   [▼]

Have the appropriate personnel been advised that failure to correct the noted deficiencies may be cause for termination of the agreement with Special Nutrition Programs?   [▼]

Additional Comments

[Save Follow-Up Review]   [Print Follow-Up Review]

[Complete Follow Up Review]

This report has been explained and an opportunity to provide any extra data was provided during or prior to the exit conference.

Last Updated by: ARTHUR C BELDERSON   6/11/2013 1:44:26 PM

[Delete Follow Up Review]

Click on Return to Review Listing

20 Locating an SNP Provider

SEARCH FOR SFSP FACILITIES IN YOUR AREA

Anyone may search the applications system for facilities in their area, no log in is required.

GO TO: http://ngsnp.com/WelcomeSNPM.aspx

Click on   *****Parents - Locate a Special Nutrition Provider Near You!!!*****

Users may search by Zip code, County, or by a specific address.

The map will be updated with the location of all facilities meeting the criteria entered.

For example, the map below shows all Summer Food Service Program locations with 10 miles of Zip Code 72223.

Johnson Elementary
1701 S. Main St.
Little Rock, AR 72204
Phone (501) 555-5555
Days of Operation: Mon-Fri
Meals Served (time): Breakfast (0730), Lunch (1100)
Directions : To Here – From Here
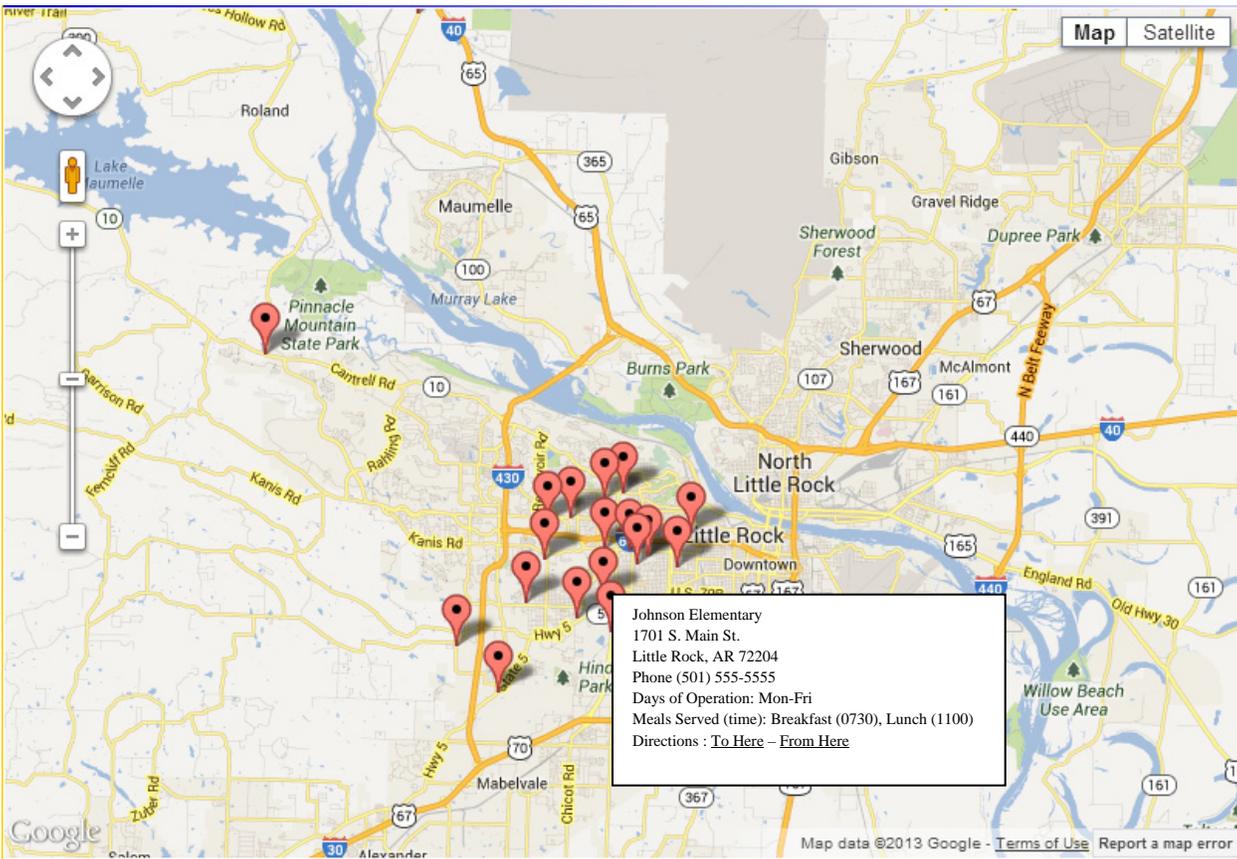
Facilities found : **19** Facilities serving Breakfast : **13** Facilities serving Lunch : **13** Facilities serving AM Snack: **1** Facilities serving PM Snack : **0** Facilities serving Supper : **1** Facilities serving Late Snack : **0**

*This map shows SFSP Feeding sites from both the State Department of Human Services and the State Department of Education.

Once the map is populated, clicking on a map point will display the facility's name, address, phone number, Days of Operation, Meals Served and a links for mapping directions to and from the facility.

Users may also create a report, listing all facilities by County

Just Below "Facilities Report by County", select the Program and County, click on Execute Search. A .pdf file will be created.

NOTE: running this report does not update the map.

State Department of Human Services

Division of Child Care and Early Childhood Education

Special Nutrition Program

Summer Food Service Feeding Sites by County

County: JOHNSON

Youth Center – 123 Main, Jackson, MS 74444 (555) 555-5554

Youth Ministries – 105 N. Oak, Jackson, MS 74444 (555) 555-5555

Turning Point – 405 E. Michigan Rd, Jackson, MS, 7444 (555) 555-5556