Site Field Trip

Trip Details

1. Trip Date:
   - ◯ Specific Date
   - ◯ Date Range Start Date: End Date:
   - ◯ Multiple Dates
2. Status of Site:
3. Affected Meal Type(s):
   - ☐ Breakfast
   - ☐ AM Snack
   - ☐ Lunch
   - ☐ PM Snack
   - ☐ Supper
4. Number of Children Attending Field Trip:
5. Name of Field Trip Destination:
6. Cancel Request:

Comments (If serving a different meal than the Site is serving, where is the meal coming from?):

Internal Use Only

Status:

Internal Comments:

Comments to Sponsor:

Created By: Modified By:

Food Production Facility

Version: Revision 1

Food Production Facility Information

1. Food Preparation Type:
2. Facility Name
3. Permit Issue Date:

Facility Address

Physical Address

4. Address Line 1:
   Address Line 2:
5. City:
6. State: AL Zip:

Mailing Address

☐ Same as Physical Address

7. Address Line 1:
   Address Line 2:
8. City:
9. State: AL Zip:

USPS Zip Code Lookup

Facility Contact

10. Name: Salutation First Name
    Last Name
11. Email Address:
12. Phone: Ext: Fax:
13. Title:

Vended Facility Information

14. If vended by a School Food Authority (SFA) or another SFSP Sponsor, enter SFA/Sponsor name. If vended by an entity other than an SFA or another SFSP Sponsor, enter the entity's name.

15. If meals will be vended, indicate whether the Sponsor is using State Agency-provided contract/agreement forms, approved alternate form or is exempt from competitive bidding and will use a simple written agreement.

- ○ I will be using the ALSDE, Office for Child Nutrition procurement contract templates
- ○ I will be using the Sponsor's contract forms

16. Is the Sponsor extending the Food Service Management Company (FSMC) contract for which it went out for bid?

- ○ Yes
- ○ No
- ○ N/A

17. Contract Start Date:
18. Contract End Date:
19. Number of renewal years specified in the contract:
20. Current extension number:

Internal Use Only

Status: Not Started

Approved Date:

Approved By:

Internal Comments:

Comments to Sponsor:

Save Cancel

2024 - 2025 SFSP Management Plan

Management Plan Version: Original

Board Chairperson

	Salutation	First Name	Last Name
Name:			

Date of Birth: (mm/dd/yyyy)

Email Address:

Phone: Ext: Fax:

Title:

Home Address

Address Line 1:

Address Line 2:

City:

State: AL Zip: USPS Zip Code Lookup

Administrative Staff
(Key Administrator, such as superintendent or official representative)

Name: Position title:

Has this person attended the mandatory SFSP training provided by State Agency this program year? ○ Yes ◉ No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? ○ Yes ○ No ○ N/A

Name: Position title:

Has this person attended the mandatory SFSP training provided by State Agency this program year? ○ Yes ◉ No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? ○ Yes ○ No ○ N/A

Administrative Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by State)
Overall Management		
Meal Counting and Claiming		
Accounting		
Training		
Monitoring		
Other		

Operational Personnel

Staff Title	Number of personnel in this position	Training Date (Do NOT list training provided by State)
Site Supervisor		
Volunteer(s)		

Area of Authority/Responsibility

A. Scheduling and supervising monitors; reviewing sites' reports for deficiencies; restricting or terminating food service; effective corrective action

	Name	Position title
1.		
2.		
3.		
4.		
5.		

B. Coordinating with officials to whom site supervisors report

	Name	Position title
1.		
2.		
3.		
4.		
5.		

C. Approve purchases or rentals

	Name	Position title
1.		
2.		
3.		
4.		
5.		

D. Approve the number of hours of regular and overtime pay for employees

	Name	Position title
1.		
2.		
3.		
4.		
5.		

E. Receiving participation and costs data; preparing claims for reimbursement

	Name	Position title
1.		
2.		
3.		

4.

5.

Sponsor Monitoring Plan

Have you developed a system to ensure all required monitoring visits will be conducted? ◯ Yes ◯ No

If no, provide a brief explanation:

Supporting Documentation

The following documents must be submitted via the Checklist page. These documents must be submitted each year.

- **Annual Sponsor Training Certification**
- **Bylaws, Policies, and/or Handbooks for VCA,** including:
  - **Civil Rights,** including written policies, procedures, and copies of documents, other than Income Eligibility Forms notification letters. This includes documents such as the home page of program's webpage; materials to inform the public about the program, training requirements, and the Civil Rights complaint process.
  - **Compensation Plan,** must be submitted whenever there is a change. The compensation plan must be updated at least every five years.
  - **Human Resource Policies and Procedures,** including those that address job descriptions; working hours; overtime; and annual/vacation leave, sick leave, and other fringe benefits.
  - **Serious Deficiency Policies and Process,** only for sponsoring organizations
- **Financial Viability Documentation**
  - The three most recent consecutive months of bank statements or financial statements
  - A copy of the most recently submitted federal tax return, if the applicant is a private non-profit organization. This is typically IRS Form 990.
    - A new business that does not have a tax return or a profit-loss statement must submit a business plan.
  - Single Audit Report (formerly known as the A-133 Audit), required only for any non-federal entity that expends $750,000 or more in federal award funds during its fiscal year
  - Summary of CACFP Reimbursement (renewing institutions only)
- **Food Safety Plan**
- **Organization Chart,** if not previously submitted in LINQ as a potential sponsor. The organization chart must be re-submitted if there are changes.
- **Public Release for Media**

Internal Use Only

Status:

Internal Comments:

Comments to Sponsor:

Created By: Modified By:

SFSP Checklist

Required Forms/Documents to send to State Agency		Document Submitted to State Agency	Date Submitted to State Agency	Document on File w/State Agency	Status	Status Date	Last Updated By
Alabama Secretary of State Business Entity Record		☐		☐			
Annual Sponsor Training Certification		☐		☐			
* Approved Waivers		☐		☐			
Board Minutes on Letterhead Approving Program Participation		☐		☐			
Business License(s) and Articles of Incorporation/Articles of Organization		☐		☐			
Certificate of Compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act		☐		☐			
Civil Rights Documents		☐		☐			
Compensation Plan		☐		☐			
* Consent Form for Home Delivery		☐		☐			
* Contracts - Food Service Management Company and/or SFA, if applicable		☐		☐			
* Contracts, if applicable		☐		☐			
* Cost Allocation Worksheet and Supporting Documentation, if applicable		☐		☐			
E-Verify MOU Signature Page		☐		☐			
Estimated Reimbursement Worksheet		☐		☐			
Ethnic and Racial Data Collection Form		☐		☐			
* Farm to Pre-School Activity Form, if applicable		☐		☐			
Federal Identification Number (FEIN)		☐		☐			
Financial Viability Documentation		☐		☐			
Food Safety Plan		☐		☐			
Human Resource Policies and Procedures		☐		☐			
* Indirect Cost Plan, if applicable		☐		☐			
Income Eligibility Forms & Templates for Letters to Households		☐		☐			
Menus		☐		☐			

* Miscellaneous		☐		☐
Monitoring Plan		☐		☐
* MOU with SFA for Eligibility (only if school data used for site eligibility by a non-school site)		☐		☐
Non-Pricing Policy Certification		☐		☐
Organizational Chart		☐		☐
Permanent Agreement		☐		☐
* Plate Cost Calculation Documentation		☐		☐
Procurement Plan and Documentation		☐		☐
* Public Notification for Rural Non-Congregate Meals		☐		☐
Public Release for Media		☐		☐
Receipt of Appeal Procedures		☐		☐
Serious Deficiency Policies and Process		☐		☐
Statement of Authority		☐		☐
Summary of SFSP Reimbursement and Rollovers		☐		☐
Tax Status Documentation		☐		☐
Unique Entity Identify (UEI)		☐		☐

* Item is not required for submittal or approval.

Action	Checklist Item	Comment	Attachment Date/Time

There are no attachments

2024 - 2025 SFSP Budget Detail

Budget Version: Original

Operating Reimbursement

	Meal	Sites	Total Meals	Total
1.	Breakfast	0	0	$0.00
2.	Lunch	0	0	$0.00
3.	Snack	0	0	$0.00
4.	Supper	0	0	$0.00
5.		**Total Operating Reimbursement**		$0.00

Administrative Reimbursement

	Meal	Sites	Total Meals	Total
1.	Breakfast	0	0	$0.00
2.	Lunch	0	0	$0.00
3.	Snack	0	0	$0.00
4.	Supper	0	0	$0.00
5.		**Total Administrative Reimbursement**		$0.00

Operating Costs

1.	Total Estimated Food		$
2.	Kitchen and Site Labor		$
3.	Non-Food Supplies		$
4.	Utilities*		$
5.	Kitchen or Truck Rental*		$
6.	Equipment Rental*		$
7.	Other Service Expenses (Specify)		$
8.		**Total Operating Costs**	$0.00

9. ☐ I understand that by budgeting any of the line items indicated with an asterisk, I will submit additional documentation as needed:

- Utilities-Power study from local utility company
- Kitchen or truck rental-rental agreement
- Equipment rental-rental agreement

Administrative Costs

1.	Administrative Salaries	$
2.	Rent or Office Space*	$
3.	Utilities*	$

4.	Office Supplies	$	
5.	Audit Fees*	$	
6.	Transportation Rental	$	
7.	Transportation Mileage	$	
8.	Telephone*	$	
9.	Postage	$	
10.	Other (Specify)	$	
11.	Indirect Costs*	$	
12.	**Total Administrative Costs**		$0.00

13. ☐ I understand that by budgeting any of the line items indicated with an asterisk (*), I will submit:

- Rent or office space-Rental/lease agreement
- Utilities-Power study from local utility company
- Indirect cost-Indirect cost plan
- Audit fees-Letter from accounting firm.

Cost Reimbursement Summary

1.	Total SFSP Costs		$0.00
2.	Total SFSP Reimbursement		$0.00
3.	Excess SFSP revenue amount from the prior program year or previous participation in SFSP	$	
4.	Amount from other funding resources (e.g. grant, donations)	$	

Identify other funding sources and the annual amount.

5.	Other funding resources		
6.	**Balance**		$0.00

Adult Meal Information

1.	Will meals be served to non-program adults?	◯ Yes	◯ No
2.	Will meals be provided at no cost to non-program adults?	◯ Yes	◯ No
3.	If yes, indicate funding source		
4.	If no, provide the amount charged for Adult meals:		
	Adult Breakfast	$	
	Adult Lunch	$	
	Adult Snack	$	
	Adult Supper	$	

Miscellaneous

1. Identify how excess funds will be used

☐ Used to improve the meal service or other aspects of the SFSP
Provide a brief explanation.

☐ Kept for next year's SFSP operations
Provide a brief explanation.

☐ Pay for allowable costs of other child nutrition programs
Provide a brief explanation.

☐ Other (explain how funds will be used)

Supporting Documentation

The following documents must be submitted via the Checklist page. These documents must be submitted each year.

- **Contracts** related to goods or services listed in the budget [ex., food service contracts, rental agreements, leases, promissory notes, trash, pest control]. Submit each contract separately. Sponsors and sites must submit contracts.
- **Contracts-Food Service Management Company and/or SFA,** if applicable.
- **Cost Allocation Worksheet and Supporting Documentation** required only if operating and/or administrative costs are shared among Summer Food Service Program and other Child Nutrition Programs. The ALSDE form must be used. Any recurring expense for which the sponsor seeks reimbursement must be supported with copies of bills or other documentation.
- **Equipment Requests,** if applicable.
- **Estimated Reimbursement Worksheet**
- **Farm to Pre-School Activity Form,** if applicable.
- **Financial Viability Documentation**
    - The three most recent consecutive months of bank statements or financial statements
    - A copy of the most recently submitted federal tax return. Depending on the type of business, this will typically be one of the following:
        - Sole Proprietorship, Form 1040
        - Partnership, Form 1065
        - Corporation, Form 1120 or 1120-S
        - Tax-Exempt Organization, Form 990
        - If a tax return is not available, a profit-loss statement for the last fiscal year may be submitted.
        - A new business that does not have a tax return or a profit-loss statement must submit a business plan.
    - Single Audit Report (formerly known as the A-133 Audit), required only for any non-federal entity that expends $750,000 or more in federal award funds during its fiscal year.
- **Indirect Cost Plan,** if applicable.
- **Plate Cost Calculation Documentation,** if applicable for At-Risk and SFA sites. A template is available for SFAs.

Internal Use Only

Status: Pending Validation

Internal Comments:

Sponsor Comments:

Created By: Modified By:

SFSP Site Application
For School Year: 2024 - 2025

Version: Original

Street Address

1. Address Line 1:
   Address Line 2:
2. City:
3. State: AL Zip: USPS Zip Code Lookup
4. County:
5. Nearest cross street:

Site Contact

	Salutation	First Name	M.I.	Last Name
6. Name:				

7. Email Address:
8. Phone: Ext: Fax:
9. Title:

General Site Information

10. Operation Dates: Start: 10/01/2024 End: 09/30/2025
    Click 'Calendar' to select the Meal Serving Dates: Calendar

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
0	0	0	0	0	0	0	0	0	0	0	0

Refresh From Calendar

11. Check meal type(s) to be served at this site:
    - ☐ Breakfast
    - ☐ AM Snack
    - ☐ Lunch
    - ☐ PM Snack
    - ☐ Supper
12. Geographic Location:
    - ◯ Rural
    - ◯ Urban
13. Identify the type of site:
    - ◯ Affiliated
    - ◯ Unaffiliated

Site Eligibility

14. Which option best describes this site:
    - ☐ Housing and Urban Development
    - ☐ Rural Development
    - ☐ Hospital
    - ☐ Hotel
    - ☐ Farmers Market
    - ☐ Mobile Feeding
    - ☐ WIC

- [ ] National Park Service
- [ ] Other Public Health Site
- [ ] None of the above

15. Did this site operate last year? ◯ Yes ◯ No

If No, enter pre-operational site visit date below.

16. Did this site have serious deficiency findings or significant operational deficiencies last program year? ◯ Yes ◯ No ◯ N/A

If Yes, enter pre-operational site visit date below.

17. Date of the Sponsor's pre-operational site visit, if applicable.

18. Date of visit required in the first two weeks of operation:

19. First Four Week Visit:

20. Is the owner/operator of this site a for-profit organization? ◯ Yes ◯ No

21. Has the organization and/or its principals ever been on the National Disqualified List in any state? ◯ Yes ◯ No

If yes, please explain.

Site Type

22. Site Type:

Reason for operating a Restricted Open or Closed Enrolled Site:

23. Eligibility Method:

Provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.

School District:

School Name:

Percentage of Enrollment Eligible for Free and Reduced-price Meals: %

Program Year of School Data:

If this site is a public school site and another school's data was used to establish eligibility for this site, explain why another school's data was used.

Provide the following Census information:

Block Number:

Group Number:

Percentage of Needy Children: %

24. Primary service provided by this site:

Describe the Other service provided:

25. Closed Enrolled Site information:

Projected Number of Enrolled Children:

Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:

Percentage of Enrollment Eligible for Free and Reduced-price Meals: 0 %

Site Operation

26. Indicate your system for serving meals to attending children:

- [ ] Cafeteria Style
- [ ] Unitized meal
- [ ] Family Style
- [ ] Offer vs. Serve
- [ ] Other (provide explanation)

27. Describe the method used for making adjustments in the daily number of meals delivered in accordance with the number of children attending:

28. Indicate how the site supervisor will communicate the number of meals that will be needed for the following day:

29. Are you requesting a waiver for the First Two Week Site Visit? ◯ Yes ◯ No

Non-Congregate Meal Service Operation

S11. Do you plan to provide non-congregate meals at this site? ◯ Yes ◯ No ◯ Both

If there is a waiver for non-congregate meals due to excessive heat, are you requesting this site be included? ◯ Yes ◯ No ◯ N/A

Do you plan to provide non-congregate meals at this location as a rural location? ◯ Yes ◯ No

Will multiple days of meals be provided? ◯ Yes ◯ No

Check the day(s) meals will be distributed.

Mon-Fri: ☐ Sun: ☐ Mon: ☐ Tue: ☐ Wed: ☐ Thu: ☐ Fri: ☐ Sat: ☐

How many calendar days of meals are included?

Which meals are given in bulk (check all that apply)?

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ None

Will meals be provided to parents/guardians? ◯ Yes ◯ No

Is this site providing home delivered meals? ◯ Yes ◯ No

Other non-congregate meal information:

Meal Time Exception

30. Provide explanation if any meal times will extend beyond the times indicated above in each meal section.

Special Meal Pattern and Dietary Needs

32. Will this site be serving children under age 1 year (infants 0 to 12 months)? ◯ Yes ◯ No

Food Production Facility

33. If meals served at this site are prepared at another facility, identify the name of where meals are prepared. A Food Production Facility form, provided on the Application Packet screen, must be completed to populate the following fields.

Facility 1:

Facility 2:

Facility 3:

Food Safety and Sanitation

34. Describe how your Sponsor will deliver and hold meals until the time of meal service according to the standards prescribed by State and Local health department:

35. Is this site operating an approved outdoor feeding site without temperature control? ◯ Yes ◯ No

If yes, briefly describe how food safety is ensured.

36. Are you transporting food to the sites? If yes, please submit a food service license. ◯ Yes ◯ No

If yes, explain how food will be transported.

Outreach

Indicate below the date that outreach will be conducted and list advertisement methods you plan to use.

37. Advertisement Date(s):

38. Advertisement Method:

- ☐ Newspaper announcement/press release
- ☐ TV/Radio
- ☐ Flyers - neighborhood
- ☐ Flyers - school
- ☐ Posters and signs
- ☐ Sponsor Website
- ☐ School newspaper
- ☐ Other

Emergency Feeding

39. Will this Site be designated an Emergency Feeding Site? ◯ Yes ◯ No

Comments from Sponsor

40. Comments:

Certification

41. ☐ I hereby certify that neither this Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

The Sponsor hereby agrees to comply with all state and federal laws and regulations governing Child Nutrition programs. The authorized signer ensures that the application is true and correct to the best of their knowledge; that all claims for reimbursement represent meals served at approved sites to eligible children; and records are available to support these claims. It is acknowledged that the information provided in connection with the receipt of federal funds and the Sponsor is aware that deliberate misrepresentation or withholding information may result in prosecution under applicable state and federal statutes.

It is acknowledged with the signing of this application and approval by the Alabama State Department of Education, the application places in force the annual agreement and policy statement effective with the current program year start date.

This application has been reviewed, and any necessary changes have been made. I hereby certify that the information on this application is true and correct to the best of my knowledge and that this agency will comply with the rights and responsibilities outlined in the SFSP agreement. The Sponsor is aware that deliberate misrepresentation or withholding information may result in prosecution under applicable state and federal statutes.

Internal Use Only

Application Effective Date:	10/1/2024			
Status:	Pending Validation			
Original Approval Date:				
Original Date of Participation:				
Dates of Operation:	Start:	10/01/2024	End:	09/30/2025
High Risk?	○ Yes	○ No		
First Two-Week Visit Waiver Request approved:	○ Yes	○ No		
Infants Approved:	○ Yes	○ No		
High Capacity Site:	○ Yes	○ No		

Indicator of who determined the site to be seriously deficient:

Approved for Non-Congregate Meal Service Operation: ○ Yes ○ No

Maximum number of meals that may be served for:

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper

Initial Site Cap for Vended Site:

Revised Site Cap for Vended Site:

Comments

Internal Comments:

Comments to Sponsor:

Created By: