

SFSP Application & Agreement Process

mdek12.org

Marianna Chauvin

Division Director II



MISSISSIPPI
DEPARTMENT OF
EDUCATION

March 2021



A young girl with dark braids is focused on writing in a notebook. She is wearing a white t-shirt. The background shows a classroom with other students and educational posters on the wall. The lighting is warm and soft.

Adding Summer Months to your MARS contract

Complete the Form (**Will be emailed to you and will be available on OCN website**)
Upload in MARS 20/21 SFSP App or email to your Program Specialist

In your Site Apps in your MARS 20/21 Form, edit questions 10, 11, B1, B2, L1, L2, and 34. **DO NOT DELETE ANYTHING ELSE YOU MAY HAVE IN OTHER QUESTIONS.**

Review and Edit your Budget to account for the additional months added

Submit your Application for SA approval

- We expect that Districts will change operations drastically for the months when school is not in session and we at the SA need a clear understanding of what you are doing.
- MARS was not designed for non-congregate feeding strategies
- We want to make the application process as smooth as possible.
- The majority of information will be relayed in the form, with minimal chances necessary in the site applications in MARS.

- Focus ONLY on the schools that will be operating during the traditional summer months, when regular school is closed and Summer school will be operating.
- If all sites are doing the same thing – you can take a shortcut
- Indicate which distribution strategies will be deployed at each site. You may have variation across sites.
- Will you be implementing OVS? (*options are Yes, No, or Sometimes*)

SFSP Operations for Traditional Summer Months (Students out of School or Attending Summer School)

- 1. What is the last day of the operations for SY 20/21*:** _____ **This is specifically asking what is the last day that regular instruction, whether virtual or in person, will be offered by the School District for the SY 20/21 Spring Semester.*
- 2. Start Date:** _____ **End Date:** _____ *Note: End date cannot be after first day of class for SY 21/22. While there may be some variation among sites, please list the earliest Starting Date and the latest Ending date of when this "Summer Feeding" Operations Strategy will begin & end*
- 3. Will you Be Delivering Meals Door-to-Door via Bus or Van?** **YES** **NO** If yes, Total # of Buses: _____ Estimated # of Households Served: _____
- 4. CERTIFICATION** CHILD NUTRITION DIRECTOR _____ SIGNATURE _____ DATE _____
- 5. Complete the Chart Below with Distribution Strategies for each site,** additional lines are available on the next page, if necessary
 ___ **CHECK THIS BOX IF ALL SITES ARE OPEN & ARE DOING THE SAME THING** (if checked, list "ALL SITES" In site name below and just complete one row)

SITE NAME <i>*ONLY list sites that WILL be open during this time</i>	OVS?	SITE TYPE	MARK ALL DELIVERY STRATEGIES THAT APPLY TO EACH SITE								
			Cafeteria (congregate)	Parent Pick Up	Grab&Go from Cafeteria	Grab&Go from hallways, etc.	Meals Delivered to the Classroom	Bus Delivery Door to Door	Distribution Sites in the Community	Other	

5. Complete the Chart Below with Distribution Strategies for each site, additional lines are available on the next page, if necessary

x CHECK THIS BOX IF ALL SITES ARE OPEN & ARE DOING THE SAME THING (if checked, list "ALL SITES" In site name below and just complete one row)

SITE NAME <i>*ONLY list sites that WILL be <u>open</u> during this time</i>	OVS?	SITE TYPE	MARK ALL DELIVERY STRATEGIES THAT APPLY TO EACH SITE							
			Cafeteria (congregate)	Parent Pick Up	Grab&Go from Cafeteria	Grab&Go from hallways, etc	Meals Delivered to the Classroom	Bus Delivery Door to Door	Distribution Sites in the Community	Other
ALL SITES	x		x							

5. Complete the Chart Below with Distribution Strategies for each site, additional lines are available on the next page, if necessary

 CHECK THIS BOX IF ALL SITES ARE OPEN & ARE DOING THE SAME THING (if checked, list "ALL SITES" In site name below and just complete one row)

SITE NAME <i>*ONLY list sites that WILL be <u>open</u> during this time</i>	OVS?	SITE TYPE	MARK ALL DELIVERY STRATEGIES THAT APPLY TO EACH SITE							
			Cafeteria (congregate)	Parent Pick Up	Grab&Go from Cafeteria	Grab&Go from hallways, etc.	Meals Delivered to the Classroom	Bus Delivery Door to Door	Distribution Sites in the Community	Other
MC Elementary	NO			X				X		
MC High	YES		x							

5. Complete the Chart Below with Distribution Strategies for each site, additional lines are available on the next page, if necessary

 CHECK THIS BOX IF ALL SITES ARE OPEN & ARE DOING THE SAME THING (if checked, list "ALL SITES" In site name below and just complete one row)

SITE NAME <i>*ONLY list sites that WILL be open during this time</i>	OVS?	SITE TYPE	MARK ALL DELIVERY STRATEGIES THAT APPLY TO EACH SITE								
			Cafeteria (congregate)	Parent Pick Up	Grab&Go from Cafeteria	Grab&Go from hallways, etc.	Meals Delivered to the Classroom	Bus Delivery Door to Door	Distribution Sites in the Community	Other	
MC Elementary & KL Elementary	NO			X				X			
MC High	YES		x								

This is an example of what you MUST name your file before sending it to the SA

Your School District Name_SFSP_Summer Operations
Form_2021

- **YES**
- We believe you will be able to operate SFSP into Aug and Sept, even if school session has resumed.
- We will allow you to add those days at this time.
- If we learn from USDA that this is not allowable, your PS will remove them for you and provide further instruction
- You will receive another Operations form (similar to the one we are asking you to complete for the summer months) at a later date.
- If you are adding Aug and Sept – don't forget to adjust your Budget accordingly (*remember – do Budget last!*)

Introduction to MARS SFSP Application

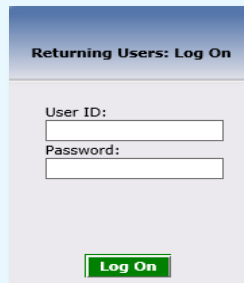


- Let's look at the SFSP Application Module in MARS

Enter the URL
into your Web
Browser

<https://cnms.mdek12.org/prod/splash.aspx>

Log on using
your user ID
and password



Returning Users: Log On

User ID:

Password:

Click on the
SFSP Module





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Welcome to the Mississippi Production Site!

Hosted by CTS

Returning Users: Log On

User ID:


Password:

Log On



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Summer Food Service Program

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Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Programs

School Nutrition Programs	Accounting	Child and Adult Care Food Program
	Maintenance and Configuration	
Summer Food Service Program		



Make Sure you are in the Correct Program Year

Summer Food Service Program

MISSISSIPPI DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Select Year >

Year Select

Select Year

- 2020 - 2021 < Selected
- 2019 - 2020
- 2018 - 2019
- 2017 - 2018
- 2016 - 2017
- 2015 - 2016
- 2014 - 2015
- 2013 - 2014
- 2012 - 2013

Select Applications

Summer Food Service Program



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Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out



Summer Food Service Program

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Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Program Year: 2015 - 2016

Item	Description
Application Packet	SFSP Applications Forms (Organization and Site)
Advance Requests	Request Organization's SFSP Advance(s) for the current year
Download Forms	Forms Available for Downloading



Summer Food Service Program



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Applications | Claims | Compliance | Reports | My Account | Search



Year | Help | Log Out

Applications > Application Packet >

Program Year: 2019 - 2020

2019 - 2020 Application Packet

Summertown School District

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Enrolled

The Organization has not started in the current year (2020).

Click '**Enroll**' to enroll for this year based on your prior year's information.

Enroll

Cancel



2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
 DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
 No address on file for this year
 Type of Agency: Government Agency
 Type of SFSP Organization: Unit of Government

Packet Submitted Date:
 Packet Approved Date:
 Packet Original Approval Date:
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[Show Packet History](#)

2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
No address on file for this year
Type of Agency: Government Agency
Type of SFSP Organization: Unit of Government

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[Show Packet History](#)

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)



- This dashboard contains a series of forms necessary for SFSP enrollment
- The “Submit for Approval” button is enabled **ONLY** when all required forms have been completed correctly

2015 - 2016 Application Packet

30018 Status: Active	Packet Submitted Date:
EAST TENNESSEE HUMAN RESOURCE AGENCY	Packet Approved Date:
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY	Packet Original Approval Date:
No address on file for this year	Packet Status: Not Submitted
Type of Agency: Government Agency	
Type of SFSP Organization: Unit of Government	

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
View	Site Field Trip List		
Details	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[Show Packet History](#)

- The Site Field Trip Section **CANNOT** be completed until after your application has been approved by the SA.

Order of Completion

Wondering what to do first? It makes a really big difference, actually!

Data from preceding forms populate to the succeeding form. For example:

- **Food Production Facilities** (A Central Kitchen or Vendor) pre-populate on the Site Application forms
- The **Budget** is based on the number of operating days and ADP from the Site Application Forms. MARS will essentially calculate your anticipated reimbursement, and you need that figure to build your budget.
- **Checklist** items are attachments to be submitted with the application and are determined based on answers provided in the application packet.

In a nutshell: The Food Production Facilities must be completed **BEFORE** the site applications, and the Budget and Checklist Summary must be completed **AFTER** the site applications.

Correct Order to Complete Forms

1

**Organization
Application**

2

**Management
Plan**

3

**Food
Production
Facility (if
applicable)**

this only
applies to
sponsors
with FSMC
or Satellite
Sites.

4

**Site
Applications**

5

**Budget and
Checklist
Summary**



Action		Form Name
View Modify	1 →	Sponsor Application
Add	5 →	Budget Detail
Details	2 →	Management Plan
Details	3 →	Food Production Facility List (1)
Details	5 →	Checklist Summary (5)
Details		Site Field Trip List
View		Application Packet Notes for Sponsor
Details		Attachment List

Site Applications	Approved	Pending	Return for Correction	De
Summer Food Service Program	0	158	0	

[Show Packet History](#)

Take Note!

2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
No address on file for this year
Type of Agency: Government Agency
Type of SFSP Organization: Unit of Government

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

MARS can be very confusing, because you may think you need to complete your budget after you do your sponsor/organization application...

WRONG!

Your Budget should be one of the last things you do!

Organization Application

Step 1

Contains Basic Info Regarding Sponsor

Action	Form Name	Latest Version	Status
Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	✓ Management Plan	Rev. 1	Approved
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

Organization Application 31

Organization Type

1. Type of Agency: Private Non Profit Organization

2. Type of SFSP Organization: Private Nonprofit

Physical Address

3. Address Line 1:

Address Line 2:

4. City:

5. State: Zip: [USPS Zip Code Lookup](#)

6. County:

Mailing Address

Same as the Physical Address

7. Address Line 1:


Address Line 2:

8. City:

9. State: Zip: [USPS Zip Code Lookup](#)

10. County:

Summer Food Service Contact (i.e., School Food Service Administrator, Program Director)

	Salutation	First Name	M.I.	Last Name
11. Name:	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Date of Birth:	<input type="text"/>	(mm/dd/yyyy)		
13. Email Address: 	<input type="text"/>			
14. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>	<input type="text"/>

- Some of the information may have pre-populated from last year's application
- Review and correct this data
- Enter all other fields

Certification

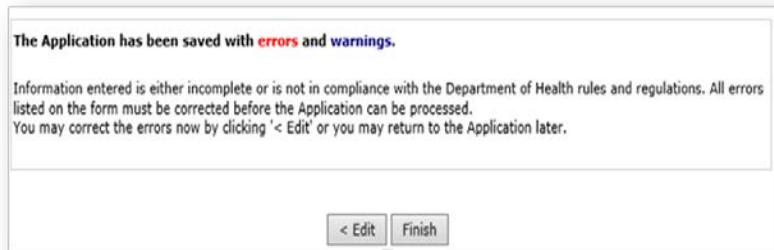
50. I hereby certify that neither the Organization nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Organization, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S. Department of Agriculture policy, this Organization does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: YBacon1 on: 3/7/2016 11:34:53 AM Modified By: YBacon1 on: 3/7/2016 11:34:53 AM





If errors exist, the system will display an error message.

You can correct the errors now (by clicking Edit) or return later (by clicking Finish).

Errors in red must be fixed to submit the app

Warnings in Blue are informational – you can submit your app with warnings

Code	Error Description
201110	Physical Address - Address must be completed. Address line 2 may be blank.
201111	Mailing Address - Address must be completed. Address line 2 may be blank.
201120	Summer Food Service Program Contact - Contact must be completed. Ext and Fax may be blank.
201136	Authorized Representative contact information must be completed.
201150	Claims Contact - Contact must be completed.
201173	Food Service Contact - Contact must be completed.
201170	Monitoring Contact - Contact must be completed.

Code	Warning Description
201225	General Questions - Please add supporting documentation to the Free and Reduced Price Policy Statement checklist item. Attach to the checklist item a listing of the publicly funded programs in which the Sponsor, and its principals, have participated in the past seven years and currently participate in.

Management Plan

Step 2

Click on “Details” for Management Plan



Action	Form Name	Latest Version	Status
View Modify	✔ Organization Application	Rev. 1	Submitted
View Revise	✔ Budget Detail	Original	Approved
Details	➔ Management Plan	Rev. 2	Pending Validation
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

[Show Packet History](#)

Click “Add Management Plan”

Version	Status	Approved Date
No management plan for this year.		

[< Back](#) [Add Management Plan](#)



Management Plan Version: Original

Board Chairman/School Superintendent
(Required for Private Non-profit Organizations)

Salutation	First Name	Last Name
Name: <input type="text" value="v"/>	<input type="text"/>	<input type="text"/>
Date of Birth: <input type="text"/>	(mm/dd/yyyy)	
Title: <input type="text"/>		
Email Address: <input type="text"/>		
Phone: <input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>

Home Address

Address Line 1:

Address Line 2:

City:

State: Zip: [USPS Zip Code Lookup](#)

Administrative Staff

Name: Position title:

Has this person attended the mandatory SFSP training provided by TDHS 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

- On this form you will indicate the number of staff that you have by type, and when they were trained on required topics
- When completed, click the Save button. Correct errors if any exist

Food Production Facilities

Step 3 – IF APPLICABLE!!!!

Many organizations make the mistake of completing this form when it is NOT applicable to them.

Which Orgs Need to Complete it?


- FSMCs
- Orgs that have any Satellite Sites and food is produced in a central kitchen (this would be the food production facility).

Which Orgs SHOULD NOT Complete it?

42

IF ALL YOUR SITES ARE **SELF PREP SITES** AND YOU DO NOT HAVE A FSMC, YOU DO NOT NEED TO COMPLETE THE FOOD PRODUCTION FACILITY SECTION!

Click “Details” to add a Food Production Facility



Action	Form Name	Latest Version	Status
View Modify	✔ Organization Application	Rev. 1	Submitted
View Revise	✔ Budget Detail	Original	Approved
Details	✔ Management Plan	Rev. 1	Approved
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

Add Facilities

Summer Food Service Program

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Food Production Facility List >

Food Production Facilities

3100032547 Status: Active
ON TRACK COMMUNITY DEV. CORP.
DBA:
612 Sunflower Ave Ext Bldg 4
612 Sunflower Ave Ext Bldg 4
Indianola, MS 38751-1234
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Facility Name	Status	Approved Date
On Track Comm dev Corp	Approved	03/04/2016
Mary's Kitchen	Approved	03/04/2016

< Back Add Facility

- To complete a Food Production Facility form, click the “Add Facility” button
- Must identify all food preparation facilities that will be used by any of your Satellite sites
- Add as many as you need until they are all listed.



Food Production Facility Information

1. Food Preparation Type:
2. Facility Name:

Facility Address

3. Address Line 1:
 Address Line 2:
4. City:
5. State: Zip: [USPS Zip Code Lookup](#)

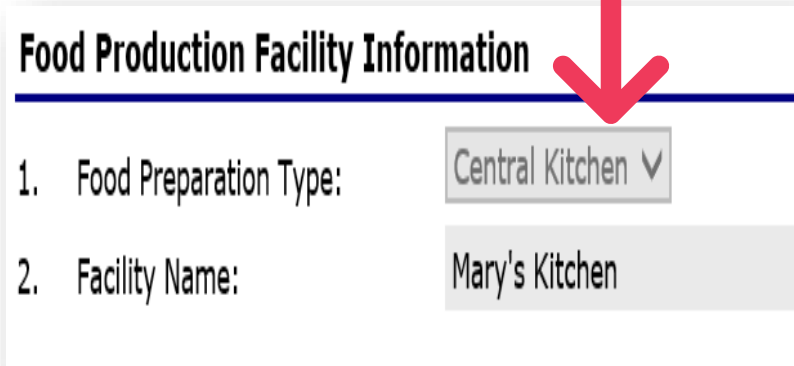
Facility Contact

6. Name: Salutation First Name Last Name
7. Email Address:
8. Phone: Ext: Fax:
9. Title:

Vended Facility Information

10. If vended by a School Food Authority (SFA) or another SFSP Organization, enter SFA/Organization name. If vended by an entity other than an SFA or another SFSP Organization, enter the entity's name.
11. If meals will be vended, indicate whether the Organization is using MDE-provided contract (Two-page agreement), approved alternate form or is exempt from competitive bidding and will use a simple written agreement.
- I will be using the State's Contract Template (2-page agreement)
- I am exempt from competitive bidding and will use a simple written agreement
- I have received state approval to use an alternate form
12. Is the Organization extending the Food Service Management Company (FSMC) contract for which it went out for bid?

Facility Type



Food Production Facility Information

1. Food Preparation Type:

2. Facility Name:

For Question #1 :

- If Prepared on-site, select **Central Kitchen**
 - If Received from a Vendor, select **Vended**
-
- When completed, click the save button
 - Correct errors if any exist

- Multiple facilities can be added
- Once facilities are entered, they will display as selection options on the Site Application Forms
- Food Production Facilities must be entered prior to completing the Site Applications

Site Applications

Step 4 – Complete a Site Application for every site that will be operating

Click Link to See Your Site List

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

2015 - 2016 Application Packet

3100032547 Status: Active Packet Submitted Date: 03/07/2016
ON TRACK COMMUNITY DEV. CORP. Packet Approved Date: 03/07/2016
 DBA: Packet Original Approval Date: 03/04/2016
 612 Sunflower Ave Ext Bldg 4 Packet Status: Approved
 612 Sunflower Ave Ext Bldg 4
 Indianola, MS 38751-1234
 Type of Agency: Private Non Profit Organization
 Type of SFSP Organization: Private Nonprofit

Annual Audit form has not been submitted for this Organization's prior fiscal year.

Action	Form Name	Latest Version	Status
View Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	➔ Management Plan	Rev. 2	Pending Validation
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8



DO NOT Create Duplicate Sites!

50

- Review your site list to see if any missing.
- If sites are missing, DO NOT CREATE DUPLICATES!
- You may need to contact your PS for help.

CAUTION!

2020 - 2021 Application Packet - SFSP Site List

0007 Status: Active

Theo...

Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Approved Site List

Action	Site ID / Site Name	Site Type	BRK	AM	LUN	PM	SUP	Version / Status
View Modify Admin	➔ 0010	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0012	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0055	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0120	Open					X	Original / Not Submitted
View Modify Admin	➔ 0036	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0056	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0127	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0111	Open				X	X	Original / Not Submitted

[Add Site Application](#)

Total Sites Enrolled: 8

The system lists the approved sites from last year

Check to see if any sites are missing, if sites are missing, click “add site application” at the bottom



Searching for Lost Sites ⁵²

2020 - 2021 SFSP Available Site(s)

00067 Status: Active
SCHOOL DIST
DBA: _____ Street
Type of Agency: Educational Institution
Type of SFSP Organization: School Food Authority

Site	Site Status
0003 - School P	Inactive
0004 - Housing Authority	Inactive

Add New Site



DO NOT CLICK THIS BUTTON!!!!!!

You will be redirected to a page with a list of additional sites. If you see the missing site, you can click to add it to your application. **If you DON'T see the missing site, you need to contact your PS.** We can add your missing sites.

You should NEVER manually type in site information. If you get to that point, contact your PS.

Modify Site Information 53

2020 - 2021 Application Packet - SFSP Site

10007 Status: Active

Theo...
Type of Agency: Private (non) Profit Organization
Type of SFSP Organization: Private Nonprofit

Action	Site ID / Site Name	Site Type	BRK
View Modify Admin	0010	Open	
View Modify Admin	0012	Open	
View Modify Admin	0055	Open	
View Modify Admin	0120 Public Library	Open	
View Modify Admin	0036 Rec Center	Open	
View Modify Admin	0056 Salvation Army	Open	
View Modify Admin	0127 County Library	Open	
View Modify Admin	0111 YMCA	Open	

Add Site Application

Total Sites Enrolled: 8

- Once we have all our sites listed, we can start to edit the information for the current PY.
- Click the **Modify** link next to a site to start the application

- Address information will pre-populate from last year's application
- Review and correct this data, and enter all other fields

[Show Changes](#)

**SFSP Site Application
For School Year: 2015 - 2016**

30018 Status: Active EAST TENNESSEE HUMAN RESOURCE AGENCY DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY No address on file for this year Type of Agency: Government Agency Type of SFSP Organization: Unit of Government	0001 Status: Active ALCOA ELEMENTARY No address on file for this year
--	--

Version: Original

Site Physical Address

1. Address Line 1:

Address Line 2:

2. City:

3. State: Zip: [USPS Zip Code Lookup](#)

4. County:

5. Nearest cross street:

Sponsor Contact for this Site

- Questions B7 & L7
- OVS waiver is set to expire on 9/30/21
- When approving your application, your PS may ask you additional questions about how you are going to implement OVS.

B5. Meal Service Method: Self-Prep - Prepares on site

B6. Menu Planning Option: SFSP Menu Pattern

B7. Will this meal utilize offer vs. serve? Yes No

B8. Average Daily Participation (non-camp only): 600

B9. Maximum number of meals that may be served (state use only): 650

B10. Indicate your plan for the receipt and storage of meals before serving to children:

Breakfast

B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016

B2. Enter the number of days the meal will be served each month: Same as the Site

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	10	14	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7 AM :00 End: 7 AM :20

B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 20

B8. Maximum number of meals that may be served (state use only):

B9. Will this meal utilize offer vs. serve? Yes No

B10. Indicate your plan for the receipt and storage of meals before serving to children:

- Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
- Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Number of days entered affect anticipated Budget reimbursement amounts and when a claim can be submitted

Breakfast

B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016

B2. Enter the number of days the meal will be served each month: Same as the Site

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	10	14	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7 AM :00 End: 7 AM :20

B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 20

B8. Maximum number of meals that may be served (state use only):

B9. Will this meal utilize offer vs. serve? Yes No

B10. Indicate your plan for the receipt and storage of meals before serving to children:

Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Average Daily Participation (ADP) affects anticipated Budget reimbursement amounts and claim edits

Breakfast

B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016

B2. Enter the number of days the meal will be served each month: Same as the Site

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	10	14	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7 AM :00 End: 7 AM :20

B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 20

Maximum number of meals that may be served (state use only):

B9. Will this meal utilize offer vs. serve? Yes No

B10. Indicate your plan for the receipt and storage of meals before serving to children:

- Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
- Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Maximum number of meals approved by the State is used as an edit on the claim

Site Operation

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

- Cafeteria Style
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- Other (provide explanation)

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

STUDENTS WILL BE BASED UPON THE ENROLLMENT OF THE SITE

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

Site Staff will contact the Organization to order meals

30. Is this a mobile/outdoor site? Yes No

31. Are you requesting a waiver for the First Week Site Visit? Yes No

32. List the types of scheduled activities at this site, or write "NA" if no activities.

N/A

Don't change anything you have in 27 or 33 right now (moving into Summer 2021)! This will be covered in the form you will complete for us

Budget

Step 5.1

Click “Add” to begin Budget



Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

**Budgets Must be completed after all
Site Application Forms are completed.**

MARS will calculate anticipated reimbursement based on Site Application information;

You will only be required to provide your anticipated expenses.

You Will Enter Nothing Here! It's Pre-populated!



Operating Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	2	149,100	\$322,056.00
Lunch	2	149,100	\$560,616.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$882,672.00

Administrative Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	2	149,100	\$32,056.50
Lunch	2	149,100	\$58,521.75
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$90,578.25



Enter Projected Budget for Costs



Projected Operating Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	<input type="text" value="14,000.00"/>
Total Food Expenses	\$	<input type="text" value="15,000.00"/>
Facilities and Space (Educational Facilities only)	\$	<input type="text" value="0.00"/>
Supplies	\$	<input type="text" value="500.00"/>
Rental Equipment	\$	<input type="text" value="0.00"/>
Purchased Services	\$	<input type="text" value="0.00"/>
Media Costs	\$	<input type="text" value="35.00"/>
Contracting Organization Cost	\$	<input type="text" value="0.00"/>
Other <input type="text"/>	\$	<input type="text" value="0.00"/>
Indirect Cost <input type="text" value="10.00"/> %	\$	<input type="text" value="0.00"/>
Total Operating Costs		\$29,535.00



Projected Administrative Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	<input type="text" value="3,000.00"/>
Facilities and Space	\$	<input type="text" value="0.00"/>
Supplies	\$	<input type="text" value="0.00"/>
Rental Equipment	\$	<input type="text" value="0.00"/>
Purchased Services	\$	<input type="text" value="0.00"/>
Financial Costs	\$	<input type="text" value="0.00"/>
Media Costs	\$	<input type="text" value="0.00"/>
Contracting Organization Cost	\$	<input type="text" value="0.00"/>
Other <input type="text"/>	\$	<input type="text" value="0.00"/>
Indirect Cost <input type="text" value="0.00"/> %	\$	<input type="text" value="0.00"/>
Total Administrative Costs		\$3,000.00

Other Funding Sources 66

Cost Reimbursement Summary

Total SFSP Costs		\$32,535.00
Total SFSP Reimbursement		\$33,015.75
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$	<input type="text" value="0.00"/>
Amount from other funding resources (e.g. grant, donations)	\$	<input type="text" value="0.00"/>
Other funding resources	<input type="text"/>	
Balance		\$480.75

Misc.

Identify how excess funds will be used:

- Used to improve the meal service or other aspects of the SFSP
- Kept for next year's SFSP operations
- Pay for allowable costs of the other child nutrition programs

Is there a rental agreement, lease, or contract associated for any of the non-food costs listed above? Yes No

Certification

I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Department of Health any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Department of Health may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Created By: sponsoruser on: 3/16/2016 11:11:17 AM

- Enter SFSP revenue from the prior program year
- Enter any amounts from other funding resources
- Answer questions on miscellaneous funding
- When completed, click the save button
- Correct errors if any exist



Checklist Summary

Step 5.2

Upload Checklist Documents 68

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

2015 - 2016 Application Packet

3100032547 Status: Active Packet Submitted Date: 03/07/2016
ON TRACK COMMUNITY DEV. CORP. Packet Approved Date: 03/07/2016
DBA: Packet Original Approval Date: 03/04/2016
612 Sunflower Ave Ext Bldg 4 Packet Status: Approved
612 Sunflower Ave Ext Bldg 4
Indianola, MS 38751-1234
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit



Annual Audit form has not been submitted for this Organization's prior fiscal year.

Action	Form Name	Latest Version	Status
View Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	✗ Management Plan	Rev. 2	Pending Validation
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	✗ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

- Based on answers within the application, the system will identify if supplemental information must be submitted with the packet
- Click the “Details” link to view your list of required documents to attach to the application

System will tell you what documents you need to attach

Required Forms/Documents to send to MDE	Document Submitted to MDE	Date Submitted to MDE	Document on File w/MDE	Status	Status Date	Last Updated By
Board Minutes	 <input checked="" type="checkbox"/>	<input type="text" value="03/01/2016"/>	<input checked="" type="checkbox"/>	Approved	03/04/2016	YBacon1
Copy of FSMC Contract(s)	 <input checked="" type="checkbox"/>	<input type="text" value="03/01/2016"/>	<input checked="" type="checkbox"/>	Approved	03/04/2016	YBacon1

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Copy of FSMC Contract(s)		3/4/2016 6:48:13 AM

- Failing to complete the checklist summary is a common reason why Orgs are unable to submit their applications
- Remember, the system will NOT let you submit the application if it is not complete.
- If you cannot submit, check the Checklist Summary first, then call your PS to troubleshoot.

Submission

Final Step

Conduct a Visual Check! 72



Forms requiring completion and/or contain errors display a red arrow.



Forms that are completed and error-free display a green checkmark

“Submit for Approval” only Enabled When All Forms Complete

View Modify	✓ Budget Detail	Rev. 1	Pending Approval
Details	✓ Management Plan	Rev. 1	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	✓ Checklist Summary (5)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	28	0	0	0	0	28



Packet Status Change to “Submitted for Approval”

2015 - 2016 Application Packet

3100032547 Status: Active

ON TRACK COMMUNITY DEV. CORP.

DBA:

612 Sunflower Ave Ext Bldg 4

612 Sunflower Ave Ext Bldg 4

Indianola, MS 38751-1234

Type of Agency: Private Non Profit Organization

Type of SFSP Organization: Private Nonprofit

Packet Submitted Date: 03/16/2016

Packet Approved Date:

Packet Original Approval Date: 03/04/2016

Packet Status: Submitted for Approval



Annual Audit form has not been submitted for this Organization's prior fiscal year.



Action	Form Name	Latest Version	Status
View	✔ Organization Application	Rev. 1	Submitted
View	✔ Budget Detail	Rev. 1	Pending Approval
Details	✔ Management Plan	Rev. 2	Pending Approval
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		

Forms are Now View Only, Pending SA Review

Annual Audit form has not been submitted for this Organization's prior fiscal year.



Action	Form Name	Latest Version	Status
View	✓ Organization Application	Rev. 1	Submitted
View	✓ Budget Detail	Rev. 1	Pending Approval
Details	✓ Management Plan	Rev. 2	Pending Approval
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		



SA Review

- The **SA will review** the Sponsor's submission; during this time, the Application Packet is view-only to the organization
- The SA will either **approve the entire packet or return** some/all packet components to the Organization for additional work
- An **email is sent** by the system to the Organization's SFSP Program Contact when the packet is Returned, Approved, or Denied by the State
- The SA will enter comments viewable at the top of the application packet item screen **requesting data correction or additional information**

Field Trips

Field Trips can only be added after Packet is approved by the SA.

Click “Details” then “Create New Field Trip”



Details	✓	Management Plan	Original	Approved
Details	✓	Food Production Facility List (1)		
View Revise	✓	Budget Detail	Original	Approved
Details		Site Field Trip List		
Details	✓	Checklist Summary (6)		
Details		Application Packet Notes (3)		
View		Application Packet Notes for Sponsor (3)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	0	0	0	0	0	1

Field Trip Form

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Trip Details

1. Trip Date:

Specific Date

Date Range Start Date: End Date:

Multiple Dates

2. Status of Site:

Site will close ▼

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:

- When completed, click the “Save” button.
- Correct errors if any exist



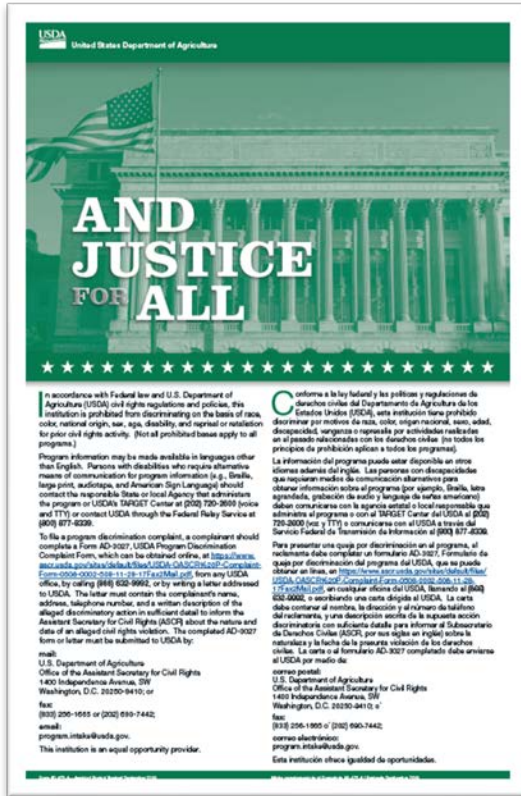
That's It!
Any
Questions?

Non-Discrimination

This institution is an equal opportunity provider.

Full Non-Discrimination Statement link:

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement-2016.pdf>



The poster features the USDA logo at the top left, with the text "United States Department of Agriculture" below it. The background is a green field with a white fence and a building in the distance. The title "AND JUSTICE FOR ALL" is prominently displayed in large, bold, white letters. Below the title is a row of stars. The main text is in two columns, with the left column in English and the right column in Spanish. At the bottom, there are contact details for the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights.

AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and marital or marital status for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-3699 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ams.usda.gov/ocn/usda-ad-3027-complaint>; Form 0008-0002-0018-11-20-11T1 or that you, from any USDA office, by calling (888) 638-8862, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

email:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(800) 255-1665 or (202) 895-7442;
email:
program.intake@usda.gov.
This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, vigencia o nupcialidad por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otro idioma además del inglés. Las personas con discapacidades que necesitan medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra grande, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-3699 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027. Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.ams.usda.gov/ocn/usda-ad-3027-complaint>; Form 0008-0002-0018-11-20-11T1 o que usted, desde cualquier oficina del USDA, llamando al (888) 638-8862, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, dirección y número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) por sus siglas en inglés sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o
fax:
(800) 255-1665 o (202) 895-7442;
correo electrónico:
program.intake@usda.gov.
Esta institución ofrece igualdad de oportunidades.



Marianna Chauvin

Division Director II

mchauvin@mdek12.org

mdek12.org



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EDUCATION

