



**Office of the State Superintendent of Education (OSSE)  
Free Summer Meals Program (FSMP)**

**2015 APPLICATION**

**Complete ALL questions and submit supporting documentation**

<b>Name of Sponsoring Organization:</b>	
<b>DUN's Number:</b>	
<b>Federal Employer Identification Number (EIN):</b>	

<b>1. Type of Agency:</b>				
Local Educational Agency <input type="checkbox"/>	Government <input type="checkbox"/>	Nonprofit Organization* <input type="checkbox"/>	NYSP** <input type="checkbox"/>	Residential Camp** <input type="checkbox"/>

*\*Nonprofit private organizations must submit documentation of their IRS 501(c)(3) exemption status.*

*\*\* Must submit documentation of enrollment process used to determine free/reduced priced eligibility.*

<b>2. Non-Profit Eligibility Status:</b>			
<input type="checkbox"/> Government	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Non-Religious/Non Profit	<input type="checkbox"/> Faith Based/Non Profit
<b>3. Authorized Representative:</b> <i>Individual legally and fiscally responsible for the organizations FSMP operations</i>			
<b>Name and Title:</b> <input style="width: 90%;" type="text"/>			
<b>Address:</b> <input style="width: 95%;" type="text"/>			
<b>Phone:</b> <input style="width: 20%;" type="text"/>	<b>Fax:</b> <input style="width: 20%;" type="text"/>	<b>Email:</b> <input style="width: 60%;" type="text"/>	

<b>4. Contact Person:</b> <i>Individual OSSE communicates with regarding daily FSMP operations</i>			
<b>Name and Title:</b> <input style="width: 90%;" type="text"/>			
<b>Address:</b> <input style="width: 95%;" type="text"/>			
<b>Phone:</b> <input style="width: 20%;" type="text"/>	<b>Fax:</b> <input style="width: 20%;" type="text"/>	<b>Email:</b> <input style="width: 60%;" type="text"/>	
<b>Designee of Authorized Representative</b> <i>(Authorized to sign Program documents and claims) :</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Initial:</b> <input style="width: 40%;" type="text"/>

<b>5. Other U.S. Department of Agriculture programs that the organization participates in:</b> <input type="checkbox"/> None			
<input type="checkbox"/> CACFP	<input type="checkbox"/> National School Lunch Program <input type="checkbox"/> School Breakfast Program	<input type="checkbox"/> Food Distribution/Commodities	<input type="checkbox"/> Special Milk Program

<b>6. Describe the type of ongoing year-round service the agency provides to the community. If no ongoing year-round service is provided, describe the primary purpose of the organization.</b>
<b>7. Did the organization expend \$500,000 or more in federal funds during the most recently completed fiscal year?</b>

<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify each source of federal funds, the amount expended for each <b>and</b> submit an audit report with this application)
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<b>8. Has the organization ever been determined seriously deficient in the operation of any Federal child nutrition program?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide explanation:

<b>9. Has anyone employed by the organization and who is involved in the administration of the FSMP, ever been convicted of fraud or abuse of federal funds?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide explanation:

<b>10. Is the organization requesting Advance payments?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> June: \$ <input type="checkbox"/> July: \$ <input type="checkbox"/> August: \$

<b>11. Operating Dates:</b>	<b>Earliest Start Date:</b>	<b>Latest End Date:</b>
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<b>12. Total Number of Sites:</b>	
<i>If more than one site, skip questions 13 – 14c and complete Site Information Sheet for each site</i>	

<b>13. Meal Types:</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
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<b>14a. Meal Service:</b>	Follows the Healthy School Act (HSA) meal pattern requirements	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>14b. Meal Times:</b>	<input type="checkbox"/> Breakfast:	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
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<b>14c. Weekend Meal Service:</b> <small>(indicate meal times and type)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Saturday:	<input type="checkbox"/> Sunday:
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<b>15a. Source of Meals:</b>	<input type="checkbox"/> Self-Preparation	<input type="checkbox"/> Vended – Name of Food Service vendor:
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<b>For information about procurement process for obtaining meals, contact the FSMP Program Specialist at 202-724-7628.</b>	
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<b>15b. Commodities:</b> If eligible and there is a surplus, does the organization want to receive USDA commodities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>16. Administrative staff and site personnel must be trained annually on FSMP requirements. Documentation of the training must be maintained on file. Training of <u>site</u> personnel shall at the minimum, include:</b>
a) Purpose of the FSMP, b) site eligibility, c) recordkeeping, d) site operations, e) meal pattern requirements, and f) duties of a monitor.
<b>Date(s) of training for organization's <u>administrative</u> staff: (attach separate sheet if necessary)</b>
<b>Date(s) of training for organization's <u>site</u> personnel: (attach separate sheet if necessary)</b>

<b>17. List all sources of income, other than the USDA reimbursements, specifically designated for food service and how it will be used:</b>

<b>18. FSMP Budget</b> (Refer to the <i>USDA SFSP Administrative Guidance for Sponsors</i> handbook for assistance with preparing your budget.)	
<b>Salaries/Food Service Labor:</b>	\$
<b>Food:</b>	\$
<b>Nonfood supplies:</b>	\$
<b>Food service equipment rental:</b>	\$
<b>Building rental/Utilities/Telecommunications:</b>	\$

<b>Transportation:</b>	\$
<b>Office equipment/supplies:</b>	\$
<b>Other:</b>	\$
<b>Total Budget:</b>	\$
<b>Subtract the anticipated reimbursement:</b> <i>Based on the projected number of meals served, by each meal type, multiplied by the rate of reimbursement for each meal type served. See FSMP Reimbursement Worksheet for assistance.</i>	\$ -
<b>Balance:</b> <i>Indicate how surplus funds will be utilized to improve the meals service program or how budgetary deficits will be addressed</i>	\$

<b>19. License Types</b> <i>(Provide information for all that apply)</i>	<b>Expiration Date</b>	<b>License Number</b>
<b>BBL</b> (Basic Business License)		
<b>CO</b> (Certificate of Occupancy)		
<b>CCL</b> (Child Care License)		
<b>BUA</b> (Building Use Agreement)		
<b>HI</b> (Health Inspection)		
<b>FI</b> (Fire Inspection)		

**20. Administrative Staff and Site Personnel Training:** Annual training on basic food safety requirements, per the District of Columbia's Department of Health regulations is required. Documentation of food safety training must be submitted and maintained on file during the FSMP operation period. Training of site personnel shall at the minimum, include all persons handling food.

**\*\*\* Training is MANDATORY for individuals that are not certified as Safe Food Handler's under the Department of Health. Please list the names of site personnel in need of this training.**

**Administrative staff:** (attach separate sheet if necessary)

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**Site personnel:** (attach separate sheet if necessary)


**CERTIFICATION AND STATEMENT OF ASSURANCE:** I certify that the information submitted on this Application, including attachments, is true and correct and am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I assure that all children will be served the same meals, that there will be no discrimination in the course of the food service, and that if not a camp, the meals served will be free at all sites.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name and Title**