



## DC Free Summer Meals Program Organizational Structure Updates

### Section 1: Organization Information

Complete ALL applicable sections and submit supporting documentation.

Name of Organization: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Main Fax Number: \_\_\_\_\_

#### **Physical Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Ward: \_\_\_\_\_

#### **Mailing Address** (if different from physical address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Ward: \_\_\_\_\_

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#### **Authorized Representative** (Owner, Executive Director)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Is this person paid by SFSP funds? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is this person related to any of the organization's personnel, contractors, or board members? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does this person have a financial stake in the organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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#### **Official Designee of Authorized Representative** (Authorized to sign Program documents and claims\*)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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#### **Primary SFSP Contact Person**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## **Section 2: Food Preparation Information**

### **Food Preparation Method(s)**

Indicate the type of service or facility that will be used for food preparation. Check all that apply.

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     **Self-preparation in an on-site kitchen**

Used for:      Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Supper: \_\_\_\_\_  
Days used:    Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

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     **Preparation in a central kitchen operated by the Organization**

Used for:      Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Supper: \_\_\_\_\_  
Days used:    Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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     **Contract with a Food Service Management Company (FSMC) to *deliver meals***

Used for:      Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Supper: \_\_\_\_\_  
Days used:    Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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     **Contract with a Food Service Management Company (FSMC) to *prepare meals on-site***

Used for:      Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Supper: \_\_\_\_\_  
Days used:    Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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     **Contract with a School Food Authority**

Used for:      Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Supper: \_\_\_\_\_  
Days used:    Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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### **Section 3: Operational Procedures**

#### **Staff SFSP Administrative Duties**

List only the personnel who will perform SFSP-related food service and administrative functions.

	<b>Name(s) of Staff Responsible:</b>	<b>Staff Position Title(s):</b>
<b><i>Food Service Functions</i></b>		
Prepares/updates dated daily menus that meet SFSP/HSA meal pattern requirements		
Records appropriate menu substitutions as needed		
Maintains daily delivery tickets <i>(if applicable)</i>		
Prepares meals <i>(if applicable)</i>		
Records the number of meals prepared <i>(if applicable, for at-risk programs only)</i>		
Adjust meal totals as necessary		
<b><i>Administrative Functions</i></b>		
Prepares and submits the SFSP application with required supporting documents		
Submits updates on operations as needed and verifies application information annually		
Collects civil rights data annually		
Collects Income Eligibility Statements (IES) and determines eligibility category for each enrolled participant		
Tracks expenditures, maintains itemized invoices and receipts, and documents labor costs		
Prepares monthly claim for reimbursement		
Signs monthly claim for reimbursement		
Documents all SFSP-related staff training		
Maintains all SFSP records for three (3) years <b>plus</b> the current year. Records must be kept in a central location and available upon request.		

### **Section 4: Publicly Funded Programs**

**Publicly Funded Program Participation**

In the past seven (7) years, has the Organization or any of its principals participated in any publicly funded program in any State? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply (*leave End Date blank if still participating*):

Check (✓) if Participated	Program Name	State(s)	Start Date	End Date
_____	Summer Food Service Program(SFSP)	_____	_____	_____
_____	D.C. Free Summer Meals/Summer Food Service Program (SFSP)	_____	_____	_____
_____	The Emergency Food Assistance Program (TEFAP)	_____	_____	_____
_____	The Fresh Fruit and Vegetable Program (FFVP)	_____	_____	_____
_____	Head Start	_____	_____	_____
_____	National School Lunch Program (NSLP)	_____	_____	_____
_____	School Breakfast Program (SBP)	_____	_____	_____
_____	Afterschool Snack Program (ASSP)	_____	_____	_____
_____	Special Milk Program (SMP)	_____	_____	_____
_____	Team Nutrition	_____	_____	_____
_____	Title XIX or Title XX (Medicaid or Child Care Subsidy Program)	_____	_____	_____
_____	Other (specify): _____	_____	_____	_____

In the past seven (7) years, has the Organization or any of its principals been declared Serious Deficient or terminated from any Federally funded child nutrition program in any State? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, explain and attach any supporting documentation:*

**Section 7: Tax Information**

*If tax status has change, check all that apply.*

\_\_\_\_\_ The Organization is tax-exempt under the Internal Revenue Code of 1986, as amended.

***If yes, attach a copy of the IRS Letter of Determination.***

\_\_\_\_\_ The Organization shares the same tax identification as a church.

***If yes, provide the information below and submit a letter of support from the church.***

Church Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Pastor Telephone Number: \_\_\_\_\_

\_\_\_\_\_ The Organization is a government agency

***If yes, specify the type of government agency.***

\_\_\_\_\_ Military

\_\_\_\_\_ Federal

\_\_\_\_\_ District of Columbia

**Section 8: Verification**

I certify that I understand this application to participate in the Summer Food Service Program in the District of Columbia, and that the information provided in this application 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 deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

\_\_\_\_\_  
**Organization Authorized Representative Signature**

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

\_\_\_\_\_  
**Authorized Representative Printed Name**

\_\_\_\_\_  
**State Agency Representative Signature**

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

\_\_\_\_\_  
**State Agency Representative Printed Name**