

**OKLAHOMA STATE DEPARTMENT OF EDUCATION (OSDE)
CHILD NUTRITION PROGRAMS (CNP)**

**SUMMER FOOD SERVICE PROGRAM (SFSP)
Application Addendum**

Date: _____

This addendum must be submitted with your on-line application. Your application is not considered submitted until this addendum and any required documentation is received by the Oklahoma State Department of Education (here-in after referred to as the State Agency).

Name of Organization: _____

Agreement Number (County/District Number): _____

Date Received by State Agency: _____
(to be completed by State Agency Representative)

SPONSOR

1. Do you have a Certificate of Good Standing from the Oklahoma Secretary of State or, if operating in another state, the state in which you are operating?
☐ Yes ☐ No ☐ N/A

If **Yes**, send Secretary of State documentation to the State Agency.

If **No**, obtain this document from the Secretary of State and submit to the State Agency.

NA if a school, university, or tribal government.

2. List the daily office hours (for review of records): _____

3. Has the Sponsor or any of its Administrative Staff been found Seriously Deficient in another state? ☐ Yes ☐ No

If **Yes**, list what state(s): _____

List names of person(s): _____

Explain:

TRAINING OF SPONSOR'S AUTHORIZED REPRESENTATIVE

4. If your organization has participated in SFSP for the last two (2) consecutive year without any serious deficiencies on a review, you may opt to complete the on-line SFSP training.

Name of Person Completed Training	Title/Position	Contact email

List President or Chairman of the Board for all Private Nonprofits (*exempt are schools, universities, or tribal governments*).

A. Position on Board	B. Last Name	C. First Name
1. President		
2. Chairman		
3.		
4.		
5.		
6.		

D. Related to Other Board Members or Other Administrative Personnel (yes or no)	E. If Related Answer is Yes, State to Whom and How Related	F. Birthdate of Board Member

SPONSOR EXPENDITURES

1. You must provide copies of contracts if you list any of these on your Expenditure Budget for approval and you plan to use SFSP funds to cover any of these expenses. These must be submitted to the State Agency for approval **before** your SFSP Application can be approved:
- a. Utilities (must have separate meter reading or acceptable Indirect Cost Plan) ☐ Yes ☐ No

- b. Rental of facility (send copy of contract to State Agency for approval) ☐ Yes ☐ No
- c. Rental of equipment (send copy of contract to State Agency for Approval) ☐ Yes ☐ No
- d. Use allowance of equipment (send copy of Indirect Cost Plan) ☐ Yes ☐ No

Donations – Cash donations must have a completed and signed donation form. (See the donation form on-line at sde.ok.gov/summerfood).

FOOD PREP/DELIVERY PROCEDURES

1. If food is delivered from a central kitchen, describe the delivery method and delivery route in detail.

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2. Entity providing food preparation/delivery:

Name of FSMC or SFA (if applicable)	Address	Phone	Contact Person

Location of Central Kitchen (if applicable)	Address	Phone	Contact Person

3. How will the temperature of the food be controlled during delivery, if applicable?

SITE MANAGEMENT

Describe your procedure for conducting site visits.

Describe your recruitment policy and procedure. Explain how you enlist new sites.

SITE DEMOGRAPHICS

1. Type of Site: ☐ School ☐ Church ☐ Non-residential Camp ☐ Residential Camp
☐ NYSP ☐ Park ☐ Playground ☐ Recreation Center ☐ YMCA
☐ Other

If Head Start, childcare center, or at-risk program in a childcare center, the Sponsor must contact the State Agency in advance and go over the restrictions of such sites on SFSP to see if site is eligible.

2. Site Eligibility: ☐ Open ☐ Closed Enrolled ☐ Homeless Children
☐ Migrant Children ☐ Nonresidential Camp ☐ Residential Camp
☐ Restricted Open ☐ Upward Bound ☐ Other _____

If other than an open site, state reasons why and describe how you will show the site's eligibility:

ELIGIBILITY DOCUMENTATION

Send to State Agency with this Addendum. State Agency must have this before SFSP Application can be approved.

If other than a school site or camp using Family-Size and Income Application (FSIA) for eligibility, the Sponsor must include the eligibility documentation (FRAC [data must be printed and sent so that the color shows], low-income data, etc.). If using school data and not an actual school site, you must include a map of the school district's attendance area or get a statement from the school that the site is within the attendance area of the school (not necessarily the closest school) and send in with this documentation. Be sure the documentation has the name of the site written on it. No site will be approved until this documentation is received for all sites, except for a school site using its own low-income data.

- ☐ School site using its own low-income data.
- ☐ Camp using FSIA (only meals served to qualifying children will be reimbursed; Camp Daily Meal Count Sheet must be used)
- ☐ Using FRAC data—copy of FRAC map (in color) is attached showing eligibility; be sure name of site is on the data for each site
- ☐ Site is in the attendance area of a school that qualifies (send map showing the site and the district's attendance area or documentation from the school stating that the site is within its attendance area; may not be the closest school)

If meal service is canceled due to inclement weather, how is the public notified?

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Signature of Sponsoring Organization's Administrator, CEO, The Pastor if a church, Superintendent or School Board Chairperson if a school.

Date _____

For State Agency Use Only

Approval Date: _____

Signature: _____

Notes or Comments:

This institution is an equal opportunity provider.