



Instructions for Completing the SFSP On-line Renewal

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Child Nutrition Management System

PROGRAM ▾ CLAIMS ▾ REPORTS ▾ ADMIN ▾

- Create
- Delete Annual Details
- Delete SA/RA Programs
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- Search
- Sedref Query
- SFSP
- SFA Home
- SFSP Home
- SFA Profile/Renewal
- Last Viewed SFA Profile (s)
- SFSP Potential Sponsor
- SFSP Profile
- SFSP Profile/Renewal**
- Single Permanent Agreement

Log into CNMS and choose **SFSP Renewal** from the **Program** drop-box.

SFSP Profile/Renewal

2015-16

[Renewal Instructions](#)

DUNS Number 12345678 expires on 11/17/16 [SAM Website](#)

Approval Date:

Address

Contact

[Authorized Official](#)

[General Phone](#)

[Email](#)

[Fax](#)

[Representative 1](#)

[General Phone](#)

If your SAM is expiring or already has, you must go to the [SAM Website](#) to renew the date. It can be done a month prior to it expiring. This will need to be done annually.



Child Nutrition Management System

PROGRAM - CLAIMS - REPORTS - ADMIN -

SFSP Renewal

Enter Query Criteria

School Year 2015-16

Click 'Find'

Find Clear



1. Complete ALL site information
2. Enter any leftover funds from last year under Excess Fund Balance
3. Review and update both staff charts
4. Complete the budget, if applicable
5. Request an advance

On your Profile/Renewal screen, all of the information that needs to be updated is listed in **RED**.

Indicate the composition of the area serviced by your agency. Total Ethnic Categories must equal 100 percent. Total Racial Categories must equal 100 percent.

Ethnic Categories		Racial Categories	
Hispanic or Latino	0	American Indian or Alaska Native	0
Non-Hispanic or Latino	0	Asian	0
		Black or African American	0
		Native Hawaiian or Other Pacific Islander	0
		White	0
Total	0	Total	0



The following information is missing. It is required to complete the Annual Renewal:

Total Ethnic Categories must equal 100

Total Racial Categories must equal 100

Eligibility record not found

Excess Fund Balance not entered

Shifts needs to be greater than 0

All Site Program dates.

[National School Lunch Program\(NSLP\) - Click Here for Profile](#)

2015-16 SFSP Profile
Annual Site Information
[Insert Sponsor Kitchens](#)

Camp Sunshine 12 Harmony Lane Happyville, NY 12345	LEA Code 12345678	Rural/Urban Urban	Kosher Milk Waiver N	Eligibility/Due Not Found Contract N	Method of Service Self Prep Unitized Waiver N	Site Type Closed Enrolled in Needy Area
--	----------------------	----------------------	-------------------------	--	---	--

SFSP Program Information [Click here if site not operating](#)

Start Date	End Date	Approval Date	1st Week Site Visit	Self Review by	Site Field Trips
			Waived		

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	Offer Vs Served	FOC	Menu Option	POS	Shifts
Breakfast	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	N/A	N/A	N/A	27	No		SFSPMP	1	
Lunch	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	N/A	N/A	N/A	84	No		SFSPMP	1	

NSLP Access National School Lunch Program details from NSLP Profile Link at the top of this page.

Review all information that has been "rolled" from the previous year, and update as needed. Information that rolls from year to year includes site's days, times, site kitchens, staff charts and other site information. Items in red are required information to be entered before the sponsor is able to submit the renewal.

Throughout the renewal whenever any data is entered always click the 'Save' or 'Insert' button before continuing to the next step.

Budget and **Advances** should not be addressed until all of the site information and the **Excess Fund Balance** has been entered.

SFSP Profile/Renewal

2015-16

Renewal Instructions

DUNS Number

Approval Date:

Address 123 Sunny Street

Contact Mr. Happy Face

Authorized Official

General Phone 518-789-1234

Email happy@gmail.com

Fax

Representative 1 Susie Sunshine

General Phone 518-789-1234

E-Mail sunny@gmail.com

Representative 4

E-Mail

Representative 2

Representative 3

Program Participation Summer Food Service Program

Commodities No

Excess Fund Balance \$0

Staff Charts Admin Chart \$0

Budget Admin \$0

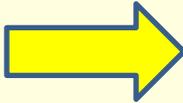
Advances June not eligible operating < 10 days

July Advance not requested

Operating Chart \$3,585

Operating \$0

If needed, update any names or contact information by clicking on each link. Missing information will be in **RED**. It is required to update the Authorizing Official, Representative 1 with phone numbers and e-mail addresses, if needed. Representative 2 and 3, 4 are optional.



Contact People

Name	Contact Role	Begin Date
Rainbow Smith	Representative 4	05/13/13
	Representative 1	05/27/14
	Authorized Official	05/14/12



Click **'New'** to add someone, representative 2 in this case, as a new contact role. To change the information for an existing contact, including the name, click on the person's name. The changes will be made on the following screens.

Address Information

Payee Address: 5957 Us Route 20, Lafayette, NY 13084

Address Type	Full Address
General	20 Main St. Albany, NY 12234

Contract Information

Sponsor Kitchens



Historical Agency Names



Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

REPORTS ▾

ADMIN ▾

LOG OFF ▾

Contact People

Enter values for new Contact People record

Salutation:

First Name:

MI:

Last Name:

Generation:

Contact Role:

Click **'New'** under contact people if you have new representatives to add. Click **'Delete'** to delete the contact person. Authorized Official and Representative 1 cannot be deleted, click **'New'** to update their information, if necessary.

Click **'New'** under **'Contact Devices'** (brings you to bottom screen) to add a 'Device Type'. To change a number or email address click on the name of the device type; Fax, General Phone, E-mail in this screen shot.



Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

REPORTS ▾

ADMIN ▾

LOG OFF ▾

Contact Devices

Device Type:

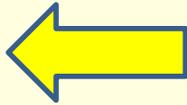
Value:

[Back to People](#)

Select the device type by clicking the down arrow that is to the right of the 'Device Type' box.
Enter the phone number or email address in the 'Value' box, click **'Save'**.

Click **'New'** again on the same page to enter other contact device type information and click
Repeat until all information is entered. Return to the renewal screen ([pg. 1](#))

Ethnic Categories	
Hispanic or Latino	<input type="text"/>
Non-Hispanic or Latino	<input type="text"/>
Racial Categories	
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White	<input type="text"/>



From the Profile/Renewal page, click either **Ethnic Category** or **Racial Category** to bring you to this screen.

Indicate the Ethnic and Racial breakdown of the area serviced by your area/institution (by percentage.) The two ethnic categories must total 100%; the five racial categories must total 100%.

Last Updated 03/26/15

[Save](#) [Revert](#)

SPONSOR ANNUAL INFORMATION

Sponsor Name
 LEA Code
 School Year 2015-16
 Advance Approval Yes
 June Advance not available - operating < 10 days.
 July Advance not available - operating < 10 days.
 August Advance not available - operating < 10 days.

Commodities

Excess Fund Balance

Ethnic Categories	
Hispanic or Latino	10
Non-Hispanic or Latino	90
Racial Categories	
American Indian or Alaska Native	2
Asian	5
Black or African American	10
Native Hawaiian or Other Pacific Islander	0
White	83

Enter your data and Click **'Save'** when

Last Updated 03/26/15

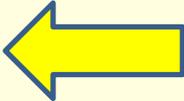
[Save](#) [Revert](#)

[Site Annual Information List](#)

[SFSP Renewal](#)

Success!

Row updated



Once you receive the **Success!** message after you save, click [SFSP Renewal](#) to take you back to the Renewal page.

SPONSOR ANNUAL INFORMATION

Sponsor Name
 LEA Code
 School Year 2015-16
 Advance Approval Yes
 June Advance not available - operating < 10 days.
 July Advance not available - operating < 10 days.
 August Advance not available - operating < 10 days.

Next click on [SFSP Program Information](#) to enter your dates of operation. This will need to be done for each site.

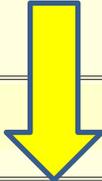
Indicate the composition of the area serviced by your agency. Total Ethnic Categories must equal 100 percent. Total Racial Categories must equal 100 percent.

Ethnic Categories		Racial Categories	
Hispanic or Latino	10	American Indian or Alaska Native	2
Non-Hispanic or Latino	90	Asian	5
		Black or African American	10
		Native Hawaiian or Other Pacific Islander	0
		White	83
Total	100	Total	100

The following information is missing. It is required to complete the Annual Renewal:
 Eligibility record not found Shifts needs to be greater than 0
 Excess Fund Balance not entered

[National School Lunch Program\(NSLP\) - Click Here for Profile](#)

2015-16 SFSP Profile
Annual Site Information
Insert Sponsor Kitchens



LEA Code	Rural/Urban	Kosher	Eligibility/Due	Method of Service	Site Type
	Urban		Not Found	Self Prep	Closed Enrolled in Needy Area
		Milk Waiver N	Contract N	Unitized Waiver N	

[SFSP Program Information](#) [Click here if site not operating](#)

Start Date End Date Approval Date 1st Week Site Visit Self Review by [Site Field Trips](#)

Waived

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	Offer Vs Served	FOC	Menu Option	POS	Shifts
Breakfast	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	N/A	N/A	N/A	27	No		SFSPMP	1	
Lunch	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	N/A	N/A	N/A	84	No		SFSPMP	1	

NSLP Access National School Lunch Program details from NSLP Profile Link at the top of this page.

[Printer Friendly Version](#)

For Sponsors operating Open and Closed Enrolled Sites

Sponsors operating Camps- go to page 11-12

[Back to Site Annual Information](#)
[SFSP Renewal](#)

Site Programs

Sponsor Name:

LEA Code:

Site Name:

LEA Code:

Site Type: Closed Enrolled in Needy Area

School Year: 2015-16

Program Name: Summer Food Service Program

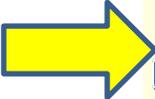
Begin Date: [CAL](#)

End Date: [CAL](#)

List Date(s) with no meal service:

[Save](#) [Site Not Operating](#) [Revert](#)

Enter the **Begin Date** and **End Date**, use the '[CAL](#)' link to bring up a calendar to choose the date, and click '[Save](#)'. The date must be entered in MM/DD/YY format. For example 06/10/16.



[Back to Site Annual Information](#)

Meal Types

[Breakfast](#)

[Lunch](#)

Records 1 to 2 of 2

Program Name: Summer Food Service Program

Begin Date: 06/29/15 [CAL](#)

End Date: 08/28/15 [CAL](#)

List Date(s) with no meal service:

[Save](#) [Site Not Operating](#) [Revert](#)

[Back to Site Annual Information](#)

Meal Types

[Breakfast](#)

[Lunch](#)

Records 1 to 2 of 2

[New](#)

[Back to Site Annual Information](#)

Click the '[New](#)' button below '**Meal Types**' on this same page to add a meal, or click the meal type ([Breakfast](#), [Lunch](#), [Supper](#), [Supplement](#), [Snack](#)) to change days and/or times.

If deleting a meal, click on meal type, scroll down and click '[Delete](#)'.

If changing meal times, click on the Meal ([Breakfast](#), [Lunch](#), [Supper](#), [Supplement](#), [Snack](#)) then, on the next page scroll to the bottom and click [Create Update Days](#). See pages 9 and 10.

Camp Sessions

No Records returned

[Site Annual Information List](#)
[Back to Site Annual Information](#)
[SFSP Renewal](#)
[Back to Site Program Information](#)

Meal Types

Site Name:

LEA Code:

Sponsor Name:

LEA Code:

Site Type: Closed Enrolled in Needy Area

School Year: 2015-16

Name: Breakfast

Menu Option: Summer Food Service Program Meal Pattern

FOC:

Offer vs. Serve: N

Projected # Eligibles:

Participation/Enrollment: 27

Meal ADP Waiver: N

Points Of Service: 1

Shifts:

What Campers will Participate:

Residential Campers:

Day Campers:

Staff Children:



Once all required information has been entered, Click 'Save' then scroll to the bottom of the page to [Create Update Days](#).

Menu Option: Choose SFSP Meal Pattern except for Snack, Choose Snack Meal Pattern

Flexible Off-Site Consumption (FOC): Check box if you will allow children to take one item off-site (grain, fruit or veg)

Offer vs. Serve: 'Y' if participating in OVS

Projected # of Eligibles: For Closed Enrolled in Non Needy Area sites only. The projected # eligible must be at least 50% of enrollment.

Participant/Enrollment: Total number of children eating at this site for this meal. Enter maximum expected at one time.

Points of Service: Number of places where children will receive meals and the meal count is taken.

Shifts: Number of shifts that meals will be served. Must enter at least a '1'.

Days

Day	Begin Time	End Time
Monday	08:30am	09:15am
Tuesday	08:30am	09:15am
Wednesday	08:30am	09:15am
Thursday	08:30am	09:15am

Records 1 to 4 of 4

• [CREATE UPDATE DAYS](#)

[Site Annual Information List](#)
[Back to Site Annual Information](#)
[Back to Site Program Information](#)



Use this link to enter or update times for a meal service or the days of the week that meals are served.

For Sponsors operating Residential or Non-Residential Camps

Meal Types

[Breakfast](#)
[Lunch](#)

Records 1 to 2 of 2

[New](#)

[Back to Site Annual Information](#)

Camp Sessions

No Records returned

- [Create and Update Camp Sessions Only](#)

[Back to Site Annual Information](#)

Even if you have only one session, all Sponsors operating a Camp site will enter their operating dates by clicking on [Create and Update Camp Sessions Only](#)



PROGRAM ▾ CLAIMS ▾ REPORTS ▾ ADMIN ▾ LOG OFF ▾

Create and Update Camp Sessions Only

Begin Date End Date # Enrolled Residential Campers # Eligible Residential Campers # Enrolled Day Campers # Eligible D

[Save](#) [Revert](#) [New](#)

Click 'New'



[SFSP Renewal](#)
[Back to Site Program Information](#)

Create and Update Camp Sessions Only

Begin Date	End Date	# Enrolled Residential Campers	# Eligible Residential Campers	# Enrolled Day Campers	# Eligible Day Campers	# of Staff Children	# of Staff Children Eligible	Comments	Insert?
06/27/16 CAL	07/15/16 CAL	100	90	0	0	0	0		✓ Clear
07/18/16 CAL	08/12/16 CAL	100	85	0	0	0	0		✓ Clear
CAL	CAL								Clear
									Clear
									Clear
									Clear
									Clear
									Clear

Enter the camp site's session **Begin** and **End Dates** and the number of **Enrolled** and **Eligible Residential Campers**, number of **Enrolled** and **Eligible Day Campers** and number of **Staff Children** and **Eligible Staff Children**. Use the [CAL](#) button to bring up a calendar for assistance. Use the comment box to indicate all days where there is no meal service or any limited meal service for the corresponding session. Then click '**Save**', scroll to the bottom of the page.

Once you Save the 'Rows inserted successfully: #' message should appear at the top of the screen. The # should be equal to the number of sessions that were input. If all rows were not inserted successfully make sure all information is in the correct format, all the dates are correct, and that sessions do not have overlapping days.

Indicate the composition of the area serviced by your agency. Total Ethnic Categories must equal 100 percent. Total Racial Categories must equal 100 percent.

Ethnic Categories		Racial Categories	
Hispanic or Latino	10	American Indian or Alaska Native	2
Non-Hispanic or Latino	90	Asian	5
		Black or African American	10
		Native Hawaiian or Other Pacific Islander	0
		White	83
Total	100	Total	100

The following information is missing. It is required to complete the Annual Renewal:
 School Eligibility record not found Shifts needs to be greater than 0
 Excess Fund Balance not entered

[National School Lunch Program\(NSLP\) - Click Here for Profile](#)

2015-16 SFSP Profile
 Annual Site Information
 Insert Sponsor Kitchens



If eligibility is 'Not Found' it needs to be updated, click Eligibility/Due.

LEA Code	Rural/Urban	Kosher	Eligibility/Due	Method of Service	Site Type
	Urban		Not Found	Self Prep	Closed Enrolled in Needy Area
		Milk Waiver N	Contract N	Unitized Waiver N	

SFSP Program Information [Click here if site not operating](#)

Start Date	End Date	Approval Date	1st Week Site Visit	Self Review by	Site Field Trips
06/29/15	08/28/15		Waived	07/26/15	

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	Offer Vs Served	FOC	Menu Option	POS	Shifts
Breakfast	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	N/A	N/A	N/A	27	No		SFSPMP	1	
Lunch	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	N/A	N/A	N/A	84	No		SFSPMP	1	

NSLP Access National School Lunch Program details from NSLP Profile Link at the top of this page.

[Printer Friendly Version](#)

[Return to Query](#)



Child Nutrition Management System

- [PROGRAM ▾](#)
- [CLAIMS ▾](#)
- [REPORTS ▾](#)
- [ADMIN ▾](#)
- [LOG OFF ▾](#)

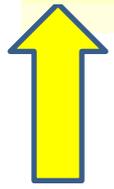
Site Name:
 Site LEA Code:
 Sponsor Name:
 Sponsor LEA Code:
 Created Date: 01/01/00

- [Site General Information](#)
- [Site Annual Information](#)

Eligibility Periods

[New](#)

Click 'New'





Eligibility Period

Qualifying Site LEA Code required for Open, Restricted Open and Closed Enrollment

Enter values for new record

Eligibility Type:

Approval Year:

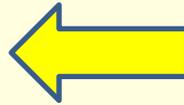
Qualifying School LEA Code:

Qualifying School LEA Code:

Qualifying School LEA Code:

Block Group Code:

Census
Certification - CACFP
Certification - Headstart
Certification - Migrant
Certification - School
Certification - Upward Bound
Certification - WIA
Household Income Application
Housing
SED



[Save](#)

[Clear](#)

[Back to Summer Feeding Site](#)

Click on the arrow to see a list of eligibility types. Select the appropriate one for the site.

If using SED data, enter the **Qualifying School LEA Code**. Use the 12-digit LEA code(s) of the eligible school(s) from which the site will draw its attendance. (Found on SED's [Summer Open Eligible School's](#) list).

If using Census Data, use the 10-digit **Block Group Code** and then click **Save**.

If you need the LEA code or Census Block Group Code see the following pages.



[CNMS Home](#)
[USDA](#)
[Links](#)
[Glossary](#)
[Annual Checklist](#)
[Contact Us](#)
[FAQs](#)
[About Us](#)

[Search](#)
[CNKC: Summer Food Program](#)

	What's New	What's New	
Administrative Review	 <p>Program Guidance and Resources</p> <p>Administrative Guidance for Sponsors (2/16)</p> <p>Attachments (2/16)</p> <p>Nutrition Guidance (2/16)</p> <p>Monitor's Guide (2/16)</p> <p>Site Supervisor's Guide (2/16)</p> <p>2016 Summer Food Service Program Federal Reimbursement Rates (2/16)</p> <p>Instructions for Submitting and Adjusting SFSP Claims (9/14)</p> <p>2015 Spanish Version of the Site Supervisor Guide (9/15)</p> <p>Nutrition Guidance for Sponsors (1/15)</p> <p>Potential Reimbursement Worksheet for Self-Prep (2/16)</p> <p>Potential Reimbursement Worksheet Urban-Vended (2/16)</p> <p>Appeal Procedures-Summer Food Service Program 5/15</p> <p>Summer Food Service Program Federal Regulations (10/10)</p> <p>Fiscal Management (2/12)</p> <p>State Sanitary Code for Food Service Establishments (4/12)</p>	<p>Training</p> <p>Summer Food Service Program S Webinar for Returning Spon NEW</p> <p>Summer Food Service Program Offer Versus Serve in the Summer Program - YouTube</p> <p>Civil Rights Presentation</p> <p>Newsletters</p> <p>February Newsletter (2/16)</p> <p>January Newsletter (1/16)</p> <p>Eligibility</p> <p>Area Eligible School Data for Qualifying Open and Closed Enrolled Sites in a Needy Area (1/16)</p> <p>Rural Designation Mapper (5/15)</p> <p>Site Expansion and Capacity Builder (1/15)</p> <p>FRAC Summer Food Mapper (11/14)</p> <p>Census Data Link (3/10)</p> <p>Site Eligibility and Meal Chart (2/12)</p> <p>2016 Income Eligibility Form for the SFSP (1/16)</p> <p>Income Eligibility Guidelines 2015-2016 (7/15)</p> <p>Parent Letter (12/15)</p> <p>Media Release (12/15)</p> <p>Notification Letter for SFSP Meals (12/15)</p> <p>Determining Area Eligibility Based on School Data Memo (11/12)</p> <p>Forms</p>	
Eligibility			<p>Go to the Child Nutrition Knowledge Center (CNKC) under Eligibility or follow links below.</p> 
Food Based Menu Planning			
Forms			
General Info			
HACCP/Sanitation			
Holds			
Local Wellness Policy			
Management Companies			
New School Food Authority			
Nutrition & Health			
Policy & Regulations			
Programs			
Reauthorization			
Reimbursement			
Reports			
Resources			
Reviews			
Summer Food Service Program			

[Area Eligible School Data for Qualifying Open and Closed Enrolled Sites in a Needy Area](#)
[Site Expansion and Capacity Builder](#)
[FRAC Summer Food Mapper](#)



Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

REPORTS ▾

ADMIN ▾

LOG OFF ▾

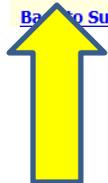
Eligibility Periods

Success!

Row inserted

Eligibility Type:	<input type="text" value="SED"/>
Approval Year:	2015-16
Start:	06/16/15
End Year:	2016
Qualifying School LEA Code:	<input type="text" value="420807040002"/>
Qualifying School LEA Code:	<input type="text" value="429000000003"/>
Qualifying School LEA Code:	<input type="text"/>
Block Group Code:	<input type="text"/>

[Back to Summer Feeding Site](#)



Enter your LEA Code or Block Group Code and hit 'Save'. Once you receive the **Success!** message click [Back to Summer Feeding Site](#)

[Site Annual Information List](#)

[SFSP Renewal](#)

Success!

Row updated

SPONSOR ANNUAL INFORMATION

Sponsor Name
LEA Code
School Year 2015-16
Advance Approval Yes
June Advance not available - operating < 10 days.

[Request July Advance](#)

[Request August Advance](#)

Commodities

Excess Fund Balance

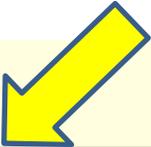


Ethnic Categories	
Hispanic or Latino	
Non-Hispanic or Latino	
Racial Categories	
American Indian or Alaska Native	
Asian	5
Black or African American	10
Native Hawaiian or Other Pacific Islander	0
White	83

Click 'Excess Fund Balance' on the main Renewal page. Even if there were no excess SFSP funds from the previous year a '0' must be entered. Note: this pertains to SFSP funds ONLY

Once everything in **RED** is gone, you may have other items that you want to change or update. If there's a change in your Method of Service, if you are entering or ending a Contract Agreement with a Food Service Management Company, or want to request the 6 oz. milk waiver for younger children, click [Method of Service](#).

2015-16 SFSP Profile
Annual Site Information
[Insert Sponsor Kitchens](#)



LEA Code Rural/Urban **Kosher** Eligibility/Due Method of Service Site Type
Urban SED 2016 Self Prep Closed Enrolled in Needy Area
Milk Waiver N **Contract** N **Unitized Waiver** N

[SFSP Program Information](#) [Click here if site not operating](#)

Start Date End Date Approval Date 1st Week Site Visit Self Review by Site Field Trips
06/29/15 08/28/15 Waived 07/26/15

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	Offer Vs Served	FOC	Menu Option	POS	Shifts
Breakfast	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	N/A	N/A	N/A	27	No		SFSPMP	1	
Lunch	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	N/A	N/A	N/A	84	No		SFSPMP	1	

NSLP Access National School Lunch Program details from NSLP Profile Link at the top of this page.

[Site Annual Information List](#)
[Sponsor Annual Information](#)
[SFSP Renewal](#)

SITE ANNUAL INFORMATION

Site Name:
LEA Code:
School Year: 2015-16
Renewal Date: 03/26/15
Location: Urban
Site Type: Closed Enrolled in Needy Area
Contract:
Rate Type: A
Method of Service:
Kosher Option:
Commodities Eligibility: Y
Camp Permit Received: N
6oz.Milk Waiver # Children:

Site Kitchen

No Records returned

Choose "Y" or "N"
for **Contract**:

Choose **Method of Service**.

Self Prep: You prepare your own meals on site and serve meals only at that site

Satellite: Your site receives meals from a separate kitchen.

Sat-Prep: Your site prepares its own meals but also sends meals out to other satellite sites.

Enter # of children you are requesting to serve with the **6 oz. Milk Waiver**.



Child Nutrition Management System

Click on the blue arrow to the right of the 'Name:' box to bring up the available kitchens.

Enter values for new record

Name: 
Address:
City:

[Back to Annual Detail](#)
[Insert Sponsor Kitchens](#)

For all Satellite sites you must indicate the name and address of where the meals are being prepared and then delivered to your site.

Once you have entered all Sat-Prep sites and/or Sponsor kitchens, they will populate when you click 'New' under Site Kitchen. Choose the appropriate kitchen location for each site. If you need to enter a new Sponsor Kitchen see page 19.



Child Nutrition Management System

- PROGRAM ▾
- CLAIMS ▾
- REPORTS ▾
- ADMIN ▾
- LOG OFF ▾

Enter values for new record

Name:

Address:

City:

[Back to Annual Detail](#)
[Insert Sponsor Kitchens](#)



If the desired kitchen is not available in the pop-up window, a new Sponsor Kitchen must be input. Click '[Insert Sponsor Kitchens](#)' underneath the 'Save' and 'Clear' buttons to enter the information for a new Sponsor Kitchen. (The Sponsor Kitchens page can also be accessed from the SFSP Profile page. [Insert Sponsor Kitchens](#) is directly above the first Site Information table/chart.)

Sponsor Kitchens

Name: Address:

Address2: City:

State: Zip:

County: Albany

Insert?

Name: Ad

Address2: Ci

State: Zi

County: Albany

Name: Ad

Address2: Ci

State: Zi

County: Albany

Name: Ad

Address2: City:

State: Zip:

County: Albany

Insert?

For new **Sponsor Kitchens** input the name and address of each kitchen the sponsor uses.

Click the '[Insert](#)' button at the bottom of the page.

Once completed, go back to the [Renewal](#) screen.

From the renewal page the newly created Sponsor Kitchen must be selected through the process described earlier.

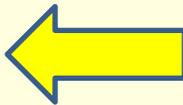
American Indian or Alaska Native	2
Asian	5
Black or African American	10
Native Hawaiian or Other Pacific Islander	0
White	83

Last Updated 03/26/15

[Save](#) [Revert](#)

Staff Charts

Chart Name	Total Labor
Administrative	\$0
Operational	\$3,585



You can get to the Staffing Charts and Budget from this screen OR from the Renewal Screen (see below)

Budget

No Records returned

[New](#)



Claims Information

Program Name	View/Revise	New Claim
Summer Food Service Program	View	New

Representative 2

Representative 3

[Program Participation](#) Summer Food Service Program

[Commodities](#) No

[Excess Fund Balance](#) \$0

[Staff Charts](#)

[Budget](#)

[Advances](#)

[Admin Chart](#) \$0

Admin \$0

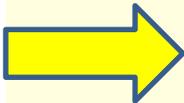
June not eligible operating < 10 days

July Advance not requested

August Advance not requested

[Operating Chart](#) \$3,585

Operating \$0



According to [New York State Labor Laws](#), all staff, that does not have supervisory or managerial duties, must be paid an hourly wage that is at or above the minimum wage, and be paid at least every 2 weeks.

All staff working with the SFSP must be represented on the staffing chart. This includes workers that are volunteers or any staff paid from funds other than the SFSP reimbursement. For smaller programs it is possible that one person works multiple positions, and can be entered as such.

NYS ED Child Nutrition Management System

PROGRAM > CLAIMS > REPORTS > ADMIN > LOG OFF >

Administrative Staff Chart

Position	Number of Staff In Position	Number of Program Adults	Paid By	For staff paid hourly enter wage or Begin wage range (to)	End wage range
Administrator	1	1	Salary	0 to	0
SFSP Director	1	1	Non-SFSP Funds	0 to	0

Save Revert **New** ReQuery

Total Administrative Labor

[Operational Staff Chart](#)

[Back to Annual Detail](#)

Click 'New' to enter staff. This will allow up to five staff members to be added. If more than 5 positions are needed, save the first five, then click 'New' again to get five new available lines.

Administrative Staff Chart

Position	Number of Staff In Position	Number of Program Adults	Paid By	For staff paid hourly enter wage or Begin wage range (to)	End wage range	Fringe Benefits	Total Cost Attributed to the SFSP
Administrator	<input type="text"/>	<input type="text"/>	Hourly	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
Clerical	<input type="text"/>	<input type="text"/>	Non-SFSP Funds	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
Consultant	<input type="text"/>	<input type="text"/>	Salary	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
Monitor	<input type="text"/>	<input type="text"/>	Volunteer	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
SFSP Director	<input type="text"/>	<input type="text"/>		<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> to	<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>

Save

Click 'Save' when done. Then click [Operational Staff Chart](#)[Administrative Staff Chart](#)[Operational Staff Chart](#)

Position: You must choose an Administrator first, this may be your Authorized Official or Superintendent. Then enter all other staff.

Number of Staff in Position: May have more than one person in a position

Number of Program Adults: Program Adults work directly with the meal service at the summer site as either a volunteer or an employee. Meals may be served free to Program Adults. Meals served to Program adults cannot be claimed for reimbursement but they may count as an operating cost. Enter the number of adults intending to include in the cost of meals here.

Paid By: Indicate what funds are being used to pay each position.

Hourly - the worker is paid hourly and at least some of their pay comes from the SFSP reimbursement.

Non-SFSP Funds - the worker is paid, but not using SFSP reimbursement *ie.* A general account

Salary - the worker has a supervisory or managerial position, is on salary, and at least some of their pay comes from the SFSP reimbursement.

Volunteer – the worker is an unpaid volunteer.

For staff paid hourly enter wage or Begin wage range (to): Enter the hourly wage that will be paid. If more than one worker is in a position, and each have different hourly wages, enter the beginning wage range amount.

End wage range: If only one staff member being paid in this position, leave blank. If more than one, enter the end wage range amount.

Fringe benefits: if using SFSP reimbursement indicate the amount.

Total Cost Attributed to the SFSP: Include the total of wages and fringe benefits being paid out of the SFSP reimbursement. An error will occur if more than 15% of projected reimbursement is allocated to Administrative Costs, including salaries.



Child Nutrition Management System

PROGRAM >

CLAIMS >

REPORTS >

Complete the **Operational Staff Chart** the same as the **Administrative Staff Chart**. You will have to enter a Site Supervisor first.

Operational Staff Chart

Position	Number of Staff in Position	Number of Program Adults	Paid By	For staff paid hourly enter wage or Begin wage range (to)	End wage range	Fringe benefits	Total Cost to SFSP
Cook/Chef	1		Hourly	12 to	12	0	1440
Cook/Chef	1	1	Hourly	12 to	12	0	684
Driver	1		Salary	0 to	0	0	624
Kitchen Help	1		Hourly	9 to	9	0	432
Kitchen Help	1	1	Hourly	9 to	9	0	405
Site Supervisor	1		Volunteer	0 to	0	0	0
Site Supervisor	1	1	Volunteer	0 to	0	0	0

Save Revert New ReQuery

Total Operational Labor: \$3,585

[Administrative Staff Chart](#)

[Back to Annual Detail](#)

Don't forget to click **'Save'** and then click on [Back to Annual Detail](#) and Click **'New'** under **Budget**.

Budget

2015-16

Based on program operating dates and projected participation, current year federal program reimbursement is \$13,041. Please indicate how this money along with the reported excess fund balance of \$0 will be allocated to projected allowable program costs by completing the budget. The amount of reimbursement attributable to administrative costs cannot exceed \$1,956. Total budget (Administrative Costs + Operating Costs + Excess Fund Balance) cannot exceed \$13,041. Excess funds may not be used to increase salary or fringe benefit costs when the sole purpose of the increase is to reduce a nonprofit food service program balance.

Administrative Costs		Operational Costs (Sites)	
Salaries/Fringe Benefits	1500	Food Service Labor/Fringe Benefits	3585
Rent for Office Space	0	Food	0
Office Supplies	0	Non-Food Supplies	0
Administrative Mileage	0	Transportation of Food	0
Audit Fees	0	Utilities	0
Telephone	0	Equipment Rental	0
Postage	0	Depreciation of Non-Expendable Equipment	0
Printing/Copying	0	Kitchen Rental	0
FSMC Bid Advertisement	0	Truck Rental	0
Insurance	0	Refuse Removal	0
Indirect Costs	0	Transportation Children (Rural Only)	0
		Equipment Repairs (normal maintenance only)	0

Save Clear

[Back to Annual Detail](#)

Payroll from the staffing charts for both **Operational** and **Administrative Costs** are automatically entered; a sum of the 'Total Cost Attributed...' columns from the respective staff charts.

Enter the appropriate expenses keeping in mind at least 90%, and no more than 100% of the total projected reimbursement plus excess funds must be allocated, with no more than 15% directed towards Administrative Costs. The information above the chart that begins with 'Based on program operating...' has the maximum amount to budget and the maximum allowable for Administrative Costs.

Once you have completed the budget, print a paper copy for your records or manually record what was input then click the **'Save'** button. **Make sure to update the budget before submitting the final claim for the summer.**

Click [Back to Annual Detail](#) on the bottom of the page.

Then click [SFSP Renewal](#) on the top of the page.

SPONSOR ANNUAL INFORMATION

Sponsor Name
LEA Code
School Year
Advance Approval

2015-16
Yes
June Advance not available - operating < 10 days.

[Request July Advance](#)

[Request August Advance](#)

No

1000

Commodities

Excess Fund Balance

Ethnic Categories	
Hispanic or Latino	10
Non-Hispanic or Latino	90
Racial Categories	
American Indian or Alaska Native	2
Asian	5
Black or African American	10
Native Hawaiian or Other Pacific Islander	0
White	83

Last Updated

03/26/15

[Save](#)

[Revert](#)

To request an Advance, click [Advance](#) on the renewal page. Click on the **'Request [Month] Advance'** button. A new window will pop-up, SFSP Advance Worksheet, with the amount of the requested advance, shown on right. Note that any excess funds are deducted from the amount of the advance. Click **'Submit Request'** in the new window. Non-school sponsors may request an advance after the program has been approved. Additionally, non-school sponsors must indicate staff training was completed, projected administrative costs do not differ significantly from the approved budget, and that the sponsor is operating the number of sites for which the administrative budget was approved. Check the boxes to indicate each of these items are complete, then click **'Save'**.

To request Commodities (USDA Foods) click [Commodities](#) on the renewal page.

'Commodities:' click the drop down box arrow and select either 'Regular' or 'Kosher'. Click the **'Save'** button.

2015-16 SFSP Profile
 Annual Site Information
 Insert Sponsor Kitchens

LEA Code	Rural/Urban	Kosher	Eligibility/Due	Method of Service	Site Type
	Urban		SED 2016	Self Prep	Closed Enrolled in Needy Area
		Milk Waiver N	Contract N	Unitized Waiver N	

SFSP Program Information [Click here if site not operating](#)

Start Date: 06/29/15 End Date: 08/28/15 Approval Date: Waived 1st Week Site Visit: 07/26/15 Self Review by: [Site Field Trips](#)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	Off
Breakfast	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	08:30am-09:15am	N/A	N/A	N/A	27	No
Lunch	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	11:30am-12:45pm	N/A	N/A	N/A	84	No

NSLP Access National School Lunch Program details from NSLP Profile Link at the top of this page.

Each of your sites will have a link on the Renewal page. Click on [Site Field Trips](#).

Printer Friendly Version

Save Revert

Field Trip Notification

No Records returned

[New](#) [Click 'New'](#)

Claims Information

Program Name	View/Revise
Summer Food Service Program	View

Site Programs

Program Name	Approval Date	Begin Date	End Date	End Participation Date
Summer Food Service Program		06/29/15	08/28/15	

Record 1 of 1

Site Kitchen

No Records returned

[New](#)

Field Trip Notification



All fields are required. All times should be entered in HH:MIAM format.

Enter values for new record

Date of Trip: [CAL](#)

Destination:

Street:

City:

State:

Zip:

Departure Time:

Return Time:

of Children Attending:

Meals Being Served at Trip Site:

Breakfast Served:

Breakfast Begin Time:

Breakfast End Time:

Field Trip Date must be requested 24 hours in advance. If a date less than 24 hours from the current date is entered, the following error message will appear:
“Field Trip Notification must be requested 2 days in advance. Call the SFSP Office at 518 486-1086 to request this trip.”

Enter the **Date of the Trip**, use the ‘CAL’ link to bring up a calendar to choose the date. The date must be entered in MM/DD/YY format. Ex. (06/10/16)

Lunch Served:

Lunch Begin Time:

Lunch End Time:

Snack Served:

Snack Begin Time:

Snack End Time:

Supper Served:

Supper Begin Time:

Supper End Time:

Are All Child Attending:

Children Served at Normal Site:

How are Meals Transported to trip site:

Enter the **Departure Time, Return Time** and the **Beginning and End Time** of each meal that will be served on the day of the field trip in the HH:MM(AM or PM) format. Ex. (08:00AM)

Indicate how you plan to safely transport the meals and comply with all food safety standards.

By checking this box I hereby assure that:

1. Only meals served to eligible children will be claimed for reimbursement
2. All meals will meet meal pattern requirements
3. All meals will be properly supervised
4. Safe food handling procedures will be implemented during transportation and s

Check the box to agree to comply with these four requirements.

Save



Don't forget to 'Save'

[Back to Annual Detail](#)

Once everything that was in **RED** has been completed, the Online Renewal Checklist will appear. Read over the following information carefully. Note that your Renewal is not complete until all of the pertinent documents have been received.

SFSP Sponsor Online Renewal Checklist

Thank you for completing the on-line portion of your Annual Renewal. Please use this checklist to ensure all required documents are provided. Upon receipt of the renewal, SED will contact you within 15 days to notify you of missing, incorrect and/or inaccurate information. In the event that you fail to provide the required information to complete your application/renewal within the time frame specified by SED, it will result in your application/renewal being deemed abandoned and therefore will not be subject to further processing or consideration for participation in the 2016 SFSP. Upon receipt of a complete and correct application/renewal, SED will issue notification regarding the approval or denial within 30 days. **Meals served prior to the approval date are not eligible for reimbursement.**

All required documents must be completed and submitted to SED by June 1st. If you are unsure if a document applies to your organization contact SED.

Submit all required documents to: **New York State Education Department
Child Nutrition Program Administration, Summer Food Service Program
89 Washington Avenue, Room 375 EBA, Albany, NY 12234
Fax: (518) 474-9920
Email: cnsfsp@nysed.gov**

1. **[Non-profit Organization Financial Administrative Form](#)**, and **[Guide](#)** for non-profit organization sponsors. Sponsors that operate in good standing in CACFP are not required to submit this form. (Include proof of NYS workers' compensation and disability benefits coverage).
2. **[New Site Information Sheet](#)** for all new sites and sites determined to have significant findings. For non-camp sites use **[Attachment 39](#)**, for camp sites use **[Attachment 40](#)**.
3. **[Free Meal Policy Statement](#)** for non-SFA sponsors only.
4. **[Hearing Procedures Form](#)** for non-SFA sponsors that operate camp sites.
5. **[Payee Information Form and Substitute W-9](#)** only if this needs to be updated, ***original signature required.***
6. **[Separation by Gender during Child Nutrition Program Meal Service Exemption Request](#)**, if applicable.
7. **[Copy of Signed Contract or Contract Extension](#)** with an SFA or for meals purchased from another source and bid award summary (if applicable) - refer to enclosed contract procedures. For colleges with an on campus dining provider, provide the price per meal agreement contract with the campus dining provider for meals.
8. **[Program Assessment Form](#)**, for all experienced non-SFA sponsors that will be reviewed by SED this year, include a copy of the menus. Refer to the following link **[2016 Sponsors for Review](#)**.
9. **[Application for the Excessive Heat Demonstration Project: Participation in the Demonstration Project for Non-Congregate Feeding at Outdoor Sites Experiencing Excessive Heat](#)** to allow non-congregate feeding at certain outdoor sites experiencing excessive heat, optional.
10. **[Field Trip Form](#)**(s) this notification can be made online.

On the SFSP Profile/Renewal screen (below), once everything that was in **RED** has been completed, a certification statement will populate. Review the checklist and submit any additional documents to SED, if applicable. Then click the [Agreement](#) link to open the sponsor's agreement with SED that is available to view and/or print. After reading the Agreement, click the **'Submit Updates'** button.

Please note: Your application has not be submitted until you click the **'Submit Updates' tab.**

An email will be sent to the address on file to verify that the application has been submitted. School sponsors in good standing will get an email stating that their program has been approved. Non-SFA's will receive an approval notification within 30 days of a completed submission.

Certification: This [Agreement](#) is legally binding on the sponsor and its successors, transferees and assignees, as long as they receive assistance or retain possession of any assistance from the SA. By submitting this Renewal, the sponsor is aware of the conditions and responsibilities expressed. I hereby certify that the information in this Renewal is true and correct to the best of my knowledge and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal statutes. I understand the criminal penalties and provisions established in Section 12(g) of the National School Lunch Act [42 U.S.C. 1760(g)] that states substantially: Whoever receives, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance under this Act or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.), whether received directly or indirectly from the United States Department of Agriculture, or whoever receives, conceals, or retains such funds, assets or property to personal use or gain, knowingly such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

Click this link to view the agreement with SED. The agreement may also be printed.

[Submit Updates](#)

[National School Lunch Program\(NSLP\) - Click Here for Profile](#)

2015-16 SFSP Profile
Annual Site Information
[Insert Sponsor Kitchens](#)

After reviewing all information on the profile/renewal and reading the certification statement, click the **'Submit Updates'** button.

SFSP Profile/Renewal

2015-16

[Media Release](#)

[Parent Letter](#)

[Renewal Instructions](#)

DUNS Number expires on 09/29/16 [SF](#)

Approval Date: 04/27/2015

Address

Contact

[Authorized Official](#)

[General Phone](#)

[Email](#)

[Fax](#)

[Representative 1](#)

[General Phone](#)

[E-Mail](#)

After the renewal is approved the date of the approval will be shown at the top of the SFSP Profile page. Links will be available for a 'media release' and the 'parent letter'. The media release link will open in a web page. The text, using a word processing program, can then be copy and pasted onto the sponsor's agency letterhead. The parent letter link will also open in a web page. The text can be copy and pasted onto the sponsor's agency letterhead and the necessary sponsor information can be added.

Am I done with my Renewal?

Updated	Done	N/A
SAM expiration date		
Contact Information		
Meal types and times		
Site Eligibility		
Start/end dates for all sites		
Method of Service		
Days of service		
Sponsor & Site Kitchen's		
Kosher Option		
Flexible-off-site-consumption		
Offer vs. Serve		
# of Points of Service		
# of Shifts		
6 oz. Milk Waiver		
Requested Advance		
Budget		
Staffing Charts		
Camp Session Information		
Racial & Ethnic Data		
Requested Commodities		
Entered Field Trips		
Print off System generated Media Release and Parent Letter		
Reviewed On-line Checklist and submitted all pertinent documents to SED		
Read Agreement and clicked "Submit Updates" button		

