

Summer Food Service Program Pre-Qualification Packet

New Sponsors



This institution is an equal opportunity provider and employer.

Introduction

To be a Sponsor in the SFSP, **YOU MUST BE FINANCIALLY AND ADMINISTRATIVELY CAPABLE.**

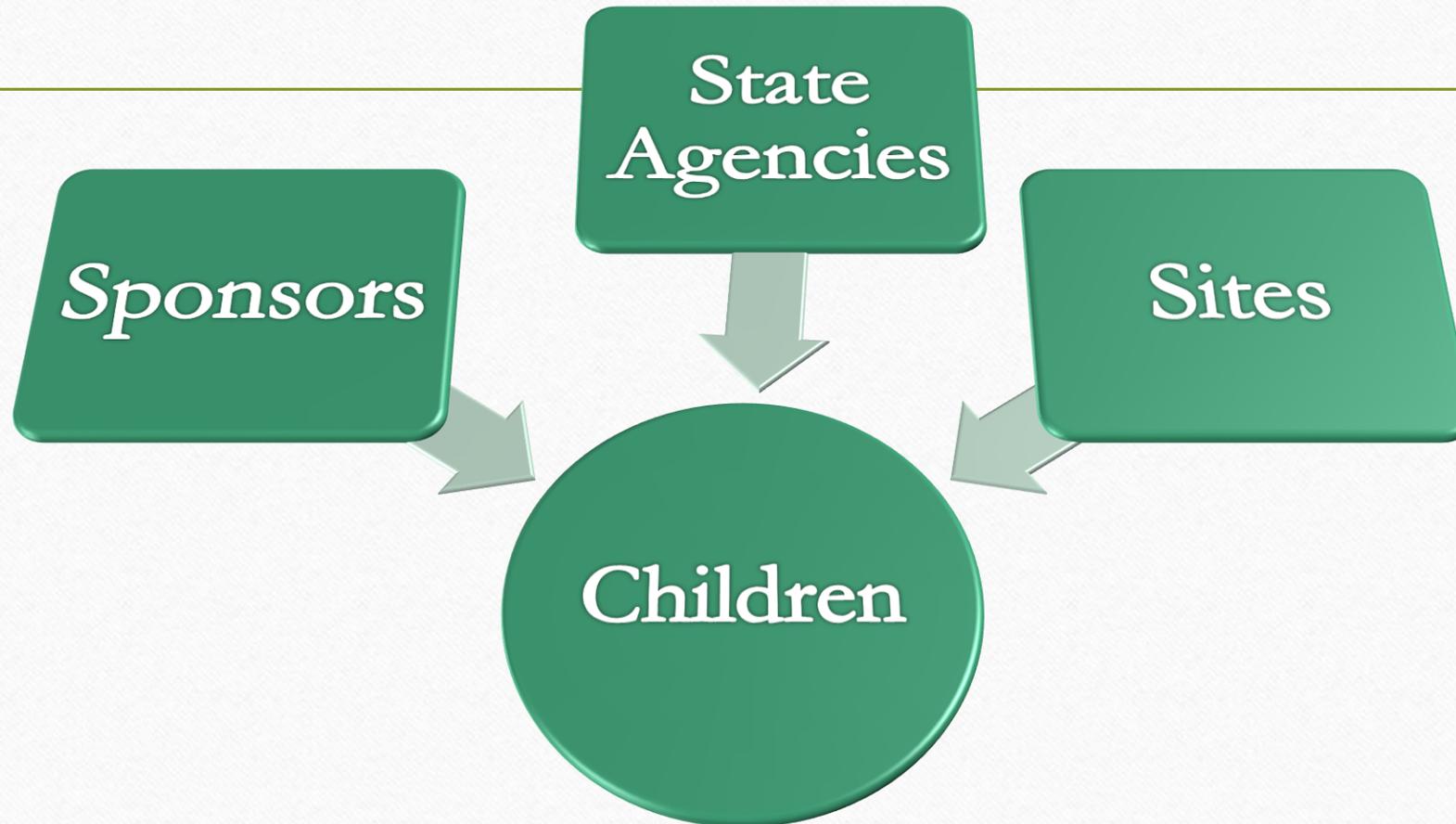
7 CFR Part 225.14 (c)(1) states “No applicant sponsor shall be eligible to participate in the Program unless it demonstrates financial and administrative capability for Program operations and accepts final financial and administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service.”

Presentation Goals

By the end of this workshop, sponsors will be able to...

- Communicate what financial and administrative capability means in regards to the SFSP
- Complete and submit the pre-qualification packet for 2016
- Demonstrate how to maintain financial and administrative capability throughout SFSP operations

Main Players



School Nutrition Services

- Sign agreements with sponsors
- Provide training and technical assistance to sponsors
- Monitor and distribute reimbursements

Who Can Be a SFSP Sponsor?

- Public or private non-profit school food authority (SFA)
- Unit of local, municipal, county, tribal or State government
- Public or private non-profit camp
- Public or private college or university
- Private non-profit organization

Sponsors are responsible to...

- Prequalify- Demonstrate Financial and Administrative capability
- Attend State Agency training
- Administer the program
- Ensure Site Eligibility
- Evaluate and select sites

Sponsors are responsible to...

- Monitor sites
- Train staff
- Report to the State Agency
- Meet SFSP regulation for meal service
- File claims for reimbursement

Pre-Qualification Process

- All potential 2016 sponsors are required to submit a pre-qualification packet and supporting documents to the State Agency to demonstrate their financial and administrative capability for operating the SFSP required by 7 Code of Federal Regulations (CFR) Section 225.14
- The pre-qualification packet and supporting documents help the State Agency to determine if a potential sponsor is financially and administratively capable of successfully operating the SFSP

Financial and Administrative Capability

- Capable: Having power and ability; efficient; competent
- Having financial and administrative capability is essential for success as a SFSP Sponsor

Definition of Indicator

- An indicator is: a trend or fact, that indicates the state or level of capability
- Throughout the pre-qualification packet, the State Agency will be collecting indicators (good and bad) to determine if the Sponsor has demonstrated financial and administrative capability for operating the SFSP in 2016

How to determine if you are financially and administratively capable?

- Our goal is to help Sponsors assess their financially and administratively
- Because all Sponsors are:
 - Different Sizes
 - Different Structures
 - Different Levels of Operation
 - Different History
 - And have different Goals
- These factors will be taken into consideration in the State Agency's assessment through the pre-qualification packet and the criminal background check while using the guidance of the regulations.

V. Documents to Be Attached

Describe the organization's system of financial management. Include the current accounting method used, the system used to track/manage financial-related transactions, the position responsible for developing, executing and monitoring the organization's operating budget and the position responsible for developing, executing and monitoring the organization's administrative budget. Attach additional pages if necessary to thoroughly describe the financial management system.

1. The current accounting method used:
 - Cash
 - Accrual
 - Modified Accrual
2. The system used to track/manage financial transactions:
 - General ledger
 - Accounting software. Provide name of software: _____
 - Other - please specify/explain: _____
3. Provide the name(s), position(s), and contact information for the person(s) responsible for developing, executing and monitoring the organization's administrative and operating budgets. _____

These documents must be **submitted** with the Summer Food Service Program Pre-Qualification packet

V. Documents to be Attached

1. Criminal Background Check(s) must be provided for Required Persons in the SFSP. See the North Carolina Criminal Background Check in The Summer Food Service Program document. Submit each of the following:
 - a. Original documents received from the approved FBI Channeler for Required Persons
 - b. Government Issued Identification and Proof of Residential Address
2. At least one of the following:
 - a. OMB
 - b. Fin
 - c. Thr
 - d. IRS
3. An organization on the organ responsible
4. A Permit to been conduc organization
5. SN- SFSP App Please note
6. Original Ven check must

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 - a. Original documents received from the approved FBI Channeler for Required Persons
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2. At least one of the following:
 - a. OMB Circular A-133 Audit Report and/or;
 - b. Financial Statement including statement of income, balance sheets, cash flow and other;
 - c. Three most recent bank statements; and
 - d. IRS Form 990, Return of Organizations Exempt from income Tax.
3. An organizational chart that includes all person(s) in whole or part who will be responsible for SFSP activities. For each person on the organizational chart, provide contact information (address, phone number and email) for each person(s) directly responsible for operating the SFSP.
4. A Permit to Operate and current Health Inspection Report for production kitchens/sites. All Health Inspections must have been conducted within the last 12 months. As necessary, submit the Affidavit of permitted, inspected food preparation organization.
5. SN- SFSP Application Access Form - Must include at least two principals – one with application and the other with claim access. Please note all staff requiring access and listed on this form must have the required criminal background check.
6. Original Vendor Electronic Payment form – Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

Site 1:	Site Name
	Has the site?
	Site Type
	informa
	School/
	School
	State Agency Use

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Criminal Background Check Instructions

NORTH CAROLINA CRIMINAL BACKGROUND CHECK IN THE SUMMER FOOD SERVICE PROGRAM

I. Introduction

Organizations that contract directly with the NCDPI's federally funded Summer Food Service Program ("SFSP") are called Sponsors. According to the SFSP Federal Code of Regulations (CFR) §225.14(c)(1), Sponsors are required to demonstrate financial and administrative capability for Program operations and accept final financial and administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service. Further, The North Carolina State Board of Education ("NCSBE") and North Carolina Department of Public Instruction ("NCDPI") require a criminal record check for certain Sponsor personnel described below.

NCDPI believes that a safe and secure learning, recreational, nutritional and work environment should be provided for all SFSP participants and staff. NCDPI further believes that Sponsors should be role models for children and should positively represent the SFSP in the community. These beliefs reflect the fundamental principle that anyone who directly or indirectly has contact with children is in a unique position of trust in this society. Criminal dispositions against a Sponsor's principal/s and/or the failure to document its administrative capability to operate the SFSP may have an impact upon these goals and will be considered in the SFSP application process.

II. State and Federal Fingerprint Background Check – SFSP Applicants

A. Required Persons

Beginning School Year (SY) 14-15, all non-school food authority organizations applying to participate in the SFSP ("SFSP Applicant" or "Applicant") must submit State and Federal Fingerprint Background Checks on all Required Persons with the application. Applications submitted without completed State and Federal Fingerprint Background Check for all Required Persons (compensated, uncompensated) are considered incomplete. For purposes of the SFSP, Required Persons shall be defined as each SFSP's primary authorized representative, financial representative, directly involved board chair and principal ("Required Persons"). NOTE: The term "principal" means any individual who holds a management position within, or is an officer of, the organization, including all members of the organization's board of directors, or otherwise exercises control of, or determines the actions of the organization.

B. Application Requirements

SFSP Applicants shall be required to answer completely and accurately questions on their application with regard to each Required Person's previous criminal history. Failure to do so will cause the Applicant's application to be denied. Required Persons shall consent in writing to a criminal records check and provide fingerprints and other identifying information as requested by the SFSP. To the extent permitted by law, failure to consent or provide relevant information will result in denial of the application.

**Estimated Processing Times

FBI Fingerprint background check for valid NC Division of Child Development stated processing time and cost required.

Below is a list of approved FBI Channelers to obtain the criminal background checks. Contact each agency to determine the actual processing time to ensure documents are received in a timely manner. Remember to indicate "personal" background check. Check on the links below to access the desired FBI

Two days-one week processing time

[Inquiries Inc.](#) \$ 45.00

Twelve weeks processing time

at 6324 Mail

[FBI](#) \$ 18.00

c. NCDPI Application Review

The SFSP Applicant's application may be denied if a Required Person's criminal record check and supporting records reveal a "criminal history," defined as the conviction of a crime, whether a misdemeanor or felony, that indicates the Required Person:

- (1) poses a threat to the physical safety of children or personnel, or
- (2) has demonstrated that he or she does not demonstrate financial and administrative capability for SFSP Program operations.

Conviction of a crime, as used in this procedure, includes the entry of:

- (1) a plea of guilty, nolo contendere, no contest or the equivalent;
- (2) a verdict or finding of guilty in a court of law or military tribunal; or
- (3) a prayer for judgment continued or deferred prosecution

NCDPI or designee will review and make a final decision regarding the SFSP Applicant's application. NCDPI will notify the Applicant in writing if denial is made based on a Required Person's criminal background check results. Along with the denial of participation in the SFSP the organization will receive appeal procedures.

III. Sex Offender Registry Checks – SFSP Applicants and Sponsors

SFSP Applicants and Sponsors shall check the National Sex Offender Registry (<http://www.nsopw.gov/>) to ensure that none of the Applicant's or Sponsor's Required Persons appear on the list. Any individuals appearing on the list shall not be allowed to provide services at SFSP sites. If at any time the Applicant or Sponsor's Required Persons change, the Applicant or Sponsor shall check the Registry to ensure that none

V. Documents to Be Attached

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a. Original documents received from the approved FBI Channeler for Required Persons

2. At least one of the following:

a. OMB Circular A-133 Audit Report and/or;

b. Financial Statement including statement of income, balance sheets, cash flow and other;

c. Three most recent bank statements; and

d. IRS Form 990, Return of Organizations Exempt from income Tax.

on the organizational chart, provide contact information (address, phone number and email) for each person(s) directly responsible for operating the SFSP.

4. A Permit to Operate and current Health Inspection Report for production kitchens/sites. All Health Inspections must have been conducted within the last 12 months. As necessary, submit the Affidavit of permitted, inspected food preparation organization.

5. SN- SFSP Application Access Form - Must include at least two principals – one with application and the other with claim access. Please note all staff requiring access and listed on this form must have the required criminal background check.

6. Original Vendor Electronic Payment form – Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

Financial Documents

- Financial documents are required because they can show strong current financial position. This is an indicator of **capability** and can be supported by:
 - A strong cash position
 - An overall strong net asset position (Total Assets less Total Liabilities)
 - Documented access to additional funding sources (donations, other grants, operational revenue, short-term borrowings, etc.)

Each Sponsor is unique and it is difficult to define “strong.” But each sponsor should have the finances available to operate the SFSP in the temporary absence of funding

Examples of Strong Financial Capability

- A strong cash position
 - Balance sheet and/or bank statement representing a strong cash position
 - **Indicator** of a **WEAK** cash position = SFSP monthly reimbursement request of \$50,000 and a total bank balance of \$100
 - **Indicator** of a **STRONG** cash position = SFSP monthly reimbursement request of \$10,000 and a total bank balance of \$50,000
- Remember, indicator does not equal fact, a Sponsor with an indicator of a weak cash position may be financially capable when taking into consideration other indicators (for example, donations or investment portfolio)

SFSP Reimbursement Rates

Effective January 1, 2015 – December 31, 2015

Meal Type	Rural Sites or Self-Prep Sponsors	Urban Sites & Vended Sponsors
Breakfast	\$2.0775	\$2.0375
Lunch/Supper	\$3.6450	\$3.5875
Supplement	\$.8650	\$.8450

SFSP Reimbursement

2,000 Meals

Therefore
\$5,717.50 = Strong
Cash Position

Meal Type	Operating Rates	Rural Sites or Self-Prep Sponsors Administrative Rate	Total Rate	Total Income
Breakfast	\$1.89	\$0.1875	\$2.0775	\$4,145.00
Lunch/Supper	\$3.30	\$0.3450	\$3.6450	\$7,290.00
				\$11,435.00

SFSP Reimbursement

2000 Meals

Therefore
\$5,625.00 = Strong
Cash Position

Meal Type	Operating Rates	Urban Sites and Vended Sponsors Administrative Rate	Total Rate	Total Income
Breakfast	\$1.89	\$0.1475	\$2.0375	\$4,075.00
Lunch/Supper	\$3.30	\$0.2875	\$3.5875	\$7,175.00
				\$11,250.00

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SCHOOL NUTRITION APPLICATION ACCESS - SUMMER FOOD SERVICE PROGRAM(SFSP)

COMPUTER APPLICATION NAME: School Nutrition Technology System

SEND TO: Cynthia.Ervin@dpi.nc.gov	PURPOSE: To add, change, or delete employee(s) access to the School Nutrition Technology System	ACTION: A = Add a new employee to the School Nutrition Technology System C = Change a current user's access rights D = Delete a user out of the School Nutrition Technology System
	DUE DATE: Five days prior to desired effective date	

FORM MUST BE TYPED EXCLUDING SIGNATURES

I request the following access level to the School Nutrition Technology System- SFSP for the person(s) listed below:

Action (A, C or D)	Operator Name			Operator's NCID User Name	Security Level (see back of form)	Contact Phone Number	Email Address
	First	MI	Last				

SCHOOL FOOD AUTHORITY'S CHILD NUTRITION DIRECTOR:

Print:

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**NC Department of Public
Instruction**

Return to: NC Department of Public
Instruction Child Nutrition Claims
Attn: Sherry Peele
Address: 6331 Mail Service Center
Raleigh, NC 27699-6331



Vendor Electronic Payment Form

Telephone: 919-807-3620

Fax: 919-807-3622

For your convenience and benefit, the State of North Carolina offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check and return both to the address above.

Please check one of the following: **New Request** **Change Request**

PRINT the following information.		FAX or E-MAIL ADDRESS for payment notification. (Place a check mark in front of the method that you prefer.)	
Payee Name:		<input type="checkbox"/> E-mail address:	
Federal ID #/SSN #:		<input type="checkbox"/> FAX Number:	
Bank Name:		Authorized Signature:	
Bank Routing Number:		Print Name:	
<input type="checkbox"/> Checking Acct #:		Title:	
<input type="checkbox"/> Savings Acct #:		Date:	
Remit Address(es) For Applicable Acct(s):			

NC Department of Public Instruction Contact Person Cynthia D. Ervin

ATTACH VOIDED CHECK

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

- I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
- I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures. I also understand that the remitting agency may elect to remit future payments to me via paper check instead of electronically.

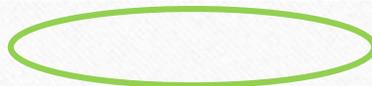
I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

SIGNATURE:

DATE:

Questions? Comments?
Concerns?

I. General Information



North Carolina Department of Public Instruction (NCDPI) School Nutrition Services Section Summer Food Service Program (SFSP) For New Sponsors <i>Falsification of information provided on this document constitutes grounds for denial or termination of participation.</i>	
Summer Food Service Program Pre-qualification Form	
The North Carolina Department of Public Instruction will determine whether pre-qualified organizations/SFSP Applicant are required to subsequently serve the community. The completed pre-qualification form should be submitted via email at cynthia.ervin@dpi.nc.gov or by mail to: 6324 Mail Service Center, Raleigh, NC 27617.	
I. General Information	
Organization Name:	Agreement Number: (if applicable)
Federal Employee Identification Number (FEIN):	Data Universal Numbering System (DUNS) Number:
Is the DUNS Number registered in the System for Award Management (SAM)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, register it at www.sams.gov	Is the DUNS Number registered to the organization named above? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, obtain DUNS Number for the organization named above at: https://mycredit.dnb.com/search-for-duns-number/
Has the organization ever operated the SFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the last year that the organization operated the SFSP:	If yes, provide the expiration date: DUNS must be registered in SAM annually to avoid suspension of funds. If the expiration date is more than one year, update it at www.sams.gov
Has the organization been disqualified, seriously deficient or terminated in any child nutrition program in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the organization or its principals operate another Child Nutrition Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the organization operated a Child Nutrition Program under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s):	Has the organization operated a Child Nutrition Program in another State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s) of State(s):
Will the organization continue to operate the Child Nutrition Program in another State for the current summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the organization continue to operate the Child Nutrition Program in another State for the current summer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Organization Principal (board chair or CEO)	Address:
Full Name:	County:
Title:	Phone:
Email:	Fax:
Complete Address:	Address:
County:	County:
Phone:	Phone:
Fax:	Fax:
<input type="checkbox"/> Check if the principal is the same individual as the organization's contact	

General Information

- Historical Information is very important in determining a Sponsor's financial and administrative capability in operating the SFSP
 - How many years has the organization operated previously?
 - Multiple years=Indicator of capability
 - Does the Sponsor operate any other Child Nutrition Programs or other community programs?
 - Multiple programs=Indicator of capability
- Results of operation in previous years is an indicator of financial and administrative capability for future years

Administrative Capability Information

- Does the Sponsor have staff in the organization that have experience in areas that are applicable to the SFSP?
 - Ex: Food and Nutrition, Food Management, Business, Management, and Accounting/Finance
- Applicable experience is determined on an individual's job description and by the Human Resources policies and procedures around the position's requirements
- Experience is a strong indicator of administrative capability for a successful SFSP

III. Organization Eligibility

Private Nonprofit Organizations – Provide the information required below for all board members. Attach additional pages if necessary to include the names of all board members.

Board Member Name	Title	Function	Contact Information	Relationship to other members or staff of the organization
█	█	█	█	█
█	█	█	█	█
█	█	█	█	█
█	█	█	█	█

Private Nonprofit organizations - If the organization's officers are different from the board, provide the information required below for each officer. Attach additional pages if necessary to include the names of all officers.

Officer's Name	Title	Function	Contact Information	Relationship to other officers, board members or staff of the organization
█				
█				
█				
█				
█				

III. Organization Eligibility

Describe the year-round service the organization provides to the community: *(write in the space provided below)*

█

Describe the year-round service

█

IV. Financial Capability Information

Does the organization, its principals, or its officers owe money to any State Agency? Yes No

Does the organization have the financial capability to operate the SFSP for at least one month without an advance payment? Yes No

Debt can occur due to organizations receiving advance payments greater than their reimbursement claims and/or NCDPI recoupment of funds. Funds from other USDA Child Nutrition Programs cannot be used for repayment of debt or unallowable costs. Should the organization incur a debt to the NCDPI as a result of the operation of the SFSP, describe the organization's plan for repayment. Attach additional pages if necessary to thoroughly describe the repayment plan.

█

IV. Financial Capability Information

Private Nonprofit Organizations – Provide the information required below for all board members. Attach additional pages if necessary to include the names of all board members.

Board Member Name	Title	Function	Contact Information	Relationship to other members or staff of the organization

Private Nonprofit organizations - If the organization's officers are not the same as the board members, provide the information for each officer. Attach additional pages if necessary to include the names of all officers.

Officer's Name	Title	Function

III. Organization

Describe the year-round service the organization provides to the community:

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Does the organization, its principals, or its officers owe money to any State Agency? Yes No

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Does the organization have the financial capability to operate the SFSP for at least one month without an advance payment? Yes No

Debt can occur due to organizations receiving advance payments greater than their reimbursement claims and/or NCDPI recoupment of funds. Funds from other USDA Child Nutrition Programs cannot be used for repayment of debt or unallowable costs. Should the organization incur a debt to the NCDPI as a result of the operation of the SFSP, describe the organization's plan for repayment. Attach additional pages if necessary to thoroughly describe the repayment plan.

Describe the organization's system of financial management. Include the current accounting method used, the system used to track/manage financial-related transactions, the position responsible for developing, executing and monitoring the organization's operating budget and the position responsible for developing, executing and monitoring the organization's administrative budget. Attach additional pages if necessary to thoroughly describe the financial management system.

1. The current accounting method used;

- Cash
- Accrual
- Modified Accrual

2. The system used to track/manage financial transactions;

- General ledger
- Accounting software. Provide name of software: _____
- Other - please specify/explain: _____

3. Provide the name(s), position(s), and contact information for the person(s) responsible for developing, executing and monitoring the organization's administrative and operating budgets. _____

Describe the organization's system of financial management. Include the current accounting method used, the system used to track/manage financial-related transactions, the position responsible for developing, executing and monitoring the organization's operating budget and the position responsible for developing, executing and monitoring the organization's administrative budget. Attach additional pages if necessary to thoroughly describe the financial management system.

1. The current accounting method used;

- Cash
- Accrual
- Modified Accrual

Name: _____

Name of the person(s) responsible for developing, executing and monitoring the organization's administrative and operating budgets: _____

Background Information

Provide the names and addresses of all persons in the SFSP. See the North Carolina Criminal Background Check form for more information. Attach additional pages if necessary to include each of the following:
 - Name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative and operating budgets.
 - Name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative budget.

Attach additional pages if necessary to include balance sheets, cash flow and other:

Attach additional pages if necessary to include:

- Name and address of the person(s) responsible for SFSP activities. For each person(s) directly involved, provide name, phone number and email for each person(s) directly involved.

- Name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative budget. All Health Inspections must have a copy of the Affidavit of Permitted, Inspected Food Preparation.

- Name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative budget. Principals – one with application and the other with claim access. All principals must have the required criminal background check.

- Name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative budget. Banking routing information is accurate. An original voided check must be attached.

Information

Provide the name and address of the person(s) responsible for developing, executing and monitoring the organization's administrative and operating budgets.

Provide the total # of meals by type for all weeks of Program operation during the summer:

AM-SN- _____ L- _____ D- _____ PM-SN- _____
 OR [Click Here and Select](#)

School/Census site data (complete if necessary):	Enter Census/School Year: _____
School Name: _____	School District: _____
State Agency Use: Site Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) Free/Reduced Price Percentage _____ Identified Student Percentage _____	

Financial Capability Information

- Policies & Procedures (P&P)
- In this section we are asking for written P&P as evidence that the Sponsor has developed how each major process is conducted and is a significant indicator of financial capability
- P&P components include:
 - Steps in the process
 - Controls in the process (things we do to make sure the process is working correctly)
 - Assignment of responsibility

Policies and Procedures

- P&P should be:
 - Simple
 - Consistent
 - Easy to Use
- While written P&P are an indicator of Sponsor capability, they mean very little if they are not adhered to in the operations of the organization
- A number of Administrative Review findings revolved around a Sponsor not following it's written policies & procedures

IV. Site Eligibility Information

Describe the organization's system of financial management. Include the current accounting method used, the system used to track/manage financial-related transactions, the position responsible for developing, executing and monitoring the organization's operating budget and the position responsible for developing, executing and monitoring the organization's administrative budget. Attach additional pages if necessary to thoroughly describe the financial management system.

1. The current accounting method used;

- Cash
 Accrual
 Modified Accrual

2. The system used to track/manage financial transactions;

- General ledger
 Accounting software. Provide name of software: _____
 Other - please specify/explain: _____

3. Provide the name(s), position(s) responsible for monitoring the organization's financial management system.

If organization plans to serve more than 10 sites attach a separate sheet with the information requested above for the additional sites.

1. Criminal Background Check in The Summer Food Program
 a. Original document
 b. Government Issued
2. At least one of the following
 a. OMB Circular A-1
 b. Financial Statement
 c. Three most recent
 d. IRS Form 990, Return
3. An organizational chart that shows the organizational chart of the organization responsible for operating the program.
4. A Permit to Operate and a Certificate of Insurance must have been conducted within the organization.
5. SN- SFSP Application Access Form - Must include at least two principals – one with application and the other with claim access. Please note all staff requiring access and listed on this form must have the required criminal background check.
6. Original Vendor Electronic Payment form – Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

VI. Site Eligibility Information				
Site 1:	Site Name:		Site Address	
	Has the sponsor operated this site in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does a for-profit organization own/manage this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Projected total # of meals by type for all weeks of Program operation during the summer	
			B- <input type="text"/> AM-SN- <input type="text"/> L- <input type="text"/> D- <input type="text"/> PM-SN- <input type="text"/>	
	Site Type and Eligibility Information:		Write-in (below) <input type="text"/> OR <input type="text"/> Click Here and Select	
	School/Census site data (complete if necessary):		Enter Census/School Year: <input type="text"/>	
School Name: <input type="text"/>		School District: <input type="text"/>		
State Agency Use: Site Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) Free/Reduced Price Percentage <input type="text"/> Identified Student Percentage <input type="text"/>				

VI. Site Eligibility Information				
Site 1:	Site Name:		Site Address	
	Has the sponsor operated this site in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does a for-profit organization own/manage this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Projected total # of meals by type for all weeks of Program operation during the summer	
			B- <input type="text"/> AM-SN- <input type="text"/> L- <input type="text"/> D- <input type="text"/> PM-SN- <input type="text"/>	
	Site Type and Eligibility Information:		Write-in (below) <input type="text"/> OR <input type="text"/> Click Here and Select	
	School/Census site data (complete if necessary):		Enter Census/School Year: <input type="text"/>	
School Name: <input type="text"/>		School District: <input type="text"/>		
State Agency Use: Site Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) Free/Reduced Price Percentage <input type="text"/> Identified Student Percentage <input type="text"/>				

Sites

What is a site?

- Actual location where meals are served and children eat in a supervised setting.
- 3 common site types:
 - Open
 - Camps (residential and nonresidential)
 - Closed enrolled



Type of Site: Open

- Located in “needy areas” only
- Available to all children in the area
- Up to 2 meals or snacks per day
- **Documentation requirements:**
 - **School Data**
 - **Census Data**

Type of Site: Closed Enrolled

- Serves no more than 2 meals or snacks day
- Serves enrolled children only and provides organized activities
- May be located in needy or non-needy areas
- **Documentation requirements**
 - **Needy areas: school data and census data**
 - **Non-needy areas: income eligibility applications (IEA) or school lists of income eligible participants**

Types and Number of Meals

Up to 2 meals per day

- Breakfast Only
- Lunch Only
- Lunch & Snack
- Breakfast & lunch
- Breakfast & Supper
- Snack Only
- Supper Only
- Breakfast & Snack
- Supper & Snack
- Two Snacks

Type of Site: Camps

- Provide organized activities with food service
- Up to three meal services each day
- **Only** reimbursed for meals served to eligible children
- **Documentation Requirements**
 - **IEA**
 - **School lists of income eligible participants**

Type of Site: Migrant

- Serves primarily migrant children
- Confirms migrant status
 - Receives documentation from a migrant organization
- Serve up to 3 meals per day

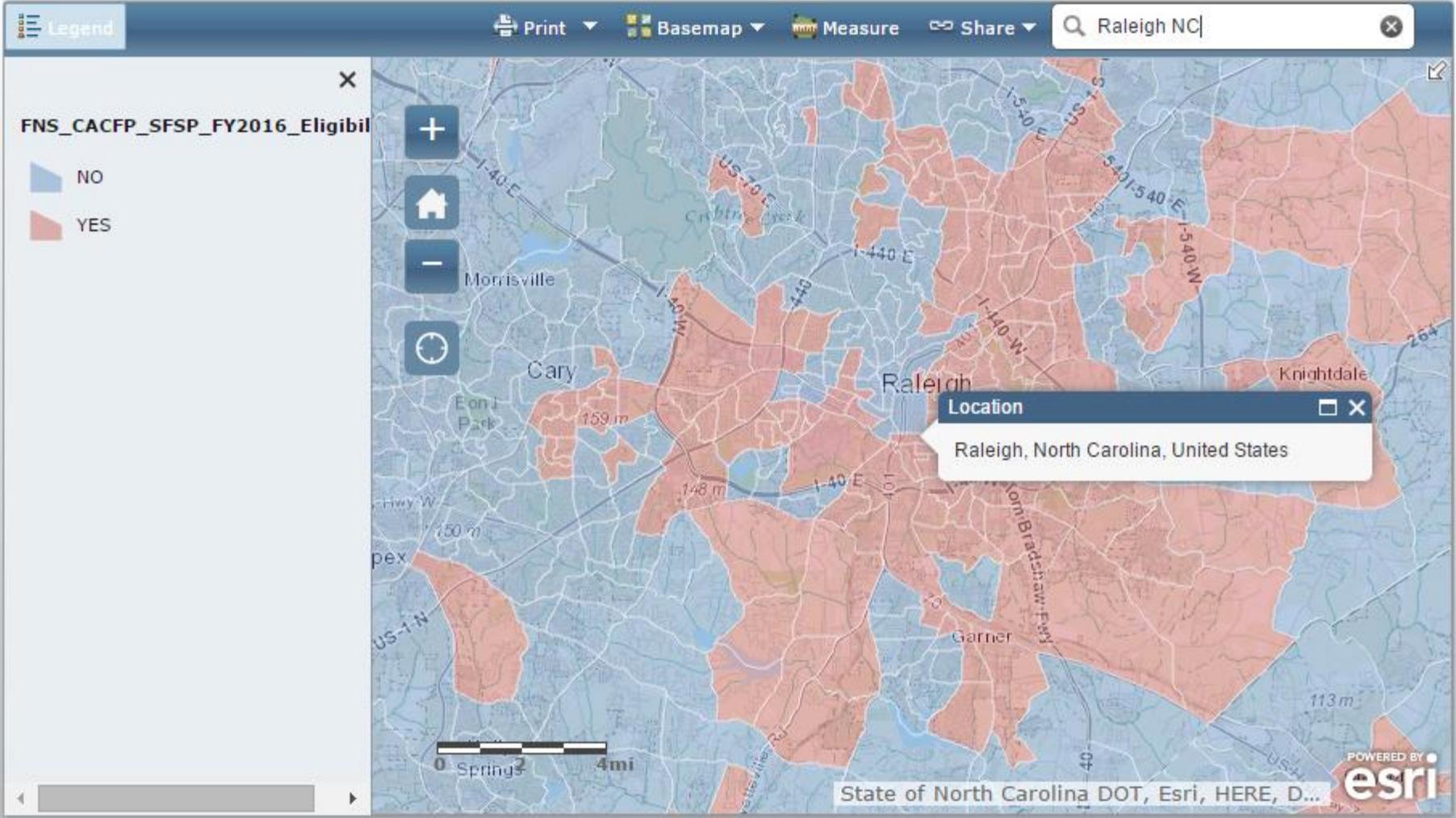
Site Eligibility Information

- Use the Policies & Procedures guidelines discussed earlier to assist you in describing how sites are recruited for the SFSP for the first question in the site eligibility information section.
- To determine site eligibility,
 - Use the area eligibility map online at www.fns.usda.gov/areaeligibility
 - Look at community eligibility schools
 - Contact the local school nutrition administrator for assistance

Area Eligibility

Print

Participants Eligible for Free and Reduced ...



Area Eligibility

Print

Participants Eligible for Free and Reduced ...

Legend

Print Basemap Measure Share

1500|Poole Rd, Raleigh, Nort

FNS_CACFP_SFSP_FY2016_Eligibil

- NO
- YES

Location

1500 Poole Rd, Raleigh, North Carolina,
27610 - 1500 Poole Rd, Raleigh
[Not what you wanted?](#)

0 100 200ft

State of North Carolina DOT, Esri, HERE, D... **esri**

VIII. Statement of Authority & Consent to Criminal Background Check for Organizations

VIII. Statement of Authority and Consent to Criminal Background Check for Organizations			
<p>I, the undersigned, attest that all funds relating to the Summer Food Service Program (SFSP) will be subject to the control of the duly constituted governing body of the above-named organization and that all funds received for the administration and operation of the SFSP will be used exclusively for the purpose for which they are made available under the Federal law. The following individuals are authorized to sign supporting SFSP documents and submit claims for reimbursement on behalf of the Organization. The organization agrees to notify the State Agency immediately upon a change in the name of the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this organization. The NCDPI requires that a State and Federal fingerprint and criminal background check be conducted for the Required Person in the SFSP. By signing this document, the organization's principal and finance/budget officer have agreed to submit the State and Federal criminal background check with this Form. Approval will not be granted without these documents.</p>			
1 st Organization Principal Contact	Title	2 nd Organization Financial Contact	Title
Signature		Signature	

IX. Certification Statement	
<p>I certify that the information representation or withhc The Organization's Board Ch</p>	
<p>Printed Name of Board Ch</p>	
<p>Signature of Board Chair,</p>	
<p>Printed Name of Org</p>	
<p>Signature of Orgar</p>	
<p>FBI Channeler Criminal Background Check Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Clea Rev <input type="checkbox"/> y</p>
<p>First Party Approved by:</p>	
<p>Comments:</p>	
<p>Vendor Form Submitted Date:</p>	<p>SN Tech Access Form Submitted Date:</p>
<p>SN Tech Payment Form Date Submitted:</p>	<p>Training invitation sent <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Entered in Grants.gov: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

VIII. Statement of Authority and Consent to Criminal Background Check for Organizations			
<p>I, the undersigned, attest that all funds relating to the Summer Food Service Program (SFSP) will be subject to the control of the duly constituted governing body of the above-named organization and that all funds received for the administration and operation of the SFSP will be used exclusively for the purpose for which they are made available under the Federal law. The following individuals are authorized to sign supporting SFSP documents and submit claims for reimbursement on behalf of the Organization. The organization agrees to notify the State Agency immediately upon a change in the name of the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this organization. The NCDPI requires that a State and Federal fingerprint and criminal background check be conducted for the Required Person in the SFSP. By signing this document, the organization's principal and finance/budget officer have agreed to submit the State and Federal criminal background check with this Form. Approval will not be granted without these documents.</p>			
1 st Organization Principal Contact	Title	2 nd Organization Financial Contact	Title
Signature		Signature	

IX. Certification Statement & X. Organization's Contact

VIII. Statement of Authority and Consent to Criminal Background Check for Organizations			
<p>I, the undersigned, attest that all funds relating to the Summer Food Service Program (SFSP) will be subject to the control of the duly constituted governing body of the above-named organization and that all funds received for the administration and operation of the SFSP will be used exclusively for the purpose for which they are made available under the Federal law. The following individuals are authorized to sign supporting SFSP documents and submit claims for reimbursement on behalf of the Organization. The organization agrees to notify the State Agency immediately upon a change in the name of the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this organization. The NCDPI requires that a State and Federal fingerprint and criminal background check be conducted for the Required Person in the SFSP. By signing this document, the organization's principal and finance/budget officer have agreed to submit the State and Federal criminal background check with this Form. Approval will not be granted without these documents.</p>			
1 st Organization Principal Contact	Title	2 nd Organization Financial Contact	Title

Signature
I certify that the information submitted is true and correct. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. The Organization's Board Chair, Superintendent, Pastor or Owner <u>AND</u> the Organization's Contact Must Sign
Printed Name of Board Chair, CEO, Superintendent, Pastor or Owner
Signature of Board Chair, Superintendent, Pastor or Owner
Printed Name of Organization
Signature of Organization

FBI Channeler Criminal Background Check Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared Tax Revocation: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Party Approved by: _____	
Comments: _____	
Vendor Form Submitted Date: _____	SN Tech Access Form Submitted Date: _____
SN Tech Payment Form Date Submitted: _____	Training invitation sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Entered in Grants.gov: <input type="checkbox"/> Yes <input type="checkbox"/> No	

IX. Certification Statement	
I certify that the information submitted on this Pre-Qualification packet is true and correct. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. The Organization's Board Chair, Superintendent, Pastor or Owner <u>AND</u> the Organization's Contact Must Sign	
Signatures	
Printed Name of Board Chair, CEO, Superintendent, Pastor or Owner	Official Title
Signature of Board Chair, Superintendent, Pastor or Owner	Date Signed
X. Organization's Contact	
Printed Name of Organization's Principal Contact	Official Title
Signature of Organization's Principal Contact	Date Signed

Request for Vendor Number Form

School Nutrition Programs (SNP)
Summer Food Service Program (SFSP)
Request for Vendor Number Form

Organization Name: _____

Federal ID #: _____

Organization Complete Address: _____

Organization Type: Choose one

School Food Authority

Private Residential Camp

Unit of Government

Public Residential Camp

Private Nonprofit

College or University- National Youth Sports Program/Upward Bound Programs

Requested by: Cynthia D. Ervin, Nutrition Consultant

Office Use Only:

Organization Number (Assigned by NCDPI): _____

VENDOR #: _____ Vendor Group#: _____

Criminal Background Check Instructions

NORTH CAROLINA CRIMINAL BACKGROUND CHECK IN THE SUMMER FOOD SERVICE PROGRAM

I. Introduction

Organizations that contract directly with the NCDPI's federally funded Summer Food Service Program ("SFSP") are called Sponsors. According to the SFSP Federal Code of Regulations (CFR) §225.14(c)(1), Sponsors are required to demonstrate financial and administrative capability for Program operations and accept final financial and administrative responsibility for total Program operations at all sites at which it proposes to conduct a food service. Further, The North Carolina State Board of Education ("NCSBE") and North Carolina Department of Public Instruction ("NCDPI") require a criminal record check for certain Sponsor personnel described below.

NCDPI believes that a safe and secure learning, recreational, nutritional and work environment should be provided for all SFSP participants and staff. NCDPI further believes that Sponsors should be role models for children and should positively represent the SFSP in the community. These beliefs reflect the fundamental principle that anyone who directly or indirectly has contact with children is in a unique position of trust in this society. Criminal dispositions against a Sponsor's principal/s and/or the failure to document its administrative capability to operate the SFSP may have an impact upon these goals and will be considered in the SFSP application process.

II. State and Federal Fingerprint Background Check – SFSP Applicants

A. Required Persons

Beginning School Year (SY) 14-15, all non-school food authority organizations applying to participate in the SFSP ("SFSP Applicant" or "Applicant") must submit State and Federal Fingerprint Background Checks on all Required Persons with the application. Applications submitted without completed State and Federal Fingerprint Background Check for all Required Persons (compensated, uncompensated) are considered incomplete. For purposes of the SFSP, Required Persons shall be defined as each SFSP's primary authorized representative, financial representative, directly involved board chair and principal ("Required Persons"). NOTE: The term "principal" means any individual who holds a management position within, or is an officer of, the organization, including all members of the organization's board of directors, or otherwise exercises control of, or determines the actions of the organization.

B. Application Requirements

SFSP Applicants shall be required to answer completely and accurately questions on their application with regard to each Required Person's previous criminal history. Failure to do so will cause the Applicant's application to be denied. Required Persons shall consent in writing to a criminal records check and provide fingerprints and other identifying information as requested by the SFSP. To the extent permitted by law, failure to consent or provide relevant information will result in denial of the application.

**Estimated Processing Times

FBI Fingerprint background check for valid NC Division of Child Development stated processing time and cost required.

Below is a list of approved FBI Channelers to obtain the criminal background checks. Contact each in the desired FBI manner.

Two days-one week processing time

[Inquiries Inc.](#) \$ 45.00

Twelve weeks processing time

[FBI](#) \$ 18.00

1 at 6324 Mail

C. NCDPI Application Review

The SFSP Applicant's application may be denied if a Required Person's criminal record check and supporting records reveal a "criminal history," defined as the conviction of a crime, whether a misdemeanor or felony, that indicates the Required Person:

- (1) poses a threat to the physical safety of children or personnel, or
- (2) has demonstrated that he or she does not demonstrate financial and administrative capability for SFSP Program operations.

Conviction of a crime, as used in this procedure, includes the entry of:

- (1) a plea of guilty, nolo contendere, no contest or the equivalent;
- (2) a verdict or finding of guilty in a court of law or military tribunal; or
- (3) a prayer for judgment continued or deferred prosecution

NCDPI or designee will review and make a final decision regarding the SFSP Applicant's application. NCDPI will notify the Applicant in writing if denial is made based on a Required Person's criminal background check results. Along with the denial of participation in the SFSP the organization will receive appeal procedures.

III. Sex Offender Registry Checks – SFSP Applicants and Sponsors

SFSP Applicants and Sponsors shall check the National Sex Offender Registry (<http://www.nsopw.gov/>) to ensure that none of the Applicant's or Sponsor's Required Persons appear on the list. Any individuals appearing on the list shall not be allowed to provide services at SFSP sites. If at any time the Applicant or Sponsor's Required Persons change, the Applicant or Sponsor shall check the Registry to ensure that none

Criminal Background Checks – Sites

of the new individuals appear on the list. Any new individuals appearing on the list shall not be allowed to provide services at SFSP sites. NCDPI may audit the Applicant or Sponsor's records to ensure compliance with this requirement.

IV. Criminal Background Checks and Sex Offender Registry Checks - Sites

Sponsors shall ensure all Sites conduct criminal background checks on each of its employees and

IV. Criminal Background Checks and Sex Offender Registry Checks - Sites

Sponsors shall ensure all Sites conduct criminal background checks on each of its employees and volunteers who directly engage in any services at SFSP sites. The site representative shall certify that criminal background checks were conducted on each of its employees and volunteers (including site representatives) prior to engaging in any contact with the children.

Site employees and volunteers (including site representatives) shall not be allowed to provide services at SFSP sites if the employee or volunteer:

- has been convicted of a felony;
- has been convicted of any crime, whether misdemeanor or felony, involving sex, violence, or drugs; or
- has engaged in any crime or conduct indicating that the worker may pose a threat to the safety or well-being of children or organizations' personnel.

Site representative will submit copies of a government issued photo identification of employees and volunteers (including site representatives) involved with the SFSP to the Sponsor prior to providing services at SFSP sites.

Sponsors shall check the National Sex Offender Registry (<http://www.nsopw.gov/>) to ensure that none of the site employees and volunteers (including site representatives) appear on the list. Any individuals appearing on the list shall not be allowed to provide services at SFSP sites. NCDPI may audit the Sponsor's records to ensure compliance with this requirement.

Conclusion

- This is not a “one size fits all” approach
- Critically assess your Sponsoring organization based on this presentation, with all the compliance requirements of the SFSP as well as other financial and administrative capability indicators not mentioned in this presentation

Timeline Reminder

- **Submit Pre-Qualification packet as close to December 1st as possible.**

Questions? Comments?
Concerns?



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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