

# SFSP Pre-Qualification Packet

## Returning Sponsors



This institution is an equal opportunity provider and employer.

# Introduction

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

7 Code of Federal Regulation (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

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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

# Pre-Qualification Process

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- All returning 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 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

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

# Definition of Indicator

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- 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 assess collectively 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?

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- Our goal is to help Sponsors assess themselves 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

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

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. \_\_\_\_\_

## V. Documents to be Attached

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  - 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 organization responsible
4. A Permit to have been conducted organization
5. SN- SFSP App Please note
6. Original Vendor 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. **If changes have occurred from prior year - as applicable** - Submit 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 - **If changes have occurred from prior year - as applicable** - 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 - **If changes have occurred from prior year - as applicable**. Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

Site 1:	Site Name
	Has the site been inspected?
	Does a permit exist?
	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. Desired FBI

Two days-one week processing time

[Inquiries Inc.](#) \$ 45.00

Twelve weeks processing time

[FBI](#) \$ 18.00

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

# V. Documents to Be Attached

## 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

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

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- 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

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- 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

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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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  - 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. **If changes have occurred from prior year - as applicable -** Submit 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.
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# SCHOOL NUTRITION APPLICATION ACCESS - SUMMER FOOD SERVICE PROGRAM(SFSP)

COMPUTER APPLICATION NAME: School Nutrition Technology System

<b>SEND TO:</b> <a href="mailto:Cynthia.Ervin@dpi.nc.gov">Cynthia.Ervin@dpi.nc.gov</a>	<b>PURPOSE:</b> To add, change, or delete employee(s) access to the School Nutrition Technology System	<b>ACTION:</b> 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
	<b>DUE DATE:</b> 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 Returning Sponsors <i>Falsification of information provided on this document constitutes grounds for denial or termination of participation.</i>	
<b>Summer Food Service Program Pre-Qualification Form</b>	
The North Carolina Department of Public Instruction (NCDPI) is required to review all Summer Food Service Program applications to determine whether pre-qualification requirements, as prescribed in the Code of Federal Regulations (CFR) Section 225.14, are met. Organizations or SFSP Applicants desiring to participate in the SFSP as Program Sponsors must submit a pre-qualification application and are required to demonstrate the financial and administrative capacity required to operate the SFSP and subsequently serve the community it proposes to serve. The NCDPI will review the completed pre-qualification packet and determine if the organization will qualify as Program Sponsor or Program Site. In some instances, the organization may be denied participation. The completed pre-qualification packet must be submitted to the NCDPI via email at <a href="mailto:cynthia.ervin@dpi.nc.gov">cynthia.ervin@dpi.nc.gov</a> or via US Mail at 6324 Mail Service Center Raleigh, NC 27699-6324.	
Organization Name:	
Federal Employee Identification Number (FEIN):	
Has the organization been disqualified, seriously deficient program in the last seven years?	
Does the organization or its principals operate another Child Nutrition Program?	
If yes, please select the program: <input type="checkbox"/> Child Nutrition Program	
Enter the agreement number for the program(s):	
Has the organization operated a Child Nutrition Program under another name?	
If yes, please provide name(s) of State(s) and Programs:	
Has the organization operated a Child Nutrition Program in another State?	
If yes, please provide name(s) of State(s) and Programs:	
Will the organization continue to operate the Child Nutrition Program/s in another State for the current summer?	
<b>II. Administrative Capability Information (continued)</b>	
Organization Principal (board chair, owner, pastor, CEO, etc.)	
Full Name:	
Title:	
Email:	
Complete Address:	
County:	
Phone:	Ext:
Fax:	
<input type="checkbox"/> Check if the principal is the same individual as the organization's contact	

I. General Information			
Organization Name:		Agreement Number:	
Federal Employee Identification Number (FEIN):		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 <a href="http://www.sams.gov">www.sams.gov</a>	If yes, provide the expiration date: <input type="text"/> DUNS must be registered in SAM annually to avoid suspension of funds. If the expiration date is more than one year, update it at <a href="http://www.sams.gov">www.sams.gov</a>
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	
If yes, please select the program: <input type="checkbox"/> Child and Adult Care Food Program or specify _____			
Enter the agreement number for the program(s):			
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) of State(s) and Programs:			
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) and Programs:			
Will the organization continue to operate the Child Nutrition Program/s in another State for the current summer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# General Information

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- 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 School 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

# II. Administrative Capability Information

North Carolina Department of Public Instruction (NCDPI)  
 School Nutrition Services Section  
 Summer Food Service Program (SFSP) For Returning Sponsors  
*Falsification of information provided on this document constitutes grounds for denial or termination of participation.*

**Summer Food Service Program Pre-Qualification Form**

The North Carolina Department of Public Instruction (NCDPI) is required to review all Summer Food Service Program applications to determine whether pre-qualification requirements, as prescribed in the Code of Federal Regulations (CFR) Section 225.14, are met. Organizations or SFSP Applicants desiring to participate in the SFSP as Program Sponsors must submit a pre-qualification application and are required to demonstrate the financial and administrative capacity required to operate the SFSP and subsequently serve the community it proposes to serve. The NCDPI will review the completed pre-qualification application to determine if the organization will qualify as Program Sponsor or Program Site. In some instances, the NCDPI may require participation. The completed pre-qualification packet must be submitted to the attention of the Director of School Nutrition Services via email at [cynthia.ervin@dpi.nc.gov](mailto:cynthia.ervin@dpi.nc.gov) or via US Mail at the following address: Cynthia Ervin, NCDPI, 6324 Mail Service Center Raleigh, NC 27699-6324.

**I. General Information**

Organization Name:	Agreement Number:
Federal Employee Identification Number (FEIN):	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 <a href="http://www.sams.gov">www.sams.gov</a>

Has the organization been disqualified, seriously deficient or terminated in any child nutrition program in the last seven years?  Yes  No

Does the organization or its principals operate another Child Nutrition Program?  
 If yes, please select the program:  Child and Adult Care Food Program or specify \_\_\_\_\_  
 Enter the agreement number for the program(s): \_\_\_\_\_

Has the organization operated a Child Nutrition Program under another name?  
 If yes, please provide name(s) of State(s) and Programs: \_\_\_\_\_

Has the organization operated a Child Nutrition Program in another State?  
 If yes, please provide name(s) of State(s) and Programs: \_\_\_\_\_

Will the organization continue to operate the Child Nutrition Program/s in another State for the current summer?  Yes  No

**II. Administrative Capability Information (complete if changes have occurred from prior year)**

Organization Principal (board chair, owner, pastor, CEO)		Organization SFSP Contact	
Full Name:		Full Name:	
Title:		Title:	
Email:		Email:	
Complete Address:		Complete Address:	
County:		County:	
Phone:	Ext	Phone:	Ext
Fax:		Fax:	

Check if the principal is the same individual as the organization's contact

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 – 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 – 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

**Community Eligibility**  
 community: (write in the space provided below)

**Administrative Capability Information**

Is the organization a State Agency?  Yes  No

Has the organization been an SFSP for at least one month without an interruption?  Yes  No

Are the organization's revenues greater than their reimbursement claims and/or NCDPI grants cannot be used for repayment of debt or unallowable costs. In the event of the operation of the SFSP, describe the organization's plan for repayment of the SFSP.

**\*\*Complete if changes have occurred from prior year – as applicable**

# Administrative Capability Information

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- 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.

█



# Financial Capability Information

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- 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

## IV. Financial Capability Information Continues

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.

- The current accounting method used;
  - Cash
  - Accrual
  - Modified Accrual
- The system used to track/manage financial transactions;
  - General ledger
  - Accounting software. Provide name of software: \_\_\_\_\_
  - Other - please specify/explain: \_\_\_\_\_
- 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. \_\_\_\_\_

## V. Documents to be Attached

- 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:
  - Original documents received from the applicant
  - Government Issued Identification and Photo
- At least one of the following:
  - OMB Circular A-133 Audit Report and/or;
  - Financial Statement including statement of operations;
  - Three most recent bank statements; and
  - IRS Form 990, Return of Organizations Exempt from Federal Income Tax
- If changes have occurred from prior year - as applicable, provide the name, title, and contact information for each person or part who will be responsible for SFSP activities. (address, phone number and email) for each person.
- A Permit to Operate and current Health Inspection Report for each site. Health Inspections must be conducted within the last 12 months. As needed, attach copies of the reports.
- SN- SFSP Application Access Form - If changes have occurred from prior year - as applicable, provide the names of all principals - one with application and the other with application. All principals must have the required criminal background check.
- Original Vendor Electronic Payment form - If changes have occurred from prior year - as applicable. Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

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

## VI. Site Eligibility Information

Site	Projected Number of sites: _____	Projected number of weeks of operation _____	Projected total number of meals by type for all sites during all weeks of Program operation for the summer B- _____ AM-SN- _____ L- _____ D- _____ PM-SN- _____
	Has the sponsoring organization operated all the sites in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, provide how many new projected sites will be sponsored this year: _____
	Are any of the sponsored sites owned/managed by a for-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> The organization certifies that all sites owned/managed by a for-profit organization will be classified/operated as open sites.

## VI. Site Eligibility Information

Site	Projected Number of sites: _____	Projected number of weeks of operation _____	Projected total number of meals by type for all sites during all weeks of Program operation for the summer B- _____ AM-SN- _____ L- _____ D- _____ PM-SN- _____
	Has the sponsoring organization operated all the sites in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, provide how many new projected sites will be sponsored this year: _____
	Are any of the sponsored sites owned/managed by a for-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> The organization certifies that all sites owned/managed by a for-profit organization will be classified/operated as open sites.

# Site Eligibility Information

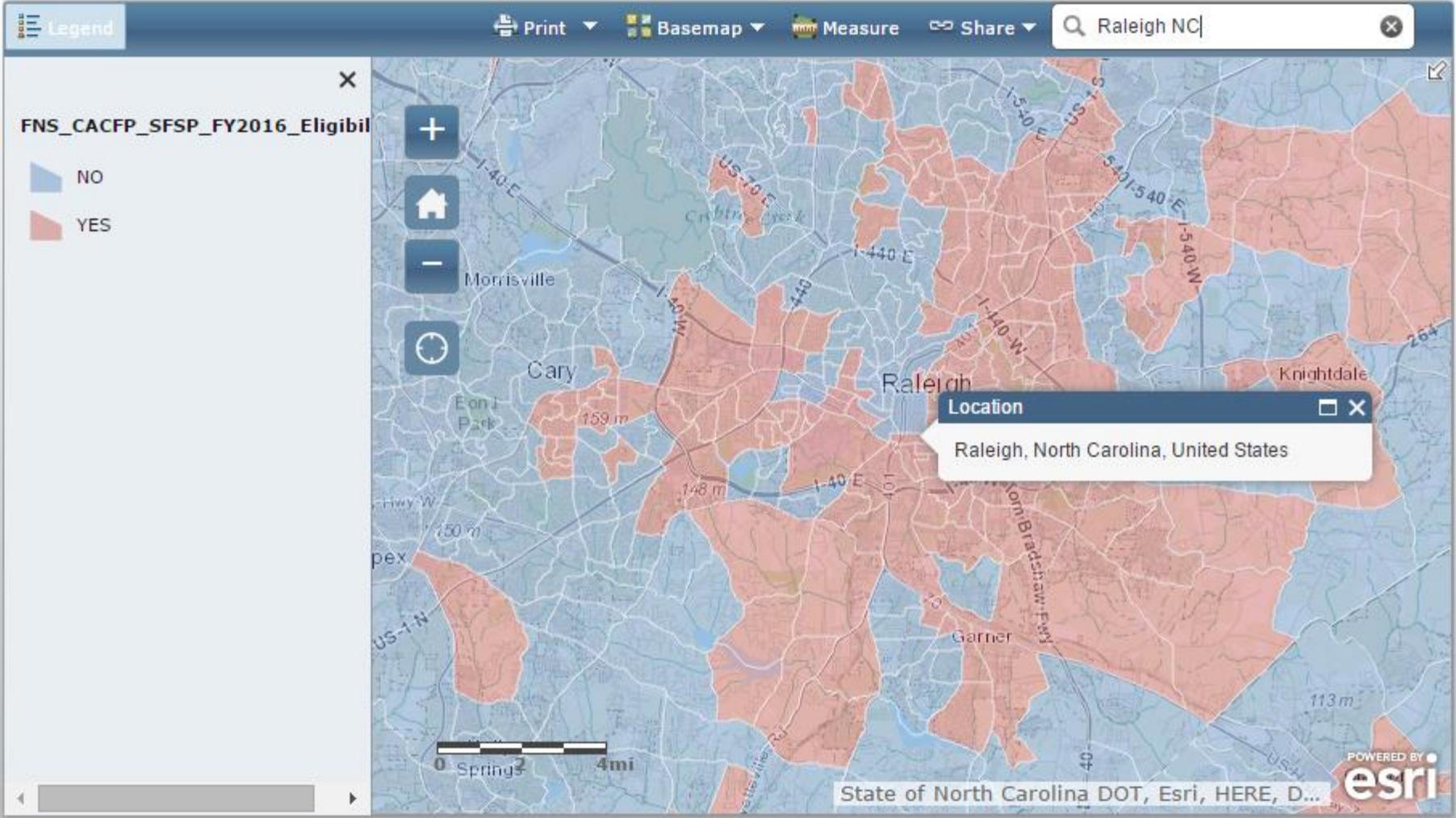
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- Use the Policies & Procedures guidelines discussed earlier to assist you in describing how sites are recruited for the SFSP for the first question in the site eligibility information section.
- To determine site eligibility,
  - Use the area eligibility map online at [www.fns.usda.gov/areaeligibility](http://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 <sup>st</sup> Organization Principal Contact	Title	2 <sup>nd</sup> Organization Financial Contact	Title
Signature		Signature	

## IX. Certification Statement

I certify that the information  
misrepresentation or withhc  
The Organization's Board Ch

Printed Name of Board Ch

Signature of Board Chair,

Printed Name of Org

Signature of Orgar

FBI Channeler  
Criminal Background  
Check Approved:  
 Yes  No

Clea  
Rev  
 Y

First Party Approved by:

Comments:

Vendor Form  
Submitted Date:

SN Tech Access Form  
Submitted  
Date:

SN Tech Payment  
Form Date Submitted:

Training invitation  
sent  
 Yes  No

Entered in Grants.gov:  
 Yes  No

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 <sup>st</sup> Organization Principal Contact	Title	2 <sup>nd</sup> 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 <sup>st</sup> Organization Principal Contact	Title	2 <sup>nd</sup> Organization Financial Contact	Title

IX. Certification Statement	
<p>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</p>	
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

<p>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</p>	
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

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
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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

Two days-one week processing time

Inquiries Inc. \$ 45.00

Twelve weeks processing time

FBI \$ 18.00

in manner.  
desired FBI

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

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- 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

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- **Submit Pre-Qualification packet as close to December 1<sup>st</sup> 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.

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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](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](mailto:program.intake@usda.gov).

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