



## New York State Education Department Child Nutrition Program Administration 2016-2017 New Recipient Agency / Program Addition Checklist & Application

New Recipient Agency Application Checklist	Comments	Completed
<b>New Recipient Agency (RA) / Program Addition Application</b>	<b>Enrollment Period: 30 days prior to your 2016-2017 school year operations until the September 1, 2016 deadline; and December 1, 2016 – February 1, 2017</b>	
Active BEDS CODE- Basic Educational Data Systems- system for collecting district/school student enrollment and staff counts <a href="http://www.p12.nysed.gov/irs/beds/">http://www.p12.nysed.gov/irs/beds/</a>	The Child Nutrition Program Office <b>does not</b> assign BEDS Codes. If your SFA or any RA you are applying for does not have an active BEDS code, you must contact the appropriate NYS Education Department Office	
Menus for each meal your SFA is applying for (designated by age-grade group)	SED will conduct a cursory review of menus to provide technical assistance. This review does not indicate full meal pattern compliance.	
Notification to the County Department of Health that you are operating a food service and that you are required to have two inspections per year (please provide proof of delivery: certified mail return receipt or a signed letter from the County Department of Health on their letterhead which verifies that they received your notification)		
A copy of the most recent health inspection report conducted by the County Department of Health		
Permit to operate a food service	*If not applicable, please provide a written explanation or alternate documentation	
<b><u>Additional Requirements for Non-Public RA's Only</u></b>		
Notification to the Superintendent of the Public School District in which your school is located with your school address, grade structure and number of students in your enrollment (please provide proof of delivery: certified mail return receipt or a signed letter from the Public School District Superintendent on their letterhead which verifies that they received your notification)		
Certified Fire Inspection within the last 12 months, by meal service site location	* If not applicable, please provide a written explanation or alternate documentation	
Certificate of Occupancy (zoning permit in some communities) for each building or location where instructional activities will occur, showing approval for educational use and maximum capacity	* If not applicable, please provide a written explanation or alternate documentation	
Place of Assembly Certificate	* If not applicable, please provide a written explanation or alternate documentation	

**Checklist for Program Additions ONLY**

New Recipient Agency (RA) / <b>Program Addition</b> Application	<b>Enrollment is on-going.</b>	
Menus for each meal your SFA is applying for (designated by age-grade group)	SED will conduct a cursory review of menus to provide technical assistance. This review does not indicate full meal pattern compliance.	

**\*SED may require additional documentation if an explanation is submitted in the absence of the Place of Assembly Certificate (New York City area only), Certified Fire Inspection, Certificate of Occupancy (zoning permit in some communities) and Permit to Operate a Food Service**

**Applying for a Department of Health and Mental Hygiene permit does not satisfy the regulatory requirements of other local and state agencies. It is your responsibility to apply for all other permits, licenses, and authorizations as required by other local and state agencies. The issuance of a Department of Health permit does not grant permission to use or occupy the permitted premises.**

**SED reserves the right to observe all Child Nutrition Program (CNP) documentation and take any further action as necessary including withholding program funds at all sites under the SFA’s jurisdiction, assessing reclaims and potential program termination, for non-compliance, if applicable. SED reserves the right to conduct additional reviews, either announced or unannounced, for any irregularities, to verify corrective action was completed and applied to all schools under the jurisdiction of the SFA, as appropriate, and/or to conduct applicable close out procedures in the event of program termination.**

**SFA records shall be retained for a period of 3 years after submission of the final claim for reimbursement for the fiscal year to which they pertain. However, if audit findings have not been resolved the records shall be retained beyond the 3 year period as long as required for resolution of the issues raised by the audit. Please be advised that these records must be readily retrievable or immediately available upon request.**

**All goods and services must be properly procured. Uniform Administrative Requirements currently used for procurement are found in super circular beginning at 2 CFR 200.318**

**For further information view the procurement information on our website at: [http://portal.nysed.gov/portal/page/portal/CNKC/Procurement\\_pp](http://portal.nysed.gov/portal/page/portal/CNKC/Procurement_pp)**



Office for Prekindergarten through Grade 12 Education  
Child Nutrition Program Administration  
89 Washington Avenue, Room 375EBA, Albany, NY 12234  
(518) 473-8781 Fax (518) 473-0018  
<http://portal.nysed.gov/portal/page/portal/CNKC>

### **New Recipient Agency / Program Addition Application Instructions**

- ✓ If you are adding a new **Recipient Agency (RA)**, select the “New Recipient Agency” box. If you are adding a **program** to an existing RA, select the “Program Addition” box.
- ✓ **Contact Name, Contact Phone and E-mail:** Provide the name, phone number and e-mail of the person responsible for responsible for program operations at the RA/Program being added.
- ✓ **SFA Name** – List the full legal name of SFA.
- ✓ **LEA Code** – Enter the 12 Local Educational Agency (LEA) code for the SFA.
- ✓ **RA Name** - List the full legal name of RA.
- ✓ **RA LEA Code** – Enter the 12 Local Educational Agency (LEA) code for the RA.
- ✓ **RA Agency Type** – Select one.
- ✓ **RA Address** – Provide complete physical street address, including zip code. (**No PO Boxes**)
- ✓ **Grades in School** - Indicate the grade span in each building (i.e. K – 6 or 7 – 12). If the building is ungraded, indicate UG and the age range of the students.
- ✓ **Enrollment for the RA** – Provide total number of students enrolled in the school.
- ✓ **Previous Program Participation:** If the RA has previously participated in any of the Child Nutrition Programs, check all that apply and write in the assigned LEA code that the RA participated under
- ✓ **Explain your reason or adding a new RA**
- ✓ **Pre-school aged children questions:** If there are pre-school aged children at the RA you are adding, mark yes and answer the remaining questions.
- ✓ **CACFP Funding:** If the RA being added receives CACFP funding, mark yes.
- ✓ **Are you applying for CEP participation at this RA?** If yes, provide LEA/School’s coded student enrollment records/ master list- **Selecting “YES” does not automatically approve this RA to participate in CEP.**
- ✓ **How will your SFA operate its food service?**
  - **Self-Preparation:** Meals are prepared on site and served only at this site.
  - **Sat-Prep:** meals are prepared and served on site and sent to additional sites under the SFA’s jurisdiction.
  - **Satellite:** Meals are prepared within the SFA but not prepared at the site.
  - **Vended:** Prepared meals are delivered from a properly procured outside vendor. *No food prep is done on site.*
  - **Food Service Management Company:** Competitively bid process to obtain a management company to manage the food service operation in whole or in part. Applied to all sites operating under the SFA’s jurisdiction. Please ensure all requirements outlined in the following link are complied with.
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- ✓ **FEIN #:** If the RA(s) being added **does not** operate under the same FEIN # as the SFA, submit the required documentation listed in the question to verify the non-profit status.
- ✓ **Charging for meals:** If you will not be charging students for any or all meals, you must explain how you will cover the costs of providing meals free of charge to all students and provide appropriate documentation to support upon review.
- ✓ **Program(s)** – Check box(es) for each program in which this RA will participate (Breakfast, Lunch, Milk, Afterschool Snack and/or Extended Day Snack). Information specific to each Program can be found on the NYSED Child Nutrition Knowledge Center at: <http://portal.nysed.gov/portal/page/portal/CNKC>.
- ✓ **Breakfast/Lunch/Snack/Milk Start Date** – For the current school year; indicate the date that each program (Breakfast, Lunch, Milk, Afterschool Snack and/or Extended Day Snack) will begin. Enter the month, day and year (e.g. 09/01/16).
- ✓ **ADP** - Estimate the Average Daily Participation (ADP) for Breakfast, Lunch, Milk and/or Snack.
- ✓ **Start Time/End Time** - Record the start time and end time for meal/milk service period within the RA. **Note: If lunch begins before 10:00 AM and/or ends after 2:00 PM, the SFA must obtain prior approval from SED Child Nutrition Office.**
- ✓ **Offer vs. Serve (OVS)** - Select ‘Yes’ or ‘No’ to indicate the RA’s participation in the breakfast and/or lunch meal component choice provision entitled Offer vs. Serve. OVS is a provision in the NSLP and SBP that allows students to decline some of the food offered (Mandatory in High Schools).
- ✓ **Paid Price/Reduced Price/Adult Price** - Public school districts and non-public schools must enter the unit prices charged for student full-priced and reduced-price meals. Enter the amount to be charged for each type of paid meals served. Enter zero (0) if not charging for paid-price meals. The unit price for reduced-price breakfast or lunch meals cannot exceed \$.25. Enter zero (0) if no charge for reduced-price meals. Also enter the unit price charged for an adult meal, if adults are served through this program (the minimum adult price = the current free reimbursement rate + the value of government commodities + tax).
  - School Program regulations at 7 CFR 210.14(e) require school food authorities (SFAs) participating in the National School Lunch Program (NSLP) to ensure sufficient funds are provided to the nonprofit school food service account for meals served to students not eligible for free or reduced priced meals. Please refer to the Paid Lunch Equity memo on the Child Nutrition Knowledge Center for further information <http://portal.nysed.gov/portal/page/portal/CNKC/NeedToKnow/2015-2016%20PLE%20Tool%20and%20memo.pdf>
  - **EXEMPTIONS:** This item does not apply to Residential Child Care Institutions (RCCIs) in which all clients (includes students until their 21<sup>st</sup> birthday) reside within the agency.
- ✓ **Afterschool Snack** – Check this box if you are going to participate in the Afterschool Snack Program, for each school in the SFA. Be sure that the snack program falls within the guidelines for participation. Snacks that are served before or during the children’s regular school day **cannot** be claimed in the afterschool snack program. Weekends, holidays and vacations are also excluded. Students may not leave school and then return for the snack program. The program must be operated by the SFA and the SFA must retain final administrative and management responsibilities; Or
- ✓ **Extended Day Snack** – Check this box if the SFA has schools that operate a school day that is at least one hour longer than the minimum number of school day hours required for the comparable grade levels. The school may, upon approval from the State Education Department (SED), serve snacks during the school day. Some schools have lengthened their school day to add significantly more school time for academic and enrichment opportunities to improve student achievement. Schools that receive the requisite SED approval to provide snacks during the school day must adhere to all the same regulations/requirements as those in the afterschool snack program. They may, however, serve the snacks prior to the end of the school day; but, snack must be served after the lunch has ended.

- ✓ **Describe Program** – Describe the educational or enrichment program(s) being provided.
  - **Education or Enrichment Activities:** Each site must provide children with regularly scheduled activities in an organized, structured, and supervised environment as well as provide educational or enrichment activities. It does not include religious instruction or explicitly religious activities. For Example: An enrichment activity might include mentoring or tutoring.
  - **Distinct Programing:** Site activities must be distinct from extracurricular programs organized primarily for scholastic, cultural, or other purposes. Therefore, those programs designed to provide snacks solely to competitive interscholastic sports teams are not eligible for snacks through ASCP. For Example: Youth activity groups such as community athletic leagues, Babe Ruth or Pop Warner leagues with limited group participation are not eligible for snacks through ASCP.
  - However, if children participating in a program for scholastic, cultural, or other purposes are provided snacks at a site open to all children, including those not participating in these programs, they are eligible to serve snacks or meals through the Afterschool Care Snack program.
  
- ✓ **Official School Start Time/School End Time** - Provide the normal school instruction hours. (e.g.: 7:45AM through 5:05PM.)
  
- ✓ **Snack Start Time/Snack End Time** – Indicate the start and end times for snack.
  
- ✓ **Area Eligible** – Indicate “yes” if the site is located at a school or in the attendance area of a school where at least 50% of the enrolled children are eligible for free and reduced price meals. At area eligible sites, all children receive a snack at no charge.
  
- ✓ **Paid/Reduced/Adult Snack Price** - If less than 50% of enrolled students are eligible for free and reduced meals, then enter the paid, reduced and adult snack price. The charge for a reduced-price snack may not exceed \$0.15. If no charge, indicate a zero (0).
  
- ✓ **List Months not Operating:** List any months during snack program operations that snacks will not be served and claimed, if applicable.
  
- ✓ **SMP-Pricing Program w/ free option:** Milk is sold to children. Maximum use is made of Program reimbursement payments in lowering, or reducing to “zero,” wherever possible, the price per half pint which children would normally pay for milk. The SFA must claim students by eligibility category and an application and parent letter must be sent to all households. The SFA is reimbursed the SMP reimbursement rate (changes annually) for all paid milks and the average price per ½ pint of milk for all free milks.
  
- ✓ **SMP-Pricing Program w/out free option:** Students are not charged for milk. All milk is claimed in the paid category and the SFA is reimbursed the SMP reimbursement rate (changes annually).

***SED requires the SFA to maintain a school calendar for each Recipient Agency as well as supporting documentation of field trips, emergency delays and closing, in addition to events that will affect participation at any meal service.***



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

Office for Prekindergarten through Grade 12 Education  
 Child Nutrition Program Administration  
 89 Washington Avenue, Room 375EBA, Albany, NY 12234  
 (518) 473-8781 Fax (518) 473-0018  
<http://portal.nysed.gov/portal/page/portal/CNKC>

**New Recipient Agency (RA) / Program Addition Application**

New Recipient Agency	Program Addition		Contact Name:					
			Contact Phone:					
				Contact E-mail:				
Full Legal Name of School Food Authority (SFA)					SFA LEA Code			
Full Legal Name of Recipient Agency (RA)					RA LEA Code			
RA Agency Type	Public School	Non-public school	Public Charter	Non-public BJE Affiliated School	Public Residential Child Care Institute (RCCI)	Non-public RCCI	Public BOCES	Public Jail
RA Address					Grades in School			
					Student Enrollment for RA			
Has this RA participated in any of the following Child Nutrition Programs? (check all that apply and include the LEA code the RA operated under)	NSLP		SBP		SMP		SFSP	
	LEA Code:		LEA Code:		LEA Code:		LEA Code:	
Please explain your reason for adding a new RA:								

Are there pre-school aged children at this location?	YES	NO	Does this RA receive funding from the Child and Adult Care Food Program (CACFP)?	YES	NO	
If yes, are they in a program that operates under the jurisdiction of your SFA?	YES	NO				
If yes, is it funded through Federal, State or County grant programs?	YES	NO				
If no, is it registered with Office of Children and Family Services (OCFS)	YES	NO				
Are you applying for CEP participation at this RA? <i>If yes, provide LEA/School's coded student enrollment records/ master list</i>	YES*	NO	<b>*Selecting "YES" does not automatically approve this RA to participate in CEP.</b>			
How will this RA operate its food service program? (check one)	<u>Self-Prep</u> : Meals are prepared on site and served only at this site.		<u>FSMC</u> : Competitively bid process to obtain a management company to manage the food service operation in whole or in part. Applied to all sites operating under the SFA's jurisdiction			
<u>Satellite</u> : Meals are prepared within the SFA but not prepared at the site.	<u>Sat-Prep</u> : meals are prepared and served on site and sent to additional sites under the SFA's jurisdiction		<u>Vended</u> : Prepared meals are delivered from a properly procured outside vendor. No food prep is done on site. <b>Name and Address of Vendor:</b>			
Does the RA being added operate under the same FEIN# as the SFA? 501(c)3 Tax Exempt Documentation	Yes	No	If no, submit the following for the RA: Organizations By-laws			
	Certificate of Incorporation		Board Minutes			
If you are not charging for breakfast, lunch and/ or snack meals; state how you will cover the cost of providing meals free of charge to all students:						

<b><u>SCHOOL BREAKFAST PROGRAM (SBP)</u></b>	Breakfast Start Date		ADP		Meal Service Start Time		Meal Service End Time		OVS	YES
	Paid Price:		Reduced Price:		Adult Price:					NO
<b><u>NATIONAL SCHOOL LUNCH PROGRAM (NSLP)</u></b>	Lunch Start Date:		ADP:		Meal Service Start Time:		Meal Service End Time		OVS	YES
	Paid Price:		Reduced Price:		Adult Price: (Refer to the PLE Memo)		If lunch begins before 10:00am and/or ends after 2:00pm, the SFA must submit a written request for approval to the SED Child Nutrition Office			NO

<p><b><u>AFTER SCHOOL CARE PROGRAM (SNACK)</u></b></p> <p><b><u>EXTENDED DAY SNACK</u></b>  <i>Check this box if the SFA has schools that operate a school day that is at least one hour longer than the minimum number of school day hours required for the comparable grade levels. The school may, upon approval from the State Education Department (SED), serve snacks during the school day.</i></p>	Snack Start Date:		Paid Price: <i>Enter "0" if area eligible or not charging students</i>	
	Enrollment:			
	ADP:			
	Official School Day Start Time:		Reduced-Price: <i>Enter "0" if area eligible or not charging students</i>	
	Official School Day End Time:		Adult Price:	
<p><u>Area Eligible:</u>            YES            NO</p> <p><i>Check YES only if the site is located at a school or in the attendance area of a school where at least 50% of the enrolled children are eligible for free and reduced price meals. At area eligible sites, all children receive a snack at no charge.</i></p>	Snack Start Time:		List any months during Snack Program operations that snack will not be served/meals will not be claimed:	
	Snack End Time:			
Describe the educational or enrichment program(s) being provided:				

<p><b><u>SPECIAL MILK PROGRAM (SMP)</u></b>  <i>Only available to students who don't have access to the SBP or NSLP</i></p>			Milk Service Start Time:		Pricing Program w/ free option		
Milk Program Start Date:		ADP:		Milk Service End Time:		Pricing Program w/out free option	

I, \_\_\_\_\_, as the duly authorized representative of \_\_\_\_\_ [SFA Name], do hereby attest that the aforementioned SFA and all schools under its jurisdiction including any RA applying for participation in the applicable Child Nutrition Program(s) as authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.), and/or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) have been trained on Program requirements including Civil Rights and will annually train staff and implement a system to deal with civil rights complaints.



**Attestation Statement for Child Nutrition Program Administration**

**Instruction:** The following statement must be signed by a duly authorized representative of the school food authority (SFA) applying to add a Program and/or a new Recipient Agency (RA) to their existing Child Nutrition Program(s), including, the National School Lunch Program (NSLP), Afterschool Snack Program (Snack), School Breakfast Program (SBP), Special Milk Program (Milk) and/or Summer Food Service Program (SFSP). The New York State Education Department (SED) Child Nutrition Program (CNP) Administration expects the legal name of the SFA and RA be used and the Attestation must be signed by the person who has the legal authority and responsibility for the operation of the Child Nutrition Program(s). The following is a list of who should be signing this application and attestation, in cases of public schools – the Superintendent of the school district or their duly authorized designee; in cases of non-profit corporations operating recognized non-public schools or in cases of public or private non-profit residential childcare institutions or Jails – the officer of the corporation (e.g. Executive Director or their duly authorized designee); and in cases of charter schools – the chief school officer, administrator or their duly authorized designee.

I, \_\_\_\_\_, as the duly authorized representative of \_\_\_\_\_ [SFA Name], do hereby attest that the aforementioned SFA and all schools under its jurisdiction including any RA applying for participation in the applicable Child Nutrition Program(s) as authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.), and/or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) have the administrative, operational and financial capability and authority to operate such programs; and

I certify that I am familiar with and attest that the SFA and RA can duly comply with all applicable program regulations, guidance and policy; and I understand that \_\_\_\_\_ [SFA Name] is assuming all financial and administrative responsibility for \_\_\_\_\_ [RA name] program operations.

I certify that all information in this application is true and correct, and therefore, I believe \_\_\_\_\_ [RA Name] is eligible for participation in the Child Nutrition Program(s) to which the SFA makes application; and

I understand that if the SED CNP Administration determines the SFA or the RA to be noncompliant with one or more of the requirements set forth in CNP laws, regulations, guidance and policy, participation in the Child Nutrition Program (s) may be denied or terminated and the SFA may be subject to fiscal sanctions.

\_\_\_\_\_  
Legal Name of Contracting Organization

By: \_\_\_\_\_  
Signature of the official who has been authorized to sign contracts on behalf of the contracting organization.

\_\_\_\_\_  
Name of Official Signing (Please print or type)

\_\_\_\_\_  
Title of Official (Please print or type)

\_\_\_\_\_  
Date

**New York State Education Department Use Only**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Entered in CNMS by \_\_\_\_\_ Date \_\_\_\_\_

Effective Start Date(s): \_\_\_\_\_

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, audiotape, 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](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).

This institution is an equal opportunity provider.