

## Instructions for Completing the SFSP On-line Renewal

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### Child Nutrition Management System

PROGRAM ▾
CLAIMS ▾
REPORTS ▾
ADMIN ▾
LOG OFF ▾

SFSP Home  
 SFSP Profile  
**SFSP Renewal**  
 Single Permanent Agreement



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

### SFSP Profile/Renewal

2022-23

[Renewal Instructions](#)  
[Online Renewal Checklist](#)

UEI: JGYVD6FNQEU expires on 11/10/22 [SAM Website](#)

Approval Date:

Address

Contact

NSLP Contact

[Authorized Official](#)

[General Phone](#)

[Email](#)

[Fax](#)

[Representative 1](#)

[General Phone](#)

[E-Mail](#)

[Fax](#)

[Representative 2](#)

[Representative 3](#)

[Representative 4](#)

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



# Child Nutrition Management System

PROGRAM >

CLAIMS >

REPORTS >

## SFSP Renewal

Enter Query Criteria

Click 'Find'

School Year 2019-20

Find

Clear



Click 'Find'

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

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

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

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

SFSP Sponsor Training not completed - Please contact SED to complete training

Participating in CACFP must be entered

Total Ethnic Categories must equal 100

Total Racial Categories must equal 100

All Site Program dates. Brook Avenue Elementary School Eligibility record not found Brook Avenue Elementary School Shifts must be greater than 0

Brook Avenue Elementary School Breakfast CAP missing Brook Avenue Elementary School Breakfast Projected Eligibles missing

Brook Avenue Elementary School Breakfast Days missing Brook Avenue Elementary School Lunch CAP missing Brook Avenue Elementary School Lunch Projected Eligibles missing

Brook Avenue Elementary School Lunch Days missing Gardiner Manor School Eligibility record not found Gardiner Manor School Shifts must be greater than 0

Gardiner Manor School Breakfast CAP missing Gardiner Manor School Breakfast Projected Eligibles missing

Gardiner Manor School Breakfast Days missing Gardiner Manor School Lunch CAP missing Gardiner Manor School Lunch Projected Eligibles missing

Gardiner Manor School Lunch Days missing South Country School Eligibility record not found South Country School Shifts must be greater than 0

South Country School Breakfast CAP missing South Country School Breakfast Projected Eligibles missing

Review all information that has been "rolled" from the previous year and update as needed. Information that rolls from year to year includes site's days, site kitchens, staff charts and other site information. Items in red are required information to be entered before the sponsor is able to submit the renewal. Throughout the renewal whenever any data is entered always click the 'Save' or 'Insert' button before continuing to the next step.

Budget and Advances should not be addressed until all of the site information and the amount of Unused SFSP Funds has been entered.

# SFSP Profile/Renewal

2019-20

## [Renewal Instructions](#)

DUNS Number 093314086 expires on 07/20/19 [SAM Website](#)

### Approval Date:

**Address** 123 Sunny Street

**Contact**

[Authorized Official](#)

Mr. Happy Face

[General Phone](#)

518-789-1234

[Email](#)

[happy@gmail.com](mailto:happy@gmail.com)

[Fax](#)

[Representative 1](#)

Susie Sunshine

[General Phone](#)

518-789-1234

[E-Mail](#)

[sunny@gmail.com](mailto:sunny@gmail.com)

[Representative 2](#)

[General Phone](#)

[E-Mail](#)

[Fax](#)

[Representative 3](#)

[Representative 4](#)

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

## Contact People

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

New

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



## Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

### Contact People

Enter values for new Contact People record

Salutation:

First Name:

MI:

Last Name:

Generation:

Contact Role:

- Authorized Official
- Representative 1
- Representative 2
- Representative 3
- Representative 4

[Back to Lafayette CSD](#)

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

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



## Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

REPORTS ▾

ADMIN ▾

LOG OFF ▾

### Contact Devices

Device Type:

Value:

[Back to People](#)

- Cell Phone
- E-Mail
- Fax
- General Phone
- Home Phone
- Summer Fax
- Summer Phone
- Web Address

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

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

## SPONSOR ANNUAL INFORMATION

**Sponsor Name** Bay Shore UFSD  
**LEA Code** 580501030000  
**School Year** 2019-20  
**Advance Approval** Yes  
June Advance not available - operating < 10 days.  
July Advance not available - operating < 10 days.  
August Advance not available - operating < 10 days.

**Commodities**

**Participates in CACFP**

**Unused SFSP Funds**

### Ethnic Categories

**Hispanic or Latino**

**Non-Hispanic or Latino**

### Racial Categories

**American Indian or Alaska Native**

**Asian**

**Black or African American**

**Native Hawaiian or Other Pacific Islander**

**White**



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

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

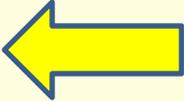
**Last Updated**

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

[Site Annual Information List](#)

[SFSP Renewal](#)

**Success!**  
Row updated



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

### SPONSOR ANNUAL INFORMATION

Sponsor Name  
LEA Code  
School Year  
Advance Approval

Yes  
June Advance not available - operating < 10 days.  
July Advance not available - operating < 10 days.  
August Advance not available - operating < 10 days.

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



LEA Code      Rural/Urban      [Kosher](#)      [Eligibility/Due](#)  
Urban      SED 2020  
[Milk Waiver](#) N      [Contract](#) N

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

Start Date      End Date      Approval Date      1st Week Site Visit      4 Week Self Review by [Site Field Trips](#)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	CAP	Offer Vs Served	FOC	Menu Option	POS	Shifts
<a href="#">Breakfast</a>	N/A	10		Yes	Yes	FBMP	1							
<a href="#">Lunch</a>	N/A	86		Yes	Yes	FBMP	1							

**For Sponsors operating Open and Closed Enrolled Sites**

*Sponsors operating Camps- go to page 11-12*

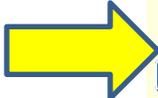
[Back to Site Annual Information](#)  
[SFSP Renewal](#)

**Site Programs**

Sponsor Name:   
LEA Code:   
Site Name:   
LEA Code:   
Site Type: Closed Enrolled in Needy Area  
School Year: 2015-16  
Program Name: Summer Food Service Program  
Begin Date:  [CAL](#)  
End Date:  [CAL](#)  
List Date(s) with no meal service:

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

Enter the **Begin Date** and **End Date**, use the '[CAL](#)' link to bring up a calendar to choose the date, and click '[Save](#)'. The date must be entered in MM/DD/YY format. For example 06/20/19.



[Back to Site Annual Information](#)

**Meal Types**

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

Records 1 to 2 of 2

Program Name: Summer Food Service Program  
Begin Date: 06/29/15 [CAL](#)  
End Date: 08/28/15 [CAL](#)  
List Date(s) with no meal service:

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

[Back to Site Annual Information](#)

**Meal Types**

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

Records 1 to 2 of 2

[New](#)

[Back to Site Annual Information](#)

**Camp Sessions**

No Records returned

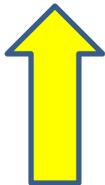
Click the '[New](#)' button below '**Meal Types**' on this same page to add a meal, or click the meal type ([Breakfast](#), [Lunch](#), [Supper](#), [Supplement](#), [Snack](#)) to change days and/or times.

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

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

## Meal Types

Site Name:   
 LEA Code:   
 Sponsor Name:   
 LEA Code:   
 Site Type: Open  
 School Year: 2019-20  
 Name: Lunch  
 Menu Option:   
 FOC:   
 Offer vs. Serve:   
 Projected # Eligibles:   
 Participation/Enrollment:   
 Meal ADP Waiver: N  
 CAP:   
 Points Of Service:   
 Shifts:   
 What Campers will Participate:  
 Residential Campers:   
 Day Campers:   
 Staff Children:



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

**Menu Option:** Choose SFSP Meal Pattern except for Snack, Choose Snack Meal Pattern. Only choose Food Based Menu Planning if you are following the NSLP.

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

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

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

**Participant/Enrollment:** Maximum number of children expected to be in attendance at this site for this meal service.

**CAP:** Maximum number of children that the physical space can hold at the meal service site. May exceed participation/enrollment.

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

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

## Days

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

Records 1 to 4 of 4

• [CREATE UPDATE DAYS](#)

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



Use this link to enter the days and times of the meal service.

### Breakfast

Day	Begin Time	End Time	Insert?	
Monday	09:00AM	09:30AM	✓	Clear
Tuesday	09:00AM	09:30AM	✓	Clear
Wednesday	09:00AM	09:30AM	✓	Clear
Thursday	09:00AM	09:30AM	✓	Clear
Friday	09:00AM	09:30AM	✓	Clear
				Clear
				Clear

Save

Enter the first **Day** of your meal service (Monday-Sunday) from the grey drop down tab.

Enter the **Begin Time** and **End Time** in the HH:MM (AM or PM) format. For example: 09:00AM.

Then click the next day from the next drop down tab and the same **Begin Time** and **End Time** will automatically populate.

If you want a different time for each day, you will have to change the times manually.

After the correct times for each day are entered click **'Save'**.

PROGRAM - CLAIMS - REPORTS - ADMIN

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

Copy all Times

**Sponsor Name:** Lafayette CSD    **LEA Code:** 420807040000    **Site Name:** Onondaga Nation School    **LEA Code:** 420807040002    **Name:** Breakfast  
**Site Type:** Closed Enrolled in Needy Area    **School Year:** 2015-16    **Day:** Monday    **Begin Time:** 08:30am    **End Time:** 09:15am    Delete?

---

**Sponsor Name:** Lafayette CSD    **LEA Code:** 420807040000    **Site Name:** Onondaga Nation School    **LEA Code:** 420807040002    **Name:** Breakfast  
**Site Type:** Closed Enrolled in Needy Area    **School Year:** 2015-16    **Day:** Tuesday    **Begin Time:** 08:30am    **End Time:** 09:15am    Delete?

---

**Sponsor Name:** Lafayette CSD    **LEA Code:** 420807040000    **Site Name:** Onondaga Nation School    **LEA Code:** 420807040002    **Name:** Breakfast  
**Site Type:** Closed Enrolled in Needy Area    **School Year:** 2015-16    **Day:** Wednesday    **Begin Time:** 08:30am    **End Time:** 09:15am    Delete?

---

**Sponsor Name:** Lafayette CSD    **LEA Code:** 420807040000    **Site Name:** Onondaga Nation School    **LEA Code:** 420807040002    **Name:** Breakfast  
**Site Type:** Closed Enrolled in Needy Area    **School Year:** 2015-16    **Day:** Thursday    **Begin Time:** 08:30am    **End Time:** 09:15am    Delete?

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

Once times are entered, if you are updating meal times, the screen will look like this. Enter times and **'Save'**.

Check the box if times will be the same for each day.

After clicking save you will see "Rows inserted successfully" (highlighted). If there is an error with the format or some other error with the times, there will be an error message. Make sure the times are in the proper HH:MM(AM/PM) format, that no meal times overlap, and that supper doesn't begin after 7pm or end past 8pm.

**For Sponsors operating Residential or Non-Residential Camps**

[For SED's Camp Site Updates Memo \(12/16\) - click here](#)

**Meal Types**

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

Records 1 to 2 of 2

[New](#)

[Back to Site Annual Information](#)

**Camp Sessions**

No Records returned

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

[Back to Site Annual Information](#)

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

PROGRAM > CLAIMS > REPORTS > ADMIN > LOG OFF >

**Create and Update Camp Sessions Only**

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

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

Click 'New'

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

## Create and Update Camp Sessions Only

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

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

A **Residential Camper** is a camper enrolled in overnight status and is not in the care of their parents or guardian.

A **Day Camper** is a camper that is enrolled in an approved day camp program. However; does not sleep at the camp.

Children not enrolled in a residential camp or an approved day camp program and are not children of camp staff but are staying with their parents in a bungalow colony- cannot participate.

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

If eligibility is 'This Year' it needs to be updated, click Eligibility/Due.



LEA Code    Rural/Urban    **Kosher**    **Eligibility/Due**    **Method of Service**    **Site Type**

Urban    This Year    Satellite    Closed Enrolled

**Milk Waiver** N    **Contract** N    **Unitized Waiver** N    **Mobile Route** N

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

Start Date    End Date    Approval Date    1st Week Site Visit    4 Week Self Review by    [Site Kitchen](#)    [Site Field Trips](#)

Bay Shore Senior High School 155 3rd Ave, Bay Shore

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	CAP	Offer Vs Served	FOC	Menu Option	POS	Shifts
<a href="#">Breakfast</a>	N/A	29		No	Yes	SFSPMP	1							
<a href="#">Lunch</a>	N/A	40		No	Yes	SFSPMP	1							



## Child Nutrition Management System

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

Site Name:  
 Site LEA Code:  
 Sponsor Name:  
 Sponsor LEA Code:  
 Created Date:

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

### Eligibility Periods

[New](#)

Click 'New'

[Back to Lafayette CSD](#)

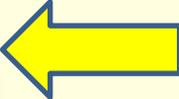


If you need assistance determining eligibility for your site(s), contact your SED representative

## Eligibility Period

Qualifying Site LEA Code required for Open, Restrictd Open and Closed Enrolled Site i

Enter values for new record

Eligibility Type:  

Approval Year:

Qualifying School LEA Code:

Month:

Enrollment:

Eligibles:

Qualifying School LEA Code:

Month:

Enrollment:

Eligibles:

Qualifying School LEA Code:

Month:

Enrollment:

Eligibles:

Block Group Code:

[Back to Summer Feeding Site](#)

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

Eligibility has changed for the 2022 SFSP. Please refer to the [eligibility memo](#) for all eligibility options as well as detailed instructions for completing this section.

## Mapping Tools

- [Mapping Tools for Summer Meal Programs \(2/17\)](#)
  - [Capacity Builder](#)
  - [Area Eligibility Mapper](#)
  - [FRAC Summer Food Mapper](#)
  - [Rural Designation Mapper](#)
  - [Mobile Route Maker](#)

The following can be used to qualify your site:

[2021-22 CEP List](#)

[2019-20 SED Data List](#)

[Area Eligibility Mapper](#)

To request Commodities (USDA Foods) click [Commodities](#) on the renewal page. 'Commodities:' click the drop-down box arrow and select either 'Regular' or 'Kosher'. Click the 'Save' button.

## SPONSOR ANNUAL INFORMATION

Sponsor Name  
LEA Code  
School Year  
Advance Approval

2019-20  
Yes  
June Advance not available - operat  
July Advance not available - operat  
August Advance not available - ope

Commodities

No ▾

Participates in CACFP

▾

Unused SFSP Funds

Ethnic Categories

Hispanic or Latino

Non-Hispanic or Latino

Racial Categories

American Indian or  
Alaska Native

Asian

Black or African American

Native Hawaiian or  
Other Pacific Islander

White

Last Updated

02/20/19

Save

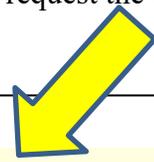
Revert

Does your organization also participate in the Child and Adult Care Food Program (CACFP)?

Choose 'Y' or 'N' from the drop down

Click 'Unused SFSP Funds' on the main Renewal page. Even if there were no unused SFSP funds from the previous year a '0' must be entered. This would also include any funds SED required to be replenished to the non profit food service account due to unallowable costs. Note: this pertains to SFSP funds ONLY.

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



LEA Code Rural/Urban **Kosher** Eligibility/Due Method of Service Site Type

Urban This Year Satellite Closed Enrolled

Milk Waiver N Contract N Unitized Waiver N Mobile Route N

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

Start Date End Date Approval Date 1st Week Site Visit 4 Week Self Review by Site Kitchen Site Field Trips

Bay Shore Senior High School 155 3rd Ave, Bay Shore

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Partic/Enroll	CAP	Offer Vs Served	FOC	Menu Option	POS	Shifts
<a href="#">Breakfast</a>	N/A	29		No	Yes	SFSPMP	1							
<a href="#">Lunch</a>	N/A	40		No	Yes	SFSPMP	1							

## SITE ANNUAL INFORMATION

Choose "Y" or "N" for Contract:

Site Name:

LEA Code:

School Year: **2015-16**

Renewal Date: 03/26/15

Location: Urban

Site Type: Closed Enrolled in Needy A

Contract:  Y  N

Rate Type: A

Method of Service: **Self Prep**

Kosher Option:

Commodities Eligibility: Y

Camp Permit Received: N

6oz.Milk Waiver # Children:

Choose Method of Service.

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

**Satellite:** Your site receives meals from a separate kitchen.

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

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

### Site Kitchen

No Records returned

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

Enter values for new record

Name:

Address:

City:

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

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

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



# Child Nutrition Management System

PROGRAM >

CLAIMS >

REPORTS >

ADMIN >

LOG OFF >

Enter values for new record

Name:

Address:

City:

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



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

## Sponsor Kitchens

Name:  Address:

Address2:  City:

State:  Zip:

County: Albany

Insert?

Name:  Address:

Address2:  City:

State:  Zip:

County: Albany

Name:  Address:

Address2:  City:

State:  Zip:

County: Albany

Name:  Address:

Address2:  City:

State:  Zip:

County: Albany

Insert?

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

Click the '**Insert**' button at the bottom of the page.

Once completed, go back to the **Renewal** screen.

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

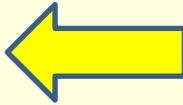
American Indian or Alaska Native	2
Asian	5
Black or African American	10
Native Hawaiian or Other Pacific Islander	0
White	83

Last Updated 03/26/15

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

### Staff Charts

Chart Name	Total Labor
<a href="#">Administrative</a>	\$0
<a href="#">Operational</a>	\$3,585



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

### Budget

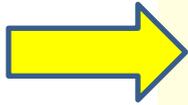
No Records returned

[New](#)



### Claims Information

Program Name	View/Revise	New Claim
Summer Food Service Program	<a href="#">View</a>	<a href="#">New</a>



[Program Participation](#) Summer Food Service Program CFDA# 10.559

[Participates in CACFP](#)

[Commodities](#) No

[Unused SFSP Funds](#)

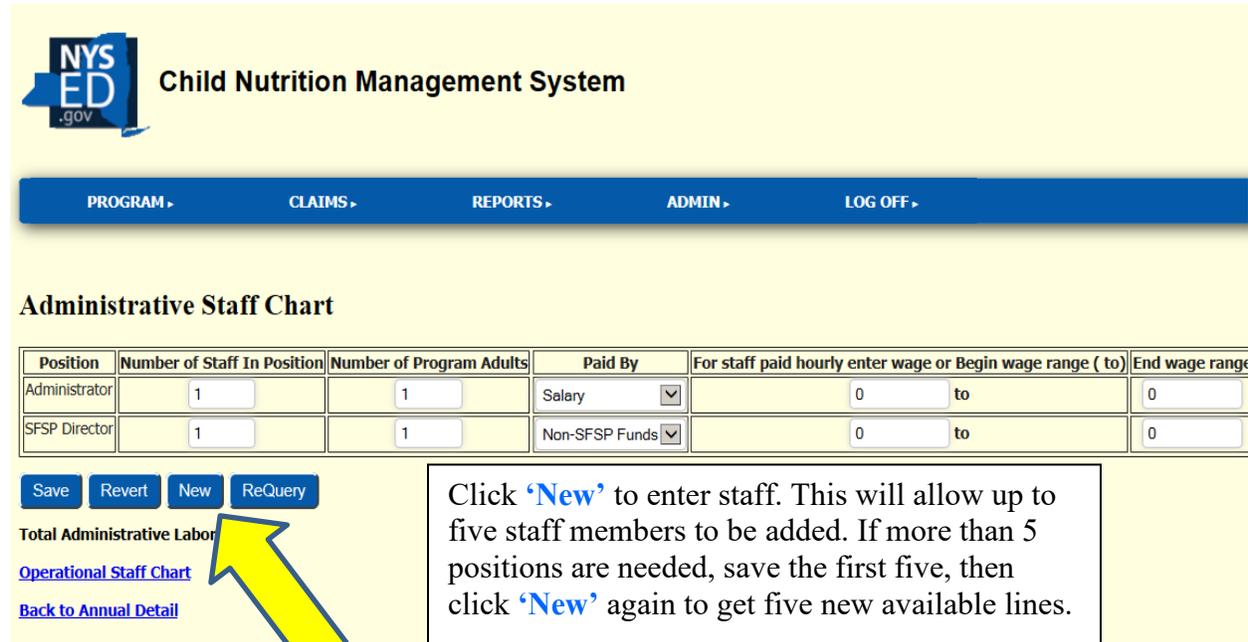
[Staff Charts](#) [Admin Chart](#) \$13,545 [Operating Chart](#) \$46,520

[Budget](#) Admin \$0 Operating \$0

[Advances](#) June not eligible operating < 10 days  
 July not eligible operating < 10 days  
 August not eligible operating < 10 days

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

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



**NYS ED** Child Nutrition Management System  
.gov

PROGRAM ▾ CLAIMS ▾ REPORTS ▾ ADMIN ▾ LOG OFF ▾

### Administrative Staff Chart

Position	Number of Staff In Position	Number of Program Adults	Paid By	For staff paid hourly enter wage or Begin wage range ( to)	End wage range
Administrator	<input type="text" value="1"/>	<input type="text" value="1"/>	Salary ▾	<input type="text" value="0"/> to	<input type="text" value="0"/>
SFSP Director	<input type="text" value="1"/>	<input type="text" value="1"/>	Non-SFSP Funds ▾	<input type="text" value="0"/> to	<input type="text" value="0"/>

Total Administrative Labor

[Operational Staff Chart](#)

[Back to Annual Detail](#)

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

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

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

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

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

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

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

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

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

**Volunteer** – the worker is an unpaid volunteer.

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

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

**Fringe benefits:** if using SFSP reimbursement indicate the amount.

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



# Child Nutrition Management System

PROGRAM >

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

## Operational Staff Chart

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

Total Operational Labor: \$3,585

[Administrative Staff Chart](#)

[Back to Annual Detail](#)

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

## Budget

2015-16

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

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

Save Clear

[Back to Annual Detail](#)

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

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

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

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

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

## SPONSOR ANNUAL INFORMATION

Sponsor Name  
LEA Code  
School Year  
Advance Approval

Yes  
June Advance not available - operating < 10 days.

[For SED's Advance Memo \(7/16\), click here.](#)



Request July Advance

Request August Advance

Commodities

No

Unused SFSP Funds

1000

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

Last Updated 03/26/15

Save

Revert

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

If receiving the message **'training has not been completed, contact SED to complete training'**

Annual Sponsor training is mandatory. You will not be able to submit the renewal until training has been completed. Contact your program representative for further guidance.

2015-16 SFSP Profile  
Annual Site Information  
Insert Sponsor Kitchens

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

<b>LEA Code</b>	<b>Rural/Urban</b>	<b>Kosher</b>	<b>Eligibility/Due</b>	<b>Method of Service</b>	<b>Site Type</b>
420807040002	Urban		SED 2016	Self Prep	Closed Enrolled in Needy Area
		<b>Milk Waiver</b> N	<b>Contract</b> N	<b>Unitized Waiver</b> N	

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

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

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

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

Printer Friendly Version

Save Revert

---

### Field Trip Notification

No Records returned

[New](#) Click 'New'

---

### Claims Information

Program Name	View/Revise
Summer Food Service Program	<a href="#">View</a>

---

### Site Programs

Program Name	Approval Date	Begin Date	End Date	End Participation Date
<a href="#">Summer Food Service Program</a>		06/29/15	08/28/15	

Record 1 of 1

---

### Site Kitchen

No Records returned

[New](#)

## Field Trip Notification



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

Enter values for new record

Date of Trip:  [CAL](#)

Destination:

Street:

City:

State:

Zip:

Departure Time:

Return Time:

# of Children Attending:

Meals Being Served at Trip Site:

Breakfast Served:

Breakfast Begin Time:

Breakfast End Time:

Field Trip Date must be requested 48 hours in advance. If a date less than 48 hours from the current date is entered, the following error message will appear:  
**“Field Trip Notification must be requested 2 days in advance. Call the SFSP Office at 518 486-1086 to request this trip.”**

Enter the **Date of the Trip**, use the ‘CAL’ link to bring up a calendar to choose the date. The date must be entered in MM/DD/YY format. Ex. (07/22/19)

Lunch Served:

Lunch Begin Time:

Lunch End Time:

Snack Served:

Snack Begin Time:

Snack End Time:

Supper Served:

Supper Begin Time:

Supper End Time:

Are All Child Attending:

Children Served at Normal Site:

How are Meals Transported to trip site:

By checking this box I hereby assure that:

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

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

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

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

Save

[Back to Annual Detail](#)

Don't forget to 'Save'

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

## SFSP Sponsor Application Checklist

Use this checklist to ensure all required documents are included with your application submission. All required sections of the application must be completed and submitted to SED with your application. Upon receipt of an application, SED will contact you within 15 days to notify you of missing, incorrect and/or inaccurate information. In the event that you fail to provide the required information to complete your application within the time frame specified by SED, it will result in your application being deemed abandoned and therefore will not be subject to further processing or consideration for participation in the 2022 SFSP. Upon receipt of a complete and correct application, SED will issue notification regarding the approval or denial within 30 days. **Meals served prior to the approval date are not eligible for reimbursement.**

*Submit all required documents with your application on or before May 1, 2022 to:*

Email: [cnsfsp@nysed.gov](mailto:cnsfsp@nysed.gov) OR mail to  
New York State Education Department  
Child Nutrition Program Administration, Summer Food Service Program  
89 Washington Avenue, Room 375 EBA, Albany, NY 12234  
(please notify our office if mailing documents)

- 1. **2022 Sponsor Application** (pages 1-4)
- 2. **Non- Profit Organization Financial Administrative Form**, for non-profit organization sponsors only. Sponsors that operate in good standing in CACFP are not required to submit this form.
- 3. **Payee Information Form and Substitute W-9**, Complete with the organizations SAM expiration date and DUNS number, *original signature required, must be mailed to the address above.*
- 4. **New Site Information Sheet** for all meal service locations you are requesting approval for. For camp sites use Attachment 40- New Site Information Sheet for Camp Sites, for all other site types use Attachment 39- New Site Information Sheet for Non-Camp sites.
- 5. **Menus** including all items with portion sizes that are planned to be served during the operation of the program.
- 6. **CNMS SFA/SFSP Sponsor Password Application**
- 7. **Free Meal Policy Statement**
- 8. **Hearing Procedures Form** for non-SFA sponsors that operate a camp site(s)
- 9. **Separation by Gender during Child Nutrition Program Meal Service Exemption Request**, if applicable
- 10. **Copy of Current Year Camp Permit for all residential and non-residential camp sites**, when made available from the Department of Health.
- 11. **Copy of Signed Contract** with an SFA or for meals purchased from another source (if applicable) – please contact SED at [cnsfsp@nysed.gov](mailto:cnsfsp@nysed.gov) for current contract information.

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

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

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

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

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

[Submit Updates](#)

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

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

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

# SFSP Profile/Renewal

2015-16

[Media Release](#)

[Parent Letter](#)

[Renewal Instructions](#)



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

**Approval Date:** 04/27/2015

**Address**

**Contact**

[Authorized Official](#)

[General Phone](#)

[Email](#)

[Fax](#)

[Representative 1](#)

[General Phone](#)

[E-Mail](#)

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

**Am I done with my Renewal?**

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

