

Non-profit Organization Financial Administrative Form

The New York State Education Department requires all new organizations participating as a nonprofit sponsor of the Summer Food Service Program (SFSP) to complete and sign this form as part of the sponsor's application. Sponsors that participated in the previous year are required to complete **Section A, C5 and C6, update information that has changed from the previous year or from the original completed form** and sign the certification as part of the annual renewal. A guide has been provided to assist organizations in completing this form.

A. Contact Information:

<i>Organization Contact Person (First Name)</i>	Last Name	Title	
<i>Organization Name</i>			
<i>T/A or DBA Name</i>			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Organization Telephone</i>	<i>Fax:</i>	<i>Email:</i>	
<i>Federal ID Number</i>	<i>NYS OSC Vendor ID Number</i>		

Check each item as completed. Attach additional pages when necessary.

B. Organization Background and Eligibility

7 CFR 225.2 defines a sponsor as a "public or private non-profit school food authority, a public or private non-profit residential summer camp, a unit of local, municipal, county or State government, a public or private non-profit college or university participating in the National Youth Sports Program (NYSP), or a private non-profit organization which develops a special summer or other school vacation program providing food service similar to that made available to children during the school year under the National School Lunch and School Breakfast Programs and which is approved to participate in the Program."

B1 Submit the organization's tax-exempt status letter. If the organization is a church that has no tax exempt certificate, submit a copy of the group ruling (held by the central/parent organization) that includes the listing of churches showing the name of the church making the application to participate as a sponsor in the SFSP.

Organization is a church without a tax exempt certificate and not included in a group ruling. Please provide documentation to support status

B2 Has the organization's tax exempt status ever been revoked? YES NO
If Yes, Date of revocation _____ Date of reinstatement _____

B3 Does the organization conduct business under any assumed names? YES NO

If Yes, List all assumed names and submit certificate of assumed name(s)

B4 Submit the organization's Certificate of Incorporation.

B5 What is the organization's mission?

B6 How does participation in the SFSP advance the organization’s mission?

7 CFR 225.14 (c)(5) states “No applicant sponsor shall be eligible to participate in the Program unless it provides an ongoing year-round service to the community which it proposes to serve under the Program, except as provided for in 7 CFR 225.6(b)(4).”

7 CFR 225.6(b)(4) states “State agencies may approve the application of an otherwise eligible applicant sponsor which does not provide a year-round service to the community which it proposes to serve under the Program only if it meets one or more of the following criteria: It is a residential camp; it proposes to provide a food service for the children of migrant workers; failure to do so would deny the Program to an area in which poor economic conditions exist; a significant number of needy children will not otherwise have reasonable access to the Program...” Note: These exceptions will be verified upon application to the SFSP

B7 Complete the table below to describe the organization’s current services or activities within the last seven years. Include all programs related to food and nutrition services in addition to any other programs.

Service/Activity	Service/Activity Description	Is this a Year Round Service/Activity?	Dates of Operation (Month/Year- to- Month/Year)	Public Entity Providing Funding Source (if applicable)	Brochure, Pamphlets or Articles Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	to		<input type="checkbox"/>

B8 Describe the on-going year-round service(s) the organization currently provides to the community it will serve under the Program to comply with sponsor eligibility requirements 225.14(c)(5). Attach organization’s brochures, pamphlets or articles that detail all year-round services currently offered.

B9 Does this organization operate, plan to operate or has this organization previously operated a Child Feeding Program in another State? YES NO

- If Yes, What State(s) _____
- What feeding programs? _____

C. Financial Viability:

The legal name and FEIN number in which the sponsoring organization is doing business with SED for SFSP operations is required to incur the costs of the program.

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

7 CFR 225.14(d)(6)(v) requires that “If the sponsor is a private non-profit organization, it must certify that it demonstrates that it possesses adequate management and the fiscal capacity to operate the Program.”

C1 Who reviews the organization’s financial statements and how often they are reviewed.

C2 How often are the organization’s financial statements audited? _____

C3 Attach the organization's most recent independent audit or audited financial statements performed by a CPA.

Organization has never had their financial statements audited.

C4 List current and projected revenue sources that will be devoted to administering the SFSP. Include projected SFSP funds.

Revenue Sources	Frequency (Weekly, Monthly)	Activities Supported By Revenue	Amount	% Devoted to SFSP Administration

C5. Does the organization have paid employees? YES NO
If Yes, proof of filing and payment of the most current federal and State payroll taxes must be available upon request.

Is the organization current on payroll taxes to the IRS? YES NO

If no, explain

C6 Will the organization pay employees for work related to the SFSP? YES NO
If Yes, submit proof of NYS workers' compensation and disability benefits coverage with this document.

C7 Answer the questions below to describe the organization's financial management system.

What is the current accounting method used?

What is the system used to track/manage financial-related information?

What position in the organization is responsible for developing and executing the organization's operating budget?

What position in the organization is responsible for developing and executing the organization's administrative budget?

C8 Include procedures to sustain the SFSP in the event of a delay or interruption of Program funds?

C9 Describe the organization's plan for repayment of any outstanding debts resulting from Program reclaims or from costs exceeding SFSP claim reimbursement, should they occur. Include the source and amount of

funding that would be available. Note SFSP, CACFP and other federal or State funds cannot be used for repayment purposes.

C10. Is this organization currently in bankruptcy? YES NO

C11. Has this organization been in bankruptcy anytime in the past 10 years? YES NO

D. Administrative Capability:

7 CFR 225.14(d)(6)(v) requires that “If the sponsor is a private non-profit organization, it must certify that it demonstrates that it possesses adequate management and the fiscal capacity to operate the Program.”

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

7 CFR 225.14 (d)(3) requires that “sponsors which are private nonprofit organizations will only be approved to administer the Program at sites where they have direct operational control. Operational control means that the sponsor shall be responsible for: managing site staff, including the hiring, terminating and determining conditions of employment for site staff; and exercising management control over Program operations at sites throughout the period of Program participation by performing the functions specified.”

D1 Name of Executive Director _____

D2 Describe the Executive Director’s role in the organization.

D3 Does the organization currently have sufficient staff with the necessary skills to:

- Formulate and execute an administrative budget? YES NO
- Assess and determine needs for the SFSP in the area served by the organization? YES NO
- Effectively write and adhere to an outreach plan? YES NO

If you answered No to any of the above, how will the staffing shortage be addressed?

D4 Indicate all resources that are currently available to efficiently operate the SFSP. Do not include any resources that will be funded through the SFSP or any Child and Adult Care Food Program (CACFP) funded resource.

Resource	✓	Funding Source	Details
Office Space	<input type="checkbox"/>		Office Address: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Computer Equipment	<input type="checkbox"/>		
Computer Software (Program Related)	<input type="checkbox"/>		
Desk Equipment and Supplies	<input type="checkbox"/>		
Personnel Staff	<input type="checkbox"/>		Number of Staff
Professional Services	<input type="checkbox"/>		Number of Staff
Contracted Staff	<input type="checkbox"/>		Number of Staff
Other (Attach separate explanation)	<input type="checkbox"/>		

- D5 Attach a copy of each job description for positions related to the SFSP. Submit detailed employee job descriptions that include the percentage of time devoted to each Program job activity/duty, including monitoring functions. Submitted information must corroborate the employee information reported on the staff charts
- D6 Attach the organizational staff chart.
- D7 Attach the organization's outreach plan.

E. Internal Controls & Conflict of Interest: 2 CFR Part 200.318 Requires the organization to maintain written standards of conduct (covering real or apparent) conflicts of interest and governing actions of its employees engaged in the selection, award, and administration of contracts.

- E1 What internal controls does the organization have in place to prevent and detect improper financial activities and ensure the safeguarding of funds?

- E2 Attach a copy of the organization's bylaws.
- E3 Attach copies of the minutes for the last 3 board meetings and projected meeting dates for the upcoming fiscal year.
- E4 List all Board Members below.

Board Member Name	Title	Function	Relationship to Other Members

- E5 Do any board members have a financial interest in the organization? YES NO

Financial interest is defined as anything of monetary value, including but not limited to salary, consulting fees, honoraria, and interests in real property, dividends, royalties, rent, capital gains, and forgiveness of debt.

If Yes, complete the chart below:

Board Member Name	Financial Interest

- E6 Does the organization maintain a less-than-arm's length relationship with another organization or person(s) which could be perceived as a conflict of interest? YES NO

2 CFR 200.112 requires that "non-federal entities must disclose in writing any potential conflict of interest"

E7 2 CFR 200.113 Requires organizations to disclose "in a timely manner" and in writing "all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award"

Certification

I _____ **CERTIFY** that the information on this form is true and correct and
(Print Name of Board Member/Church Trustee)
that the sponsor is aware that any deliberate misrepresentation, filing false information or withholding of information may result in program termination and prosecution under applicable State and federal criminal statutes.

By signing this form, I certify that I am operating my program in compliance with all federal, state and local CNP statutes, regulations and requirements. I further certify that I am operating my program in compliance with all federal and State labor and tax laws and that I am providing paid employees for work related to the SFSP employment applicable benefits to which they may be entitled to (e.g.-minimum wage, social security, federal and state unemployment insurance, workers' compensation and disability benefits).

7CFR 225.18 (b)(2) recognizes that the State agency shall terminate a sponsor's participation in the Program by written notice whenever it is determined by the State agency that the sponsor failed to comply with the conditions of the Program.

By checking this box I certify that the information from the last signed Non-profit Organization Financial Administrative Form is current and no modifications have been made.

_____ Date

(Signature)

(Title i.e: Board Member/Church Trustee)

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

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