New York State Education Department

Summer Food Service Program

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:

Organization Contact Person (First Nam	e)	Last Name		Title		
erganization contact coort (Filot Ham	•/	24011140				
Organization Nama						
Organization Name						
T/A or DBA Name						
Street Address		City		State	Zin Cada	
Sireel Address		City		Siale	Zip Code	
Mailing Address		City		State	Zip Code	
5		-				
Organization Telephone	Fax:		Email:			
Organization relephone	Τ αλ.		Linaii.			
	I					
Federal ID Number		NYS OSC Ven	NYS OSC Vendor ID Number			

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B2 Has the organization's tax exempt	status ever been revoked?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 a	assumed names? [] YES	
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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 <u>ongoing year-round service to the community</u> 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 <u>may</u> 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	Is this a	Dates of Operation	Public Entity Providing	Brochure,
	Description	Year Round	(Month/Year- to-	Funding Source	Pamphlets or
		Service/Activity?	Month/Year)	(if applicable)	Articles Attached?
		🗌 Yes 🗌 No	to		
		🗌 Yes 🗌 No	to		
		🗌 Yes 🗌 No	to		
		🗌 Yes 🗌 No	to		
		🗌 Yes 🗌 No	to		
		Yes No	to		

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?

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 <u>financial</u> and administrative <u>capability for Program operations</u> 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 <u>fiscal capacity</u> to operate the Progam."

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

<mark>(</mark>	C5.	. Does the organization have paid employees? 🗌 YES 🛛	NO
		If Yes, proof of filing and payment of the most current feder	ral 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 organizati	on curre	ntly in bankruptcy? 🗌 YES 🛛	NO				
\Box C11. Has this organize	ation bee	en in bankruptcy anytime in the pa	ast 10 vears?				
-							
D. Administrative Capal	<u>onity</u> :						
 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 <u>administrative capability for Program operations</u> 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 <u>direct operational control</u>. 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." 							
D2 Describe the Exec	cutive Di	rector's role in the organization.					
 Formulate and ex Assess and dete Effectively write a 	ecute ar rmine ne and adhe	rently have sufficient staff with the administrative budget? YES eeds for the SFSP in the area serv ere to an outreach plan? YES above, how will the staffing shorta	□ NO /ed by the organization? □ YES □ NO □ NO				
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			Office Address:				
Computer Equipment							
Computer Software (Program Related)							
Desk Equipment and Supplies							
Personnel Staff			Number of Staff				
Professional Services			Number of Staff				

Contracted Staff

Other (Attach separate explanation)

Number of Staff

- 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.

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Yes, complete the chart below:						
Board Member Name	Financial Interest					

🗌 E6	Does the organization	tion maintain a	a less-than-arm's l	ength	relationsh	ip with	another	organization	ו or
person(s) which could be	perceived as a	a conflict of interes	t? 🗌]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.

(Signature)

Date_____

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

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- 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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