



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

**SCHOOL NUTRITION PROGRAMS  
APPLICATION**

5P-2.001, F.A.C.

School Year: \_\_\_\_\_

**SCHOOL FOOD AUTHORITY INFORMATION**

Type (choose one):

- Public School District     Charter School; Charter Agreement Expiration Date: \_\_\_\_\_
- Private Nonprofit School     Camp
- Public Residential Child Care Institution
- Private Residential Child Care Institution
- Private Residential Child Care Institution and Private School
- Public Residential Child Care Institution and Public School

If Residential Child Care Institution (with or without a school), a copy of the latest QA Report or a current License is required to be submitted with this application.

Applying for:

- National School Lunch Program (NSLP)     School Breakfast Program (SBP)
- Afterschool Snack Program (ASSP)

Agreement Number (if applicable) \_\_\_\_\_

Contract Number (if applicable) \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

MyFloridaMarketPlace Number \_\_\_\_\_ DUNS Number \_\_\_\_\_

SAM Registration CAGE Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

501(c)(3) Expiration Date \_\_\_\_\_ FEID Number \_\_\_\_\_

Fiscal Year Start \_\_\_\_\_ Fiscal Year End \_\_\_\_\_

Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Payment Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_

**SPONSOR OFFICIALS:**

- The Approving Official must be different than the Hearing Official.
- The Hearing Official must be different than the Approving and Verification Officials.
- The Confirmation Review Official must be different from the Approving Official. This Confirmation Review Official is responsible for the confirmation review/second-party check of the Free and Reduced Price Applications selected for verification.
- Food Service Management Company (FSMC) employees cannot serve as Sponsor officials.

Job Title	Name	Email	Phone	Official Type
				Food Service Director
				Reimbursement Claims Official
				Financial Contact
				SAM Registration Contact
				Disaster Recovery Liaison
				Approving/Determining Official
				Hearing Official
				Verification Official
				Confirmation Review Official
				Homeless Liaison
				Migrant Coordinator
				Purchasing Contact
				USDA Foods Contact
				Hold/Recall Manager
				Warehouse Manager

				Wellness Coordinator
				Other (optional)

**POLICY SECTION**

1. Type of Program:  Non-Pricing  Pricing  Combination

a. If pricing, enter pricing per service type below.

Service Type	Elementary Paid Price	Middle Paid Price	High Paid Price	Reduced-Price	Adult Price
Breakfast					
Lunch					
Snack					

2. Will adults be charged a la carte?  Yes  No  N/A

3. Will the price charged to adults be greater than or equal to the free reimbursement rate?  Yes  No  N/A

a. If no, will the general fund be used to support adult meals?  Yes  No  N/A

4. Will this organization expend \$750,000.00 or more in federal funds before the end of the fiscal year?  Yes  No  N/A

a. If yes, a copy of the single audit must be filed with the Division of Food, Nutrition and Wellness. The single audit is to be submitted within nine months after the end of the audit period.

5. Will the prototype\* Meal Counting and Claiming Procedures be used?  Yes  No  N/A

a. Submit a copy of the procedures along with this application.

6. Will the prototype NSLP On-Site Review Form be used?  Yes  No  N/A

7. Will the prototype ASP On-Site Review Form be used?  Yes  No  N/A

8. Will the prototype Edit Check Worksheet be used?  Yes  No  N/A

9. Is your wellness policy available on the internet?  Yes  No  N/A

a. If yes, what is the web address for the policy? \_\_\_\_\_

10. How many school nutrition personnel do you have, by role and function? Number:

- a. Directors
- b. Managers
- c. Other Staff
- d. Part-time

- e. Administrative
  - f. Operational
11. Does your organization participate in other federal programs, excluding NSLP, USDA Foods, FFVP, SSO, SFSP, SMP, TEFAP and CSFP?  Yes  No  N/A
- a. If yes, please provide program name(s). \_\_\_\_\_
12. Are any sites currently participating in the Community Eligibility Provision (7 CFR 245.9(f)) or Provision 2 (7 CFR 245.9(b)) under another Sponsor and would like to continue participating.  Yes  No  N/A
13. Will the national Attendance Factor (7 CFR 210.2) be used for all sites?  Yes  No  N/A
- a. If no, enter the Attendance Factor for each site in the Site Information section.
14. Will the prototype Direct Certification Eligibility Notification Letter be used?  Yes  No  N/A
15. Will the Direct Certification Report Sponsor Agreement, FDACS-01804 Rev. 05/23, be signed and submitted?  Yes  No  N/A
16. Will the prototype Public Release be used?  Yes  No  N/A
- a. Submit a copy of the release and a list of media, unemployment offices, and major employers contemplating payoffs along with this application.
- \*All prototype forms can be found at <https://fans.fdacs.gov>
17. Where are the Free and Reduced Price Applications approved? \_\_\_\_\_
18. Will the prototype Free and Reduced Price Application be used?  Yes  No  N/A
- a. Submit a copy along with this application.
19. Is computer software used for application approval?  Yes  No  N/A
- a. If yes, what is the name of the software to be used? \_\_\_\_\_
20. Will the Income Eligibility Guidelines for eligibility determination be used?  Yes  No  N/A
21. Will the prototype Instructions for Free and Reduced Price Application be used?  Yes  No  N/A
- a. Submit a copy along with this application.
22. Will the prototype Letter to Parent be used?  Yes  No  N/A
- a. Submit a copy along with this application.
23. Will the prototype Notification of Eligibility Letter be used?  Yes  No  N/A
- a. Submit a copy along with this application.

**RESIDENTIAL CHILD CARE INSTITUTIONS**

1. What is the student population type?  Residential Students  Residential and Day Students

2. What documentation will be used to determine the eligibility status of residential students?  Individual Determination Form  
 Other \_\_\_\_\_
- a. If other, explain how eligibility will be determined? \_\_\_\_\_
3. Will the prototype Individual Determination Form be used?  Yes  No  N/A
- a. Submit a copy along with this application.
4. Will the Income Eligibility Guidelines for eligibility determination be used?  Yes  No  N/A
5. What documentation will be used to determine the eligibility status of day students?  Free and Reduced Price Applications  
 Only claim paid meals  
 Other
6. Is the site licensed by the Department of Children and Families?  Yes  No
- a. If yes, what is the approved capacity? \_\_\_\_\_
- b. What is the license expiration date? \_\_\_\_\_
7. Is the site inspected by the Department of Juvenile Justice?  Yes  No
- a. If yes, what is the date of the last inspection? \_\_\_\_\_

#### PROCUREMENT PROCEDURES

1. Will the prototype Code of Conduct be used?  Yes  No
2. Will the prototype Procurement Policy Statement be used?  Yes  No
3. Are you interested in participating in the USDA Foods program?  Yes  No
4. Will one or more of the sites operated be considered a self-prep site?  Yes  No  N/A
- a. If yes, is there a contract for mainline food distribution?  Yes  No
- b. If yes: Vendor Name: \_\_\_\_\_
- Total Estimated Contract Value: \_\_\_\_\_
- Contract Begin Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_
5. Is a School Food Authority, Food Service Management Company, or caterer/vendor used for one or more sites?  Yes  No
- a. If yes, who is it with? School Food Authority: \_\_\_\_\_  
FSMC: \_\_\_\_\_  
C/V: \_\_\_\_\_
6. Will formal competitive bid solicitations be required for vended meals? Answer yes if contracts are in excess of \$50,000 for public and charter schools or \$150,000 for private schools and  Yes  No  N/A

RCCIs.

7. Will all sites use the same vendor?  Yes  No

a. Enter the following vendor information. Attach additional vendor information as needed.

Vendor Name:	_____			
Total Estimated Contract Value:	_____			
	K-5	6-8	9-12	All
Breakfast				
Lunch				
Afterschool Snack				

8. Is an existing Sponsor's or other government agency's contract being used to procure vended meals (piggybacking)?  Yes  No  N/A

a. If yes, the information in question 7 should reflect the information in the original contract. Submit the Vendor Letter of Agreement along with this application.

#### CIVIL RIGHTS

The Florida Department of Agriculture and Consumer Services has the responsibility of assuring that all organizations receiving federal funds through the department are in compliance with Title VI of the Civil Rights Act of 1964. The information requested below will be used to determine eligibility for participation in the Child Nutrition Programs.

When on-site reviews are made by the department, the reviewer will collect more detailed information and evidence of compliance.

1. Will the prototype Complaint of Discrimination Form be used?  Yes  No
2. Is there a written policy of nondiscrimination pertaining to employees and students covering race, color, sex, age, national origin, and disability?  Yes  No
3. Is the policy of nondiscrimination published in a manner which is likely to bring the policy to the attention of minority groups?  Yes  No
4. Do recruitment brochures and advertisements encourage participation of minorities?  Yes  No
5. If there are communities of national origin minority persons with limited English language skills, is information about the program provided in the community's native language?  Yes  No  N/A

6. Are applicants for employment and admission treated in a nondiscriminatory manner during interviews?  Yes  No
7. Are program services provided in a nondiscriminatory manner?  Yes  No
8. Briefly describe any additional activities conducted to encourage minority participation.

9. Give names of other federal agencies which provide assistance to this organization.

10. Have any of these federal agencies found the organization to be in noncompliance?  Yes  No  N/A

If yes, which federal agencies? \_\_\_\_\_

11. Complete the following chart using the most recent data available. Ethnicity and Race are two separate categories; count each student/participant once under Ethnicity and at least once under Race. The totals for Ethnicity and Race must be equal or Race may be greater than Ethnicity.

Ethnicity	Number of students/participants
Hispanic or Latino	
Not Hispanic or Latino	
Total	

Race	Number of students/participants
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Total	

#### SITE INFORMATION

School Name: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Site Contact

Position/Job Title \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Afterschool Snack Program Contact (if applicable)

Position/Job Title \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Lunch Service

1. Will meals be claimed by grade or age?  Grade  Age

a. If grade, what grades will be served? \_\_\_\_\_

b. If age, what ages will be served? \_\_\_\_\_

2. Will weekend meals be claimed for this site?  Yes  No

3. Will meals be claimed at this site for another site?  Yes  No

a. If yes, what is the other site's name? \_\_\_\_\_

4. Will this site be self-preparation or satellite self-preparation?  Yes  No

5. Check all days of the week meals are served and claimed for reimbursement.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

6. Check all months in which the program operates.

July  August  September  October  November  December

January  February  March  April  May  June

7. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

8. Will Offer Versus Serve (OVS) be implemented for lunch?  Yes  No

a. If yes, will OVS be implemented by grade or age?  Grade  Age

i. If grade, what grades are included? \_\_\_\_\_

ii. If age, what ages are included? \_\_\_\_\_

9. Will the prototype Production Record be used?  Yes  No



10. What are the collection procedures for lunch?

- Prepay/Cash in line       Community Eligibility Provision  
 Provision 2                       Universal Free

11. What are the counting procedures for lunch?

- Automated/Computer system       Cash register                       Roster  
 Cash register and roster               Classroom meals               Electronic device  
 Grab and Go       ID card       Clicker                       Tally sheet

12. What is the current enrollment?

Current Free Enrollment	
Current Reduced Price Enrollment	
Current Paid Enrollment	
Total	

Breakfast Service

1. Will meals be claimed by grade or age?                       Grade       Age
- a. If grade, what grades will be served? \_\_\_\_\_
- b. If age, what ages will be served? \_\_\_\_\_
2. Will weekend meals be claimed for this site?                       Yes  No
3. Will meals be claimed at this site for another site?                       Yes  No
- a. If yes, what is the other site's name? \_\_\_\_\_
4. Will this site be self-preparation or satellite self-preparation?                       Yes  No
5. Check all days of the week meals are served and claimed for reimbursement.
- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
6. Check all months in which the program operates.
- July       August       September  October       November  December
- January  February       March       April       May       June
7. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
8. Will Offer Versus Serve (OVS) be implemented for breakfast?                       Yes  No
- a. If yes, will OVS be implemented by grade or age?                       Grade       Age
- i. If grade, what grades are included? \_\_\_\_\_
- ii. If age, what ages are included? \_\_\_\_\_
9. Will the prototype Production Record be used?                       Yes  No

10. What are the collection procedures for breakfast?

- Prepay/Cash in line       Community Eligibility Provision  
 Provision 2                       Universal Free

11. What are the counting procedures for breakfast?

- Automated/Computer system       Cash register                       Roster  
 Cash register and roster               Classroom meals                       Electronic device  
 Grab and Go               ID card               Clicker                       Tally sheet

12. What is the current enrollment?

Current Free Enrollment	
Current Reduced Price Enrollment	
Current Paid Enrollment	
Total	

Snack Service

1. Check all days of the week snacks are served and claimed for reimbursement.

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

2. Check all months in which the program operates.

- July     August     September    October     November    December  
 January    February    March     April     May     June

3. What time does the normal school day end? \_\_\_\_\_

4. What are the snack service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

5. List the educational or enrichment component offered in the Afterschool Snack Program.

6. Is the site area eligible?  Yes  No

a. If yes, enter the name and site number of the qualifying site.

Site Number	
Site Name	
Economically Needy Percentage	
Current Free Enrollment	
Total Current Enrollment	

b. If no, enter the enrollment data below.

Current Free Enrollment	
Current Reduced Price Enrollment	

Current Paid Enrollment	
Total	

7. Will the prototype Production Record be used?  Yes  No

8. What are the collection procedures for snack?  
 No charge    Prepay/Cash in line    Other

a. If other, describe the procedure below.

9. What are the counting procedures for snack?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Automated/Computer system | <input type="checkbox"/> Cash register   | <input type="checkbox"/> Roster            |
| <input type="checkbox"/> Cash register and roster  | <input type="checkbox"/> Classroom snack | <input type="checkbox"/> Electronic device |
| <input type="checkbox"/> Grab and Go               | <input type="checkbox"/> ID card         | <input type="checkbox"/> Clicker           |
|  |  | <input type="checkbox"/> Tally sheet       |

#### CERTIFICATION STATEMENT

\_\_\_ I hereby certify that neither this Sponsor nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any federal department or agency.

\_\_\_ I certify that the information contained herein is true and correct to the best of my knowledge and that this organization does not discriminate on the basis of race, color, sex, age, national origin or disability.

\_\_\_ I certify that the information on this application is true and correct to the best of my knowledge. I understand that this information is being given in connection with receipt of federal funds; department officials may, for cause, verify information; and the deliberate misrepresentation will subject me to prosecution under applicable federal and state criminal statutes. This organization hereby agrees to comply with all state and federal laws and regulations governing the Child Nutrition Programs. The person signing below will ensure that all monthly claims for reimbursement represent meals/milk served by category and that records are available to support these claims. It is acknowledged that once signed and when approved by the Florida Department of Agriculture and Consumer Services, this application places in force the permanent agreement effective with the current program year start date and any subsequent addendum for the current program year.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date