

SUMMER FOOD SERVICE PROGRAM MANAGEMENT PLAN

100 North First Street, W-270 Springfield, Illinois 62777-0001

NAME OF SPONSOR

NUTRITION DEPARTMENT

Federal regulation 7CFR Part 225.14 (c)(1) requires all new private nonprofit organizations, as well as returning private nonprofit organizations applying for participation in the Summer Food Service Program (SFSP), to submit information that shows the institution is financially and administratively capable of operating the program and accepts final financial and administrative responsibility for total program operations. To document this, an institution must demonstrate that it is viable, capable, and accountable to operate in conformance with program requirements. ISBE can only approve applications that meet the program requirements and must deny the applications of those that do not meet them or that submit fraudulent information or documentation when applying to participate.

SPONSOR INFORMATION

PHYSICAL ADDRESS OF SPONSORING ORGANIZATION (City, State, and ZIP Code)

Instructions: Use this document as a reference as you prepare your management plan. It describes the information your organization must provide to demonstrate compliance with SFSP performance standards. Answer all questions completely an submit all required checklist items.

AUTHORIZED REPRESENTATIVE NAME		AUTHORIZED REPRESENTATIVE TITLE		
AUTHORIZED REPRESENTATIVE EMAIL		AUTHORIZED REPRESENTATIVE PHONE (Include Area Code)		
SPONSOR CONTACT NAME		SPONSOR CONTACT TITLE		
SPONSOR CONTACT EMAIL		SPONSOR CONTACT PHONE (Include Area Code)		
UNIQUE ENTITY IDENTIFICATION NUMBER	EMPLOYER IDEN	NTIFICATION NUMBER	TAX EXEMPT STATUS	
SECTION I. MANAGEMENT AND ORGANIZATIONAL STRUCTURE				
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		Financial Managen		
	Viability and eport prepared by year of financial st	Financial Managen	nent ntant within the last two fiscal years. If	
Financial 1. Submit your organization's independent audit re an audit has not been performed, provide one you	Viability and report prepared by year of financial state. Attachment	Financial Managen	nent ntant within the last two fiscal years. If	

	of Illinois? If yes, provide the state and/or programs that your organization participates in.
4.	Describe all programs the organization conducts other than the SFSP and the length of time the activities have been in operation.
5.	Describe all revenue sources available to the organization besides SFSP reimbursement. Include details as to the source, frequency, nature (tuition, subsidized childcare benefits, Head Start funding, earned income, grants, and donations), function or purpose, length of time this revenue has been available, and amount of the revenue.
6.	Do you expect the level, function, or nature of the funding to change in the coming fiscal year? If so, what impact will it have on the organization?
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7.	What are the names of the other federal agencies that provide assistance to your organization?
8.	Has your organization ever been found to be in noncompliance by any of these federal agencies?
9.	. Will this revenue be available to operate the SFSP on a daily basis and, if necessary, withstand temporary interruptions in SFSP payments and/or fiscal claims against the institution?
	Board of Directors
	Provide your organizational chart listing the name, title, date of birth, and mailing address for each board member and officer. Identify and describe in detail the responsibilities and degree of involvement of the board of directors. Include all employees, whether or not they work with SFSP. Attachment

2.	What is the length of a board member's term?
3.	How are the board members selected and/or elected? Describe the criteria used when selecting board members.
4.	What is the board's role in approving fiscal actions; policy decisions; and administrative issues, such as salaries, large purchases, and personnel decisions?
j.	Explain any relationships between board members and individuals involved in the operation of your organization's activities.
	a. How do you ensure board members do not have a conflict of interest (i.e., not financially interested in these activities)?
	b. Are board members independent to personnel in the organization or to each other? If no, please explain.

6.	. Will board members oversee the SFSP and be made aware of activities and allowable spending of federal funds?
_	Responsible Principals and Individuals
1	Provide a list of all site staff with program responsibilities, including individuals with monitoring duties. The list must include the full
١.	name, site location, and program responsibility of each staff member. Attachment
2.	Have you or any of your institution's principals (including managers, officers, and all members of the board of directors) administered a Child Nutrition Program in the last seven years?
3.	List the name(s) of the institutions that you currently or previously administered that participated in a Child Nutrition Program within the last seven years.
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4	. Have you or any of the institution's principals been declared seriously deficient in the last seven years?
ᆫ	Have you are any of the institution's principals been disqualified from any federal program in the last cover years?
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Community Need/Recruitment Strategy

eπorts your	a potential multi-site sponsoring organization, provide the geographic coverage area. Describe outreach and recruitm ır organization uses to encourage eligible sites to participate in the program (e.g., posters, mailings, etc.).	ieni
If you are a organizatio this geogra	a potential sponsoring organization of multiple sites, identify other sponsoring organizations in the area. Explain why on needs to provide services to these sites when there are other sponsoring organizations already providing the SFS aphic area.	your P in
	SECTION II. ADMINISTRATIVE REQUIREMENTS AND OPERATIONS	
	Operating Procedures and Internal Controls	
1. What type	e of financial system do you use?	
2. How do yo	ou ensure the Generally Accepted Accounting Principles are followed?	
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	Do you hire a certified public account to assist with year-end financial preparation and tax reporting? If yes, specify.
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4. —	Are your procedures and internal controls documented in a procedures manual?
5.	Does your procedures manual include fiscal integrity and accountability for all SFSP receipts, disbursements, expenses, and assets?
).	Do you have safeguards and controls to prevent and detect improper financial activities by employees?
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Recordkeeping

1.	. What is the method you plan to use for maintaining original SFSP records for three years, plus the current year?
2.	. Where will the original records be secured and stored?
3.	. What is the method you plan to use to ensure original records are organized and readily available for review?
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1	Meal Claims State who is reasonable for maintaining the claim numbers, submitting the daily/menthly claim numbers, and retaining the records
1.	State who is responsible for maintaining the claim numbers, submitting the daily/monthly claim numbers, and retaining the records for review.

2.	Explain the procedures for how sites submit claim information to the sponsoring organization.
3.	Describe the process of reconciling the claim numbers to the actual daily meal count forms.
4.	Detail the procedure(s) that will be followed to document both operating and administrative costs of the program.
	SECTION III. MONITORING AND TRAINING
	Training
5.	List the dates the training sessions will be conducted for each of the following personnel:
	a. Administrative Staff
	b. Monitors
	a. Sita Daraannal
	c. Site Personnel

2.	Describe how you will train employees who are unable to attend the original training session(s).
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3.	Detail what corrective action will be taken as a result of noncompliance during review.
	Monitoring
1	Monitoring State the number of monitors you plan to employ and give the starting and ending date(s) of employment for each monitor.
١.	. State the number of monitors you plan to employ and give the starting and ending date(s) of employment for each monitor.
2.	. Detail what corrective action will be taken as a result of noncompliance found during review.

	Describe how the organization will meet monitoring requirements: Describe how the organization will meet monitoring requirements:
b	. Initial site visit within the first two weeks of operation for all new sites, all existing sites that are new to noncongregate meal service, and all sites that experienced operational problems in the prior year.
c	Reviews must be conducted at each site during the first four weeks of operation at all sites. Such a review can be combined
	with the initial site visit.
C	l. Maintain a reasonable level of site monitoring and perform routine follow-up site visits, as needed, to ensure compliance with regulations.

Monitoring Staffing Patterns

1.	Describe how your organization will create a tracking system for handling monitor's reports to ensure that they are being conducted according to program regulations (in terms of frequency and types of monitoring visits).
2.	Assign a specific member of the sponsor's staff to review the contents of the monitor's returned reports.
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3.	The specific member assigned to assess the monitors reports should review problems found by the monitor; contact the site supervisor, if necessary; document corrective actions; and schedule a follow-up review, if necessary.
	Management Plan Checklist
	Audit Report or Financial Statements
	Organizational Chart
	Organizational Structure
	Site Staff
	I certify that the information on this form is true and correct.
	Authorized Danus autotica Nama
	Authorized Representative Name Title Date