



Arkansas Department of Education

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Sarah Huckabee Sanders
Governor

Jacob Oliva
Secretary

SUMMER FOOD SERVICE PROGRAM (SFSP) MANAGEMENT PLAN

Sponsor's Name: _____ Agreement Number: _____

Organizations interested in participating in the Summer Food Service Program (SFSP) are required to submit a Management Plan. The Management Plan must illustrate measurable performance outcomes that will meet the Arkansas Department of Education (ADE) Health and Nutrition Program's expectations. The three standards for those outcomes are defined by **Financial Viability**, **Organizational Capability**, and **Program Accountability**. All required documentation is based on the following *Code of Federal Regulations (CFR)*: [7 CFR 225.6\(c\)\(2\)](#), [2 CFR 200.300 SUBPART D](#), [FNS Title 2 200.300 SUBPART D](#)

Provide a description of the sponsor's processes to recruit sites to operate the SFSP:

Provide a description of how the SFSP can benefit unserved areas that the sponsor will be operating in:

Provide amounts and sources of annual revenue compared to annual expenses to show resources are available to operate the SFSP, pay employees, and pay vendors (**Note: expenses must be entered into the SNP online application**):

Provide verification of audit documents, financial statements, and any other documentation to show the sponsor has the resources to operate SFSP, pay their employees, and pay their vendors. Documents to verify finances will need to be provided in addition to the Management Plan form:

List of attached documents:

Provide a list of expenses used to operate the SFSP. The sponsor must provide a description for each SFSP expense to show how the expense is necessary, reasonable, allowable, and documented (**Note: expenses should reflect the SNP online application's SFSP budget**):

Provide an organizational chart along with job functions to verify the sponsor is administratively capable of operating the SFSP:

_____ Organizational Chart attached

Provide all procedures that assign the SFSP program responsibilities and duties to appropriate staff. The procedures need to identify who, what, where, how, and when. (**Note: procedures need to be provided as an attachment. Please list the title of the procedures provided in the text box:**)

Describe how your financial management system ensures the following:

- Ensures funds and property received are handled with fiscal integrity and accountability:
- Ensures all expenses are incurred with integrity and accountability:
- Ensures claims will be processed accurately and submitted to the state in a timely manner:
- Ensures funds and property are properly safeguarded and used, and expenses incurred are for authorized SFSP purposes:
- Ensures a system of safeguards and controls is in place to prevent and detect improper financial activities by employees.

Provide a description of how all the SFSP records will be maintained and available for review:

Provide a description of annual SFSP training process and agenda:

Sponsors with two or more feeding sites: Provide a description of site monitoring processes:

Describe the process to ensure meal services and meal patterns are compliant to the SFSP and local health and sanitation requirements:

Correctly classify all sites as outlined in 7 CFR 225.6(g): **Enter this information in your SNP online application under SFSP Site Applications – 2161**

“The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28) CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement.”

“This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.”

“By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Program applicant.”

Please select the check box to certify all information in this form is correct.

Signature Page

Print Board President's Name: _____ **Date:** _____

Board President's Signature: _____

Print Owner's Name: _____ **Date:** _____

Owner's Signature: _____

Print Director's Name: _____ **Date:** _____

Director's Signature: _____