

Dear Provider,

Thank you for your interest in applying for and receiving meals from FLIPANY as a Department of Health Afterschool Meal location.

For all sites applying for the first time, you must be a 501(c)3 non-profit organization or municipality that provides group enrichment programming to children ages 5 to 18. Locations may include but are not limited to: afterschool centers, community centers, libraries, academic centers, martial art centers, faith-based organizations, hospital/medical centers, etc.

Additionally, the CCFP Checklist attached, encompasses the entire application. Items marked with X's are completed internally by FLIPANY staff. Highlighted items are to be worked on by your Site Agency, and they are listed below:

- **Site Information Form** attached.
 - *Skip Questions #3, 10, 13, 14, 15.*
 - *For Question #9: indicate a time for Afternoon Snack (AS) as well as Suppers (SU). If applicable, indicate Lunch (LU) and Afternoon Snack (AS) for Non-School Days.*
Start here
 - *Please note: All meal serving times can be no longer than 2 hours and there must be a one-hour time gap between meals.*
 - *For example: If afternoon snack is 2pm-4pm, supper cannot start before 5pm.*
- **Licensing Status:** Child Care License or DCF Exemption Letter
 - *If you do not have a license/exemption OR do not know your DCF Status, **please start** with the DCF Questionnaire. The Questionnaire MUST be submitted to the address listed on the form.*
 - *Once DCF replies, please forward that correspondence to us – next steps will follow.*
- **Food Service Documentation:** DCF Food Inspection Report (if DCF License) or Food Permit (if DCF Exemption Letter)
 - *If you do not have a Food Permit and one is required:*
 - *Make an appointment with The Department of Health - please call (305) 623 – 3500 (Miami-Dade), 954-467-4700 (Broward), and (561) 837-5996 (Palm Beach) ...or local County Department if other. Ask to schedule a “Plan Review”.*
 - *To the appointment, bring with you (confirm with Department): **Exemption Letter, Kitchen Plan (template attached), recent Water/Sewer Bill, and Catering License (FLIPANY will provide upon request).***
 - *DOH will need to do (1) a plan review, (2) an inspection and (3) provide a food permit. The total cost for all three is approximately \$416.00 with an annual renewal cost of \$267.00.*
- **Documentation of Occupancy/ Maximum Capacity** for the address (not necessary if site holds a DCF License which already states the capacity)
 - *If the maximum capacity is not listed on your DCF License, Food Permit or you are an Exempt site, please make a request to the local fire department for this information.*

- **IRS Letter of 501(c)(3) Tax Exempt Status**

Florida Department of Health
Child Care Food Program

Afterschool Meals Program Site Information

USE THIS BLANK FORM ONLY FOR NEW SITES THAT YOU ARE REQUESTING TO BE APPROVED FOR THE AFTERSCHOOL MEALS PROGRAM (AMP). *BEFORE COMPLETING THIS FORM, REFER TO THE INSTRUCTIONS ON PAGE 5.*****

DOH USE ONLY (select site classification): ___ Independent ___ Unaffiliated ___ Affiliated

Authorization Number: A- _____ Organization Name: _____

1. Site Information:

Site Name: _____ Facility Number: _____

Street Address (physical location): _____

City: _____ State: ___ Zip: _____ County: _____

Phone Number: _____ Extension: _____ Fax Number: _____

2. AMP On-Site Manager (person on site who oversees daily food program operations):

Salutation: ___ First Name: _____ Last Name: _____

Position Title: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Email Address: _____

3. Area Eligibility Information

A. Eligibility based on (select only one):

___ Single School School Name: _____

___ School Choice Zone Zone Name: _____

B. 50% or more free and reduced-price school meals documented by (select only one):

___ CCFP 50% School List Effective: _____ / _____ (Month/Year)

___ Current School District Data*: _____ / _____ (Month/Year)

*only allowable if site does not qualify using the CCFP 50% School List in effect when eligibility is determined

C. Eligibility Determination Date _____ / _____ (Month/Year)

4. List all the specific educational and/or enrichment activities provided at this site:

5. Type of Site (select only one):

Private Non-Profit with Current 501(c)(3)

Church (private non-profit)

Public

For-Profit (must be a traditional child care center already on CCFP)

6. Is site currently on the CCFP or AMP under other Authorization Number(s)? _____ Yes _____ No
If yes, list Authorization #(s): _____

7. Is site located in a school? _____ Yes (answer 7.A-7.D) _____ No (answer 7.E-7.F)

A. Does this site serve only the children who attend the school during the school day? _____ Yes _____ No
(If No, site must be licensed or have an official letter from the licensing agency stating it is not required to be licensed)

B. What time does the school day normally end? _____ p.m.

C. Does the school have early release days each week? _____ Yes _____ No

If yes, list early release day(s) and time(s): _____

D. Are meals served to multiple afterschool programs at the school? _____ Yes _____ No

E. Based on the schools your participating children attend, what is the earliest time that the school day normally ends? _____ p.m.

F. Do any of these schools have early release days each week? _____ Yes _____ No

If yes, list early release day(s) and time(s): _____

8. **Licensure Information:** (Check only one)

License issued by state or local child care licensing agency – Attach copy of current license

Capacity: _____ License #: _____ Expiration Date: _____

Religious-Exempt from state or local child care licensure – Attach copy of current certificate issued by the accrediting agency for religious-exemption

Capacity: _____ Certificate #: _____ Expiration Date: _____

Maximum building capacity/occupancy*: _____ (shown on attached Fire Marshal Certificate, Occupancy Permit, or other document issue by a state or local government health/safety authority)

***The maximum capacity for claiming CCFP/AMP meals will be based on the lesser of what is shown on the religious-exempt certificate or the maximum building capacity/occupancy documentation.**

Not required to be licensed per the state or local child care agency – Attach current copy of official letter issued by the state or local licensing agency for the site unless previously submitted to DOH.

(Note: School sites that are not required to be licensed and serve only the children who attend that school during the day do not need to attach a letter.)

Expiration Date (if shown on letter): _____

9. Operational and Meal Service Information:

A. Program Operating Hours, Meal types, and Meal Times: Complete the following tables as applicable.

NOTE: A maximum of one meal and one snack (or two different snacks) per child per day can be claimed. Meal service times must be within the program operating hours listed. **Refer to instructions on page 5 for rules about meal service times.**

Afterschool Weekdays (M-F) (complete if claiming meals and/or snacks served after the end of the regular school day)	
Program Operating Hours:	Starts: _____ p.m. Ends: _____ p.m.
Meal and/or snack to be claimed & service times:	
<input type="checkbox"/> Afternoon Snack (AS)	Starts: _____ Ends: _____
<input type="checkbox"/> Supper (SU)	Starts: _____ Ends: _____
<input type="checkbox"/> Evening Snack (ES)	Starts: _____ Ends: _____

Non-School Weekdays (M-F) (complete if claiming meals and/or snacks served on holidays, vacations, or teacher planning days during the regular school year)	
Program Operating Hours:	Starts: _____ Ends: _____
Meal to be claimed & service times:	Snack(s) to be claimed & service times:
<input type="checkbox"/> Breakfast (BR): Starts: _____ Ends: _____	<input type="checkbox"/> Morning Snack (MS): Starts: _____ Ends: _____
<input type="checkbox"/> Lunch (LU) Starts: _____ Ends: _____	<input type="checkbox"/> Afternoon Snack (AS): Starts: _____ Ends: _____
<input type="checkbox"/> Supper (SU): Starts: _____ Ends: _____	<input type="checkbox"/> Evening Snack (ES): Starts: _____ Ends: _____

Weekends (S-S) (complete if claiming meals and/or snacks served on Saturdays and/or Sundays during the regular school year)	
Program Operating Hours:	Starts: _____ Ends: _____
Meal to be claimed & service times:	Snack(s) to be claimed & service times:
<input type="checkbox"/> Breakfast (BR): Starts: _____ Ends: _____	<input type="checkbox"/> Morning Snack (MS): Starts: _____ Ends: _____
<input type="checkbox"/> Lunch (LU) Starts: _____ Ends: _____	<input type="checkbox"/> Afternoon Snack (AS): Starts: _____ Ends: _____
<input type="checkbox"/> Supper (S): Starts: _____ Ends: _____	<input type="checkbox"/> Evening Snack (ES): Starts: _____ Ends: _____

B. Will any meal service be conducted at times different from what is listed above? ___ Yes ___ No
If yes, list the specific meal types, days, start/finish times, and reason for each alternate meal time:

C. Days of the Week Meals will be Claimed:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

10. Method(s) of Meal Service: Check each method of meal service that will be used. For each method checked, directly below it circle the meal types that will be prepared using that method. **See meal type abbreviations in # 9A.**

- Site prepares meals on-site:
BR MS LU AS SU ES
- Site receives meals from another site or central preparation site owned by the contractor:
BR MS LU AS SU ES Name of Food Preparation Site: _____
- Site or sponsor contracts with local public school system:
BR MS LU AS SU ES
- Site or sponsor contracts with another approved CCFP site with which it is not affiliated (this is not an option for sites licensed by DCF or a county child care licensing agency):
BR MS LU AS SU ES Name of Food Preparation Site: _____
- Site or sponsor contracts with a DOH listed caterer:
BR MS LU AS SU ES Name of Caterer (leave blank for Part 1 application): _____

11. Number of Participating Children:

- A. Number of Afterschool Children age 12 and under _____
- B. Number of Afterschool Children age 13 to 18 _____
- C. Total Afterschool Children Participating (Sum of 11.A plus 11.B) _____
- D. Maximum Capacity (number of children allowed at site at the same time) _____
- E. Will the number of children served daily ever exceed the number listed in 11.D? ____Yes ____No
If yes, explain why: _____

12. Record the number of afterschool children in attendance by ethnicity and race: (These totals may be less than or equal to the total Afterschool Children Participating in # 11.C, depending on how many children are present when the count is taken. Children must be counted as either Hispanic or Non-Hispanic and must be counted in at least one race category. Therefore, the Race Total cannot be less than the Ethnicity Total.)

Ethnicity Totals:

Hispanic or Latino	Not Hispanic or Latino	= Ethnicity Total

Race Totals: (Children can be counted in more than one race category)

American Indian or Alaskan Native	White	Black or African American	Asian	Native Hawaiian or other Pacific Islander	= Race Total

13. Month(s) the site will NOT operate the Afterschool Meals Program in this fiscal year (check all that apply):

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

14. Will Site Implement Offer Versus Serve? ____Yes ____No

The following question is to be completed by Public School District Sponsors only:

15. Meal Pattern Used at Site: (check one only) _____CCFP or _____NSLP

I certify that all information on this Site Information Form is true and correct.

Signature of Authorized Employee

Title

Printed Name

Date

**AFTERSCHOOL MEALS PROGRAM
SPONSOR-SITE AGREEMENT FOR UNAFFILIATED SITES**

This agreement, which includes and incorporates by reference Attachment 1, is entered into between

_____, hereinafter referred to as the "sponsor," and
Name of Sponsoring Organization

_____, hereinafter referred to as the "site."
Name of Site

I. THE SPONSOR AGREES TO:

- A. Instruct the site to comply with site requirements set forth in the Child Care Food Program (CCFP) Procedure Manual for Afterschool Programs, as revised, and applicable CCFP policy memoranda.
- B. Train site personnel on program requirements before the site begins participation in the Afterschool Meals Program. The training will cover all required topics, including but not limited to information on meal pattern requirements; recording and maintaining menus, meal counts, and attendance records; and civil rights requirements.
- C. Offer, at least annually, additional training sessions scheduled at times and places mutually convenient for the sponsor and site.
- D. Respond to the site's requests for technical assistance within two (2) days.
- E. Distribute to the site all necessary CCFP Afterschool Meals Program record keeping forms.
- F. Collect monthly, all necessary program records for claiming CCFP Afterschool Meals Program reimbursement including, but not limited to, menus for each meal service claimed, Attendance Records, and Meal Count Records including daily meal count documentation if meal counts were recorded on another document and later transferred to the Monthly Meal Count Record form.
- G. Review the site's Afterschool Meals Program operations to assess compliance with the meal pattern, record keeping, and other program requirements. At least one review will occur during a new site's first four weeks of CCFP participation. Unless otherwise approved by the Florida Department of Health (DOH), reviews will be conducted at least three times within each 12-month period and not more than six months will elapse between reviews, even if the reviews occur in different federal fiscal years.
- H. Maintain records concerning the location and dates of all compliance reviews, problems noted, corrective actions prescribed, and sanctions imposed.
- I. Present photo identification when making visits to the site.
- J. Hold site responsible for compliance with program policies and procedures and disallow snacks and/or meals not meeting U.S. Department of Agriculture (USDA) meal pattern requirements or not supported by appropriate records.
- K. Not discriminate against any child because of race, color, national origin, sex, age, or disability.
- L. Determine the site's area eligibility to participate in the Afterschool Meals Program at least once every five years and maintain the site's eligibility documentation as directed in the Procedure Manual for Afterschool Programs, as revised.
- M. Provide snacks and/or prepared meals, and/or pay for catered snacks and/or meals delivered by a DOH registered caterer, to the site at no cost to the site. However, if a site is responsible for the disallowance of snacks and/or meals due to the site's failure to meet program requirements, the sponsor may charge the site for the amount that the sponsor paid for the disallowed snacks and/or meals.

N. Not charge the site a fee for the sponsor's program services.

II. THE SITE AGREES TO:

- A. Prepare and/or serve age specific snacks and/or meals that meet program meal pattern requirements.
- B. Record meal counts within one hour of the end of each snack and/or meal service.
- C. Claim only those meal types approved by the sponsor for reimbursement.
- D. Claim reimbursement for no more than one snack and one meal per child per day.
- E. Maintain copies of all Child Care Food Program (CCFP) Afterschool Meals Program records such as menus, Meal Count Records, Attendance Records, etc. for the current fiscal year and three subsequent fiscal years. Records for the current month and the previous 12 months shall be maintained at the site. Records older than 13 months may be maintained off-site or stored electronically, but these records shall be made available to staff of the sponsor, the Florida Department of Health (DOH), the U.S. Department of Agriculture (USDA), the Florida Department of Law Enforcement (FDLE), the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions upon presentation of proper photo identification.
- F. Send the previous month's claim documentation (Attendance Records, Monthly Meal Count Records and daily meal count sheets, menus) to the sponsor by the fifth (5th) day of each month. If the fifth (5th) day of the month falls on a weekend or holiday, these records must be received by the sponsor on the first business day following the weekend/holiday.
- G. Attend training sessions as required by the sponsor.
- H. Allow representatives of the sponsor, DOH, USDA, FDLE, the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions access to the site during operating hours for the purpose of reviewing CCFP Afterschool Meals Program meal services and/or records. The site will allow such access upon presentation of photo identification whether the review is announced or unannounced.
- I. Allow representatives of the sponsor, DOH, USDA, FDLE, the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions to conduct parental/household contacts regarding the CCFP Afterschool Meals Program.
- J. If licensed or accredited, maintain a current child care license/accreditation and notify the sponsor of any changes (e.g., capacity, hours/days of operation, expiration, revocation, etc.) within two (2) days of a change.
- K. Maintain current food service inspection documentation (satisfactory inspection report or valid permit/certificate) and notify the sponsor of any food service changes (e.g., food service method, permit expiration or revocation, etc.) within two (2) days of a change.
- L. Report a change of address or ownership, site closure, and any permanent changes in meal service times to the sponsor immediately.
- M. Report to the sponsor any pending sale of the site prior to the sale closing date. (Note: This agreement is not transferable to a new owner.)
- N. Provide all eligible children the same snacks and/or meals at no separate cost to the parent or guardian.
- O. When requested by the sponsor, distribute to parents copies of CCFP Afterschool Meals Program materials.
- P. Not discriminate against any child because of race, color, national origin, sex, age, or disability.
- Q. The site agrees to use the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of:
 - 1. All persons employed during the agreement term by the site to perform employment duties within Florida; and

**CHILD CARE FOOD PROGRAM
SPONSOR-SITE AGREEMENT
ATTACHMENT 1**

The [Subrecipient/Contractor] hereby agrees that it will comply with:

- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- ii. Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.);
- iii. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- iv. Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- v. Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189);
- vi. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000);
- vii. All provisions required by the implementing regulations of the Department of Agriculture (USDA) (7 CFR Part 15 et seq.);
- viii. Department of Justice Enforcement Guidelines (28 CFR Parts 35, 42 and 50.3);
- ix. Food and Nutrition Service (FNS) directives and guidelines to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from USDA; and hereby gives assurance that it will immediately take measures necessary to effectuate this Agreement.
- x. The USDA non-discrimination statement that in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 [Subrecipient/Contractor] agrees to compile data, maintain records, and submit records and reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review and copy such records, books, and accounts, access such facilities and interview such personnel 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 [Subrecipient/Contractor], 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 behalf of the [Subrecipient/Contractor].