



## Summer Food Service Program

### Non-Profit Organization Financial Information Reporting Form

Legal Name of Organization: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

New applicants to the Summer Food Service Program (SFSP) are required to provide information to Minnesota Department of Education (MDE) to demonstrate that their organization is financially and administratively capable for program operations and accepts final financial and administrative responsibility for total program operations at all sites at which it proposes to conduct a food service. In addition demonstrates that the organization has adequate management and the fiscal capacity to operate the program. 7CFR 225.14(c)(1) and (d)(6)(iii).

Respond to the list of questions below in the space provided; and include the list of supporting documents together with this form and the other application documents for SFSP.

***Exceptions: New applicants who are currently participating in another U. S. Department of Agriculture (USDA) federal child nutrition program, including the School Nutrition Programs (SNP) or the Child and Adult Care Food Program (CACFP) as a multi-site sponsor, have already demonstrated their financial viability through other means.***

#### Respond to the following questions:

1. Name and title of the individual(s) in the organization responsible for developing and managing the following:

Organization's Budget:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

SFSP Budget:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Financial Statements:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. How often are the organization's financial statements audited?
  
3. Describe or attach the financial management procedures that ensure SFSP reimbursement is used only on allowable expenses. Also the procedure to ensure expenses are consistent with the SFSP budget. Include the names and titles of staff responsible for each role.
  
4. Describe the organization's plan for repayment of any outstanding debts resulting from a potential program over claim or from costs exceeding SFSP claim reimbursement.

**Provide the following supporting documents:**

Check each item as completed.

\_\_\_\_ Copy of most recent 990 tax statement for non-profit organizations.

\_\_\_\_ The organization chart illustrating how the summer food program staff fit into the organizational structure. Identify names and titles of staff who provide SFSP functions.