



State of Arizona  
Department of Education  
Office of Diane M. Douglas  
Superintendent of Public Instruction

## Summer Food Service Program (SFSP)

### ***FINANCIAL ADMINISTRATIVE FORM FOR NON-PROFIT ORGANIZATIONS***

The Arizona Department of Education (ADE) requires all sponsoring organizations applying and/or re-applying for participation in the SFSP to complete and sign Financial Administrative Form (FAF-101) as part of the initial application and/or annual renewal process.

#### **A. Contact Information:**

<b>Organization Authorized Signer (First Name)</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Organization Name</b>			
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Organization Telephone #</b>		<b>Fax #</b>	
<b>Federal ID Number</b>		<b>Email Address</b>	

***Please answer each of the following questions thoroughly and check the appropriate boxes. Attach additional pages when necessary.***

#### **B. Organization Background and Eligibility:**

**B1.** Submit the organization's tax-exempt status letter (non-profits only).

If the organization is a church that has no tax exempt certificate, submit a copy of the group ruling (held by the central/parent organization) that includes the listing of churches showing the name of the church making the application to participate as a sponsor in the SFSP.

If the organization is a church without a tax exempt certificate and not included in a group ruling submit alternate documentation to support status.

**B2.** Has the organization's tax exempt status ever been revoked? ☐ Yes ☐ No ☐ N/A

If Yes, what was the reason and when did this occur?

**B3.** Does the organization conduct business under any assumed names? ☐ Yes ☐ No  
(DBA, Trade Name, etc.)

If Yes, list all assumed names and submit certificate of assumed names(s):

**B4.** Submit the organization's Certificate of Incorporation.

**B5.** Describe the on-going year-round service(s) the organization currently provides to the community it will serve under the Program to comply with sponsor eligibility requirements 225.14(c)(5). Attach organization's brochures, pamphlets or articles that detail all year-round services currently offered.

**B6.** Does the organization operate, plan to operate or has this organization previously operated a Child Nutrition Program in another State? ☐ Yes ☐ No

If Yes, what State(s):

What other Child Nutrition Programs does the organization operate?

**C. Financial Viability:**

*The legal name and FEIN number in which the sponsoring organization is doing business with ADE for SFSP operations is required to incur the costs of the program.*

**C1.** Who is responsible for reviewing the organization's financial records?

**C2.** How often are the organization's financial records reviewed?

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other (explain)

**C3.** Attach the organization's most recent independent audit or audited financial statements performed by a CPA.

☐ Organization has never had its financial statements audited.

If Organization has never had its financial statement audited please submit:

☐ 990 for Non-Profit      or      ☐ Profit & Loss Statement\*

\*Note: If you are not required to file a 990, per your IRS Status, you must submit a P&L Statement.

**C4.** List all current and projected revenue sources that will be devoted to administering the SFSP.  
Include projected SFSP funds.

Revenue Sources	Monthly Amount
SFSP Reimbursement	

**C5.** Will the organization pay employees for work related to the SFSP?    ☐ Yes                      ☐ No

**Note: Verification of payment must be available upon request and at the time of the administrative review.**

**C6.** Answer the questions below to describe the organizations financial management system.

What are the programs/systems used to track/manage financial-related information?

What position in the organization is responsible for developing and executing the Operating and Administrative budgets? (If there is more than one person, please specify responsibilities.)

**C7.** The organization must show that it has the ability to provide creditable meals without funds from SFSP either as a result of interruption of funding or outstanding debts due to fiscal action. Please provide detailed answers to the questions below.

a. Explain the organization's plan to sustain the SFSP in the event of a delay or interruption of Program funds. Please attach additional pages, if needed.

b. Explain the organization's plan for repayment of any outstanding debts resulting from Program reclaims or from costs exceeding SFSP claim reimbursement, should they occur. Please attach additional pages, if needed.

c. Include the non-Federal or non-State source(s) and amount(s) of funding available to operate SFSP in the event of interruption or repayments.

**Note: Donors may not be anonymous.**

**C8.** Is the organization utilizing a Food Service Manager Company, Vendor or Caterer? ☐ Yes ☐ No

**If yes, please provide information regarding the current status of your account(s).**

**C9.** Is the organization currently in bankruptcy? ☐ Yes ☐ No

**If yes, please provide information regarding the bankruptcy including any documentation of the current status.**

**C10.** Has this organization been in bankruptcy anytime in the past 7 years? ☐ Yes ☐ No

**If yes, please provide the date when the bankruptcy was discharged?**

**C11.** Has there ever been a lien or judgement against the organization and/or the responsible individuals or principals of the organization? (Note: Information will be verified) ☐ Yes ☐ No

**If yes, please provide information regarding the liens/judgements including any documentation of the current status.**

**C12.** Does this organization have any current or pending litigation(s)? ☐ Yes ☐ No

**If yes, please provide information regarding the litigation(s) including any documentation of the current status.**

**D. Administrative Capability:**

**D1.** Does the organization currently have sufficient staff with the necessary skills to:

- Assess and determine needs for the SFSP in the area served by the organization? ☐ Yes ☐ No
  
- Effectively write and adhere to an outreach plan? ☐ Yes ☐ No

If you answered No to any of the above, how will the staffing shortages be addressed?

**D2.** Attach the organizational staff chart.

**D3.** Attach the organization's outreach plan.

**E. Internal Controls & Conflict of Interest: 2 CFR Part 200.318** Requires the organization to maintain written standards of conduct (covering real or apparent) conflicts of interest and governing actions of its employees engaged in the selection, award, and administration of contracts.

**E1.** How does the organization prevent and detect improper financial activities to ensure the safeguarding of SFSP funds?

**E2.** Attach copies of the minutes for the last 3 board meetings and projected meeting dates for the upcoming fiscal year.

**E3.** List all Board Members below:

Board Member Name	Title	Relationship to Other Members

**E4.** Do any board members have a financial interest in the organization? ☐ Yes ☐ No

*Financial interest is defined as anything of monetary value, including but not limited to salary, consulting fees, honoraria, and interests in real property, dividends, royalties, rent, capital gains, and forgiveness of debt.*

**If Yes, complete the chart below for each board member:**

Board Member Name	Financial Interest

*2 CFR 200.112-113 requires that "non-federal entities must disclose in writing any potential conflict of interest" and disclose "in a timely manner" and in writing "all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award".*

**E5.** Does the organization maintain a less-than-arm's length relationship with another organization or person(s) which could be perceived as a conflict of interest? ☐ Yes ☐ No

**If Yes, please explain:**

## Summer Food Service Program (SFSP)

### NON-PROFIT ORGANIZATION FINANCIAL ADMINISTRATIVE FORM

#### ANNUAL CERTIFICATION STATEMENT

I \_\_\_\_\_ CERTIFY that the information on this form is  
(Print Name of Board Member/Church Trustee)

true and correct and that the sponsor is aware that any deliberate misrepresentation, filing false information or withholding of information may result in prosecution under applicable State and federal criminal statutes.

7CFR 225.18 (b)(2) recognizes that the State agency shall terminate a sponsor's participation in the Program by written notice whenever it is determined by the State agency that the sponsor failed to comply with the conditions of the Program.

☐ By checking this box I certify that the information from the last signed Non-profit Organization Financial Administrative Form is current and no modifications have been made.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

\_\_\_\_\_  
(Title i.e: Board Member/Church Trustee)

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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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