



AFTER SCHOOL SNACK PROGRAM APPLICATION SY 2016-17

APPLICATION DATE: _____

AFTERSCHOOL PROGRAM NAME: _____

NAME OF SCHOOL: _____

Program Information:

Hours of program: _____

of students in after-school program: _____

Program start time: _____

Program end time: _____

Start date for snacks: _____

End date for snacks: _____

Desired Snack time: _____

Days of the week meals will be needed (MONDAY-FRIDAY): _____

Please also provide a copy of Program calendar.

Contact Information:

CBO Agency: _____

CBO Agency Address: _____

Site Coordinator NAME: _____

Program Manager NAME: _____

Site Coordinator PHONE: _____

Program Manager PHONE: _____

Site Coordinator Email Address: _____

Program Manager Email Address: _____

SNACK PROCEDURES AND RESPONSIBILITIES:

1. It is the responsibility of the Site Coordinator to complete and maintain daily attendance records. It is important that the number of snacks served is supported by the day's attendance.
 - a. Snacks are intended for students enrolled in your afterschool program. Therefore the amount of snacks served cannot exceed the # of attendance for the day.
2. Upon receiving the snacks from the SNS dining staff, afterschool program must sign off on the *Snacks Receiving Log* to confirm the receipt of the complete snacks (2 components).
3. Attendance records and Number Sheet must be maintained for 3 years plus current year.
4. Attendance records and Number Sheet must be available for review by State auditors **upon request**.
5. After School Snack **Menu Production Worksheets (MPW)** will be provided on EMS. Sections to be completed:
 - a. Amount on Hand
 - b. Amount Sent
 - c. Amount Served
 - d. Account of Leftover indicating if food will be discarded or reused. All leftover must be used by the end of the month. **Leftover snacks cannot be carried over to the next month.**
6. **MONTHLY: Attendance and Snack Count** must be submitted by the **5th of each month**, via: EMS
7. **ORDER ADJUSTMENTS** must be submitted by **Friday at 10am**, Friday adjustments will take effect in two weeks on Monday. For example: if you make an adjustment on August 28th (Friday), the adjustment will take effect on September 7th (Monday).
 - a. Please contact your assigned SNS ordering clerk if you have any inquiries about your submitted order.
8. **DAILY:** programs must take a count of each student taking a complete snack using the **Number Sheet and/or count by room**.

- Transfer the TOTAL # of snacks served from the NUMBER SHEET onto EMS
- File the NUMBER SHEET at your school site for audit purposes for up to 3 years.

9. **A SNACK MUST CONSIST OF TWO DIFFERENT FOOD ITEMS. NO EXCEPTIONS.** Students must take **TWO DIFFERENT FOOD ITEMS** to count as a reimbursable snack.

10. **REPORT order discrepancies or quality issues** to SNS Ordering Clerk or Area Supervisor on the same day by NOON in order to receive credit or redelivery.

*****SITES FOUND OUT OF COMPLIANCE WILL HAVE THEIR SNACK TERMINATED*****

The After School Snack Program is funded by the USDA. Site monitoring and audits of all records are mandated for this program. All deadlines MUST be met in order to be in compliance. I have reviewed the AFTER SCHOOL SNACK PROCEDURES AND RESPONSIBILITIES and understand the following conditions:

- I understand that in order for my After School Program to be provided with snacks, our agency must comply with the policies, procedures and regulations. Furthermore, I understand that noncompliance can result in the termination of the Snack Program.
- If my After School Program is serving less than what was ordered, the difference will be tracked by SNS and billed to the CBO agency monthly at **\$.80 per snack per student**, this rate is subject to change per SFUSD Student Nutrition Department.
- If my After School Program fails to report the snack and attendance numbers by the deadline, it will be tracked by SNS and billed to the CBO agency monthly.
- I will ensure my Site Coordinator is fully trained on the regulations and policies of the After School Snack Program and have access to EMS.
- Please indicate the initial snack order needed for the first week of service. These numbers will be automatically inputted into EMS for you. It is your responsibility to adjust your future order on EMS before the deadline.

	Monday	Tuesday	Wednesday	Thursday	Friday
# of Snacks					

Program Manager Signature: _____

Date: _____

Application must be completed fully prior to review for approval; application with missing information will be returned. Please send the completed application to huynhs@sfusd.edu by July 27, 2016.