

North Carolina Department of Public Instruction (NCDPI)

School Nutrition Services Section

Summer Food Service Program (SFSP) For Returning Sponsors

Falsification of information provided on this document constitutes grounds for denial or termination of participation.

Summer Food Service Program Pre-Qualification Form

The North Carolina Department of Public Instruction (NCDPI) is required to review all Summer Food Service Program applications to determine whether pre-qualification requirements, as prescribed in the Code of Federal Regulations (CFR) Section 225.14, are met. Organizations or SFSP Applicants desiring to participate in the SFSP as Program Sponsors must submit a pre-qualification application and are required to demonstrate the financial and administrative capacity required to operate the SFSP and subsequently serve the community it proposes to serve. The NCDPI will review the completed pre-qualification packet and determine if the organization will qualify as Program Sponsor or Program Site. In some instances, the organization may be denied participation. The completed pre-qualification packet must be submitted to the attention of the Summer Food Service Program via email at cynthia.ervin@dpi.nc.gov or via US Mail at the following address: Cynthia Ervin, NCDPI, School Nutrition Services, 6324 Mail Service Center Raleigh, NC 27699-6324.

I. General Information

Organization Name:	The Salvation Army Camp Walter Johnon	Agreement Number:	9032
Federal Employee Identification Number (FEIN):	58-0660607	Is the DUNS Number registered in the System for Award Management (SAM)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, register it at www.sams.gov	If yes, provide the expiration date: DUNS must be registered in SAM annually to avoid suspension of funds. If the expiration date is more than one year, update it at www.sams.gov

Has the organization been disqualified, seriously deficient or terminated in any child nutrition program in the last seven years? Yes No

Does the organization or its principals operate another Child Nutrition Program? Yes No

If yes, please select the program: Child and Adult Care Food Program or specify _____
Enter the agreement number for the program(s): _____

Has the organization operated a Child Nutrition Program under another name? Yes No

If yes, please provide name(s) of State(s) and Programs: _____

Has the organization operated a Child Nutrition Program in another State? Yes No

If yes, please provide name(s) of State(s) and Programs: _____

Will the organization continue to operate the Child Nutrition Program/s in another State for the current summer? Yes No

II. Administrative Capability Information (complete if changes have occurred from prior year - as applicable)

Organization Principal (board chair, owner, pastor, CEO)				Organization SFSP Contact			
Full Name:	Eddie Hobgood			Full Name:	Lisa Simms		
Title:	Divisional Commander			Title:	Principal		
Email:	eddie.hobgood@uss.salvationarmy.org			Email:	lisa.simms@uss.salvationarmy.org		
Complete Address:	501 Archdale Drive Charlotte, NC 28217			Complete Address:	918 Walter Johnson Road Denton, NC 27239-7060		
County:	Mecklenburg			County:	Davidson		
Phone:	704-552-4970	Ext		Phone:	336-859-2105	Ext	
Fax:	704-522-4980			Fax:	336-859-2912		

Check if the principal is the same individual as the organization's contact

Private Nonprofit Organizations (complete **if changes have occurred from prior year - as applicable**) – Provide the information required below for all board members. Attach additional pages if necessary to include the names of all board members.

Board Member Name	Title	Function	Contact Information	Relationship to other members or staff of the organization
Eddie Hobgood, Lt Colonel	Divisional Commander	Adminstrator for NSC Division	704-522-4970	Kathy Hobgood, Lt Colonel
Thomas Louden, Major	General Secretary	Administrator for NSC Division	704-522-4970	
Elizabeth Birks, Major	Div. Secretary for Business	Administrator for NSC Division	704-522-4970	John Birks, Major
see attached				

Private Nonprofit organizations (complete **if changes have occurred from prior year - as applicable**) - If the organization's officers are different from the board, provide the information required below for each officer. Attach additional pages if necessary to include the names of all officers.

Officer's Name	Title	Function	Contact Information	Relationship to other officers, board members or staff of the organization
Lisa Simms	Principal	Admin	980-333-8010	Shea Simms
Debbie Piper	Food Service Manager	Admin	336-859-2106	

III. Organization Eligibility

Describe the year-round service the organization provides to the community: *(write in the space provided below)*

The Salvation Army Camp Walter Johnson is a private, non-profit residential camp. Between the months of August - May we are a rental facility.

IV. Financial Capability Information

Does the organization, its principals, or its officers owe money to any State Agency? Yes No

Does the organization have the financial capability to operate the SFSP for at least one month without an advance payment? Yes No

Debt can occur due to organizations receiving advance payments greater than their reimbursement claims and/or NCDPI recoupment of funds. Funds from other USDA Child Nutrition Programs cannot be used for repayment of debt or unallowable costs.

Should the organization incur a debt to the NCDPI as a result of the operation of the SFSP, describe the organization's plan for repayment. Attach additional pages if necessary to thoroughly describe the repayment plan.

We will not require advanced payment. The Salvation Army is capable of running SFSP without assistance. Divisional Headquarters will cover any reimbursements or expenses if necessary.

IV. Financial Capability Information Continues

Describe the organization’s system of financial management. Include the current accounting method used, the system used to track/manage financial-related transactions, the position responsible for developing, executing and monitoring the organization’s operating budget and the position responsible for developing, executing and monitoring the organization’s administrative budget. Attach additional pages if necessary to thoroughly describe the financial management system.

1. The current accounting method used;

- Cash
- Accrual

Modified Accrual

2. The system used to track/manage financial transactions;

- General ledger
- Accounting software. Provide name of software: _____
- Other - please specify/explain:

3. Provide the name(s), position(s), and contact information for the person(s) responsible for developing, executing and monitoring the organization’s administrative and operating budgets.

Lisa Simms , Principal - 336-859-2105 Debbie Piper, Food Service Manager 336-859-2106

V. Documents to be Attached

1. Criminal Background Check(s) must be provided for Required Persons in the SFSP. See the North Carolina Criminal Background Check in The Summer Food Service Program document. Submit each of the following:
 - a. Original documents received from the approved FBI Channeler for Required Persons
 - b. Government Issued Identification and Proof of Residential Address
2. At least one of the following:
 - a. OMB Circular A-133 Audit Report and/or;
 - b. Financial Statement including statement of income, balance sheets, cash flow and other;
 - c. Three most recent bank statements; and
 - d. IRS Form 990, Return of Organizations Exempt from income Tax.
3. **If changes have occurred from prior year - as applicable** - Submit an organizational chart that includes all person(s) in whole or part who will be responsible for SFSP activities. For each person on the organizational chart, provide contact information (address, phone number and email) for each person(s) directly responsible for operating the SFSP.
4. A Permit to Operate and current Health Inspection Report for production kitchens/sites. All Health Inspections must have been conducted within the last 12 months. As necessary, submit the Affidavit of permitted, inspected food preparation organization.
5. SN- SFSP Application Access Form - **If changes have occurred from prior year - as applicable** - Must include at least two principals – one with application and the other with claim access. Please note all staff requiring access and listed on this form must have the required criminal background check.
6. Original Vendor Electronic Payment form - **If changes have occurred from prior year - as applicable**. Assure the FEIN and banking routing information is accurate. An original voided check must also be attached.

VI. Site Eligibility Information

Site	Projected Number of sites:	1	Projected number of weeks of operation	8
			Projected total number of meals by type for all sites during all weeks of Program operation for the summer	
			B- 11000 AM-SN-	L- 10500 D- 11000 PM-SN-
Has the sponsoring organization operated all the sites in the past? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If no, provide how many new projected sites will be sponsored this year:	
Are any of the sponsored sited owned/managed by a for-profit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> The organization certifies that all sites owned/managed by a for-profit organization will be classified/operated as open sites.	

VIII. Statement of Authority and Consent to Criminal Background Check for Organizations

I, the undersigned, attest that all funds relating to the Summer Food Service Program (SFSP) will be subject to the control of the duly constituted governing body of the above-named organization and that all funds received for the administration and operation of the SFSP will be used exclusively for the purpose for which they are made available under the Federal law. The following individuals are authorized to sign supporting SFSP documents and submit claims for reimbursement on behalf of the Organization. The organization agrees to notify the State Agency immediately upon a change in the name of the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this organization. The NCDPI requires that a State and Federal fingerprint and criminal background check be conducted for Required Persons who provide services to children in the SFSP. By signing this document, the organization's principal and finance/budget officer have agreed to submit the State and Federal criminal background check with this Form. Approval will not be granted without these documents.

Lisa Simms	Principal	Debbie Piper	Food Service Manager
1 st Organization Principal Contact	Title	2 nd Organization Financial Contact	Title
Signature		Signature	

IX. Certification Statement

I certify that the information submitted on this Pre-Qualification packet is true and correct. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

The Organization's Board Chair, Superintendent, Pastor or Owner AND the Organization's Contact Must Sign

Signatures

Lt Colonel Eddie Hobgood		Divisional Commander
Printed Name of Board Chair, CEO, Superintendent, Pastor or Owner		Official Title
Signature of Board Chair, Superintendent, Pastor or Owner		Date Signed

X. Organization's Contact

Lisa Simms		Principal
Printed Name of Organization's Principal Contact		Official Title
Signature of Organization's Principal Contact		Date Signed

State Agency Use Only

FBI Channeler Criminal Background Check Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared Tax Revocation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared National Disqualified List: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Qualification Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved as Sponsor	<input type="checkbox"/> Approved as Site	<input type="checkbox"/> Denied <input type="checkbox"/> Withdrew
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First Party Approved by: _____ Second Party Approved by: _____

Comments:

Vendor Form Submitted Date:	SN Tech Access Form Submitted Date:	SN Tech Payment Form Date Submitted:	Training invitation sent <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered in Grants.gov: <input type="checkbox"/> Yes <input type="checkbox"/> No
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