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District of Columbia Office of the
State Superintendent of Education



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Orchard

National School Lunch Program and Special Milk SFA Applications Management

Version 1.2

October 2016



Office of the State Superintendent of Education, 810 1st Street NE, 9th Floor, Washington, DC 20002

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1. Summary

The Orchard system is designed to automate application processing for school and day care meal programs sanctioned by the Office of the State Superintendent of Education (OSSE) Division of Health & Wellness (DHW). LEAs, schools, and sponsors renew their existing applications or apply for new programs through Orchard. Approved programs will be available to all the sites they manage. This User Manual will guide sponsors through the application process for the National School Lunch Program (NSLP) and Special Milk (SM) Program.

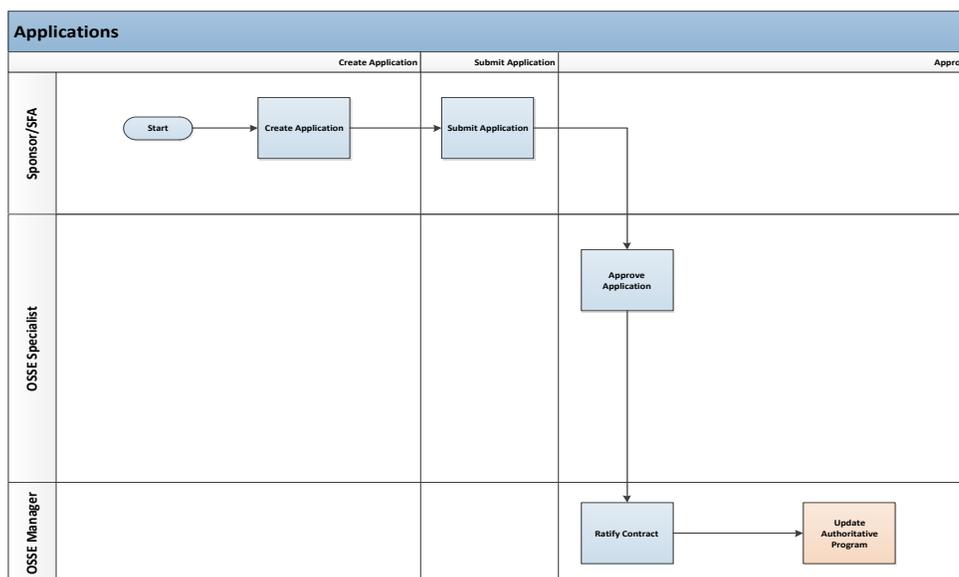
A. Schools

- National School Lunch Program (NSLP)
- Special Milk Program (SM)
- Fresh Fruits and Vegetables Program (FFVP)

B. Child and Adult Care Food Programs (CACFP)

- At Risk Center (ARC)
- Independent Center (IC)
- Sponsor of Centers (SOC)
- Family Day Care Homes Program (FDCH)
- Free Summer Meals Program (FSMP)

C. Process Flow Diagram for Application Processing





Throughout this manual the term data window or window will be used. This refers to a section of the display screen containing like information. For example in the graphic below there are three data windows: Contact Information, Entity and Program Types and Contacts and Addresses.

Tax ID: 522210775

Contact Information
?

Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
George Manning	President	(202) 808-9800		111	(202) 733-1812	444444444	07/30/2016

Entity and Program Types
?

Name
 Public Charter School

Contacts and Addresses
?

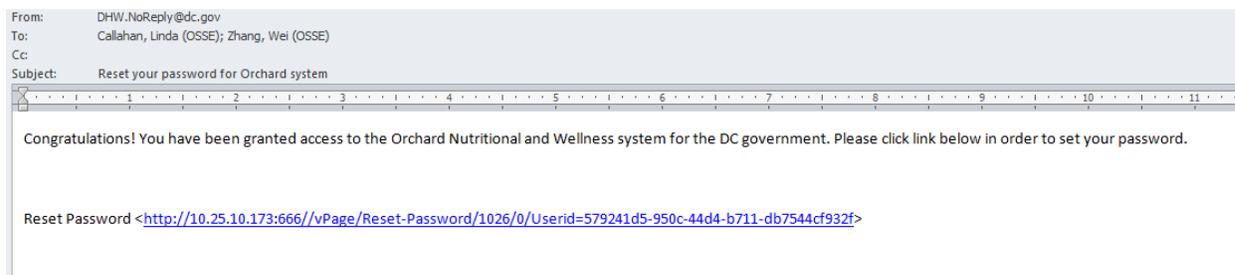
Type	Name	Title	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	James John	President	100 PEABODY STREET NW		WASHINGTON	DC	20011	4	(202) 608-9800		(202) 733-1812		
WR	James John	Treasurer	100 PEABODY STREET NW		WASHINGTON	DC	20011		(202) 608-9800		(202) 733-1812		
Mailing	Sally John	Secretary	100 PEABODY STREET		WASHINGTON	DC	20011	4	(202) 608-9800		(202) 733-1812		

2. Logging into Orchard

After your username is set up in Orchard by the State Agency, you will receive an email requesting you to re-set your password.

A. Resetting the Orchard Password

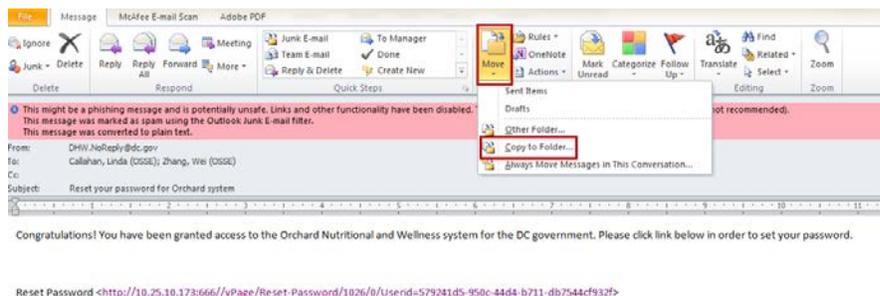
Note: The email is coming from system, not a person, so it may end up in the Junk Mail folder of your mail system. Please check there before contacting the Call Center.



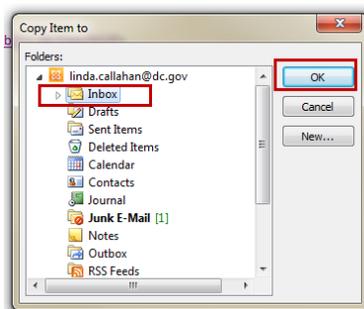
1. Click on the link provided.
2. A message **MAY** appear requiring the message be moved to the Inbox of your mail system.



3. Click **OK**.
4. Under the Move icon, click **Copy to Folder**.

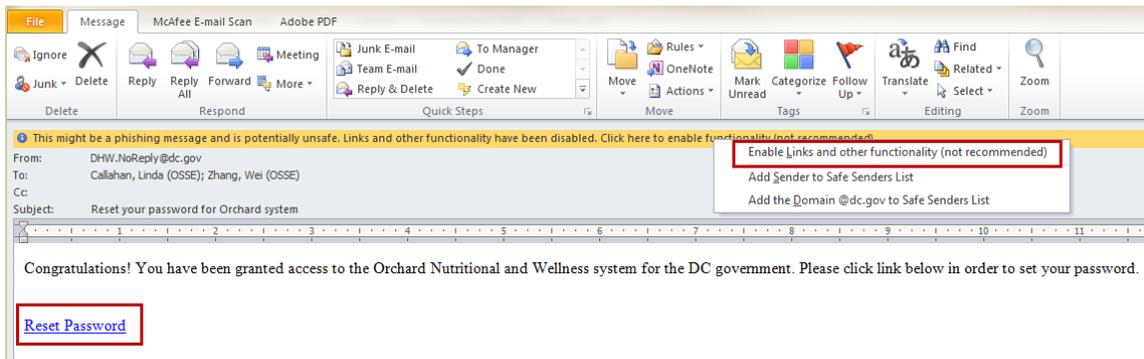


5. Click **Inbox**; and then click **OK**.



6. Click on your **Inbox**.
7. Open on the message just moved.
8. Click the pink bar (changes to yellow); then click **Enable Links and other functionality (not recommended)** to enable the Reset Password link to be activated.





9. Click the **Reset Password** link.



IMPORTANT! Passwords must be a minimum of eight (8) characters and maximum of twenty (20) characters; including at least one upper-case letter, one lower-case letter, one number and one special character, i.e. School#1.

10. Enter your new password and enter again to confirm; and then click the **Reset Password** button.

11. The system will confirm the reset.

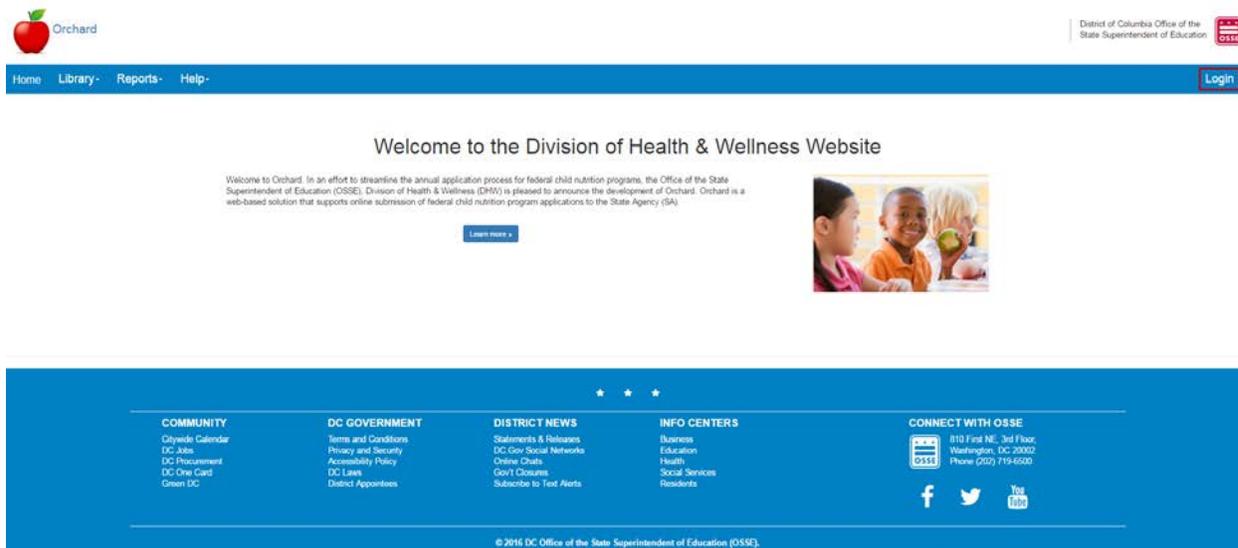




12. Users can log in from here by clicking the “click here to log in” hyperlink.

B. Launching and Logging into Orchard

1. Enter URL: <https://orchard.osse.dc.gov>
2. Click **Login** on the Orchard welcome screen.



3. Enter your Email (username) and password; and then click **Login**.

4. Click the checkbox to accept the **User Access Agreement**; and then click **OK** to enter Orchard or click **Cancel** to return to the login screen.

C. Home Page Menu Options

Library



Note: Orchard users do not need to be logged in to see the Library menu options.

The Site Directory under the Library menu option is the resource for locating a sponsor's (entity's) **Site IDs** which are stored in the authoritative data repository. These will be necessary when creating the Excel SIF file explained later in this manual. This list contains all Orchard Sponsor and SFA sites.

Check to ensure your site is listed before starting your Orchard application. If you do not see your site listed, please contact your State Agency DHW specialist.



1. Click **Library/Site Directory** to view a list of sponsor and SFA sites.

Site Directory

This list of Identification numbers are used for detecting and reporting data associated with each site in Orchard. If a specific site is not listed please contact your assigned program specialist.

Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
Achievement Preparatory Academy PCS	9549	Achievement Prep	2016/2017	908 Wahler Place, SE		DC	20032	8	2026796169
Achievement Preparatory Academy PCS	10594	APA @ 14th Street NE	2016/2017	1400 14th Street NE	Washington DC	DC	20015	3	2026796169
Achievement Preparatory Academy PCS	10319	APA @ Malcolm X	2016/2017	1500 Mississippi	Washington DC	DC	20032	8	2026796169
Achievement Preparatory Academy PCS	10593	APA @ Northeast	2016/2017	801 First Street, NE		DC	20032	4	4435403192
Apple Tree Early Learning Public Charter School	8661	Columbia Heights Campus	2016/2017	2750 14th Street1, NW		DC	20020	1	2026796169

1 - 5 of 176 items.

2. To locate your sites, use the column filter option. **See section H.14. for instructions.**

Reports



Note: Orchard users do not need to be logged in to see the Reports menu options.

Select the **Reports/Download/Documents and Templates** menu to view a list of downloadable documents and forms needed to complete your application. Instructions for downloading the files are contained on this page. Also available is a download of Adobe Reader if this program is needed to complete the forms.



The Permanent Agreement located as a download on this page is mandatory for sponsors/SFAs to download and read. An electronic certification is within the application submission process requiring user acceptance of the Permanent Agreement.



1. Click **Reports/Download/Documents and Templates**
2. Click on the **Download** hyperlink of the document you want to view or complete.



The Site Information Template (SIF) is necessary to identify the program specifics for each site.

SPONSOR DOWNLOADS

Download the application forms and documents listed below before accessing the Application Management Dashboard link. The forms below can be downloaded, filled in online and saved to your local drive using Adobe Acrobat Reader. If you do not have Adobe Reader, click on the link below and follow the download instructions.



Adobe Reader allows you to view PDF documents. Use Adobe Reader to view, search, digitally sign, verify, print, and collaborate on Adobe PDF files.

How to download the Orchard SIF template and forms needed for application submission.

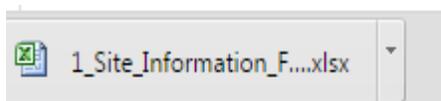
1. Click the **Download** hyperlink next to the form.
2. Click on the form to **Open**.
3. Save the form to your local hard drive.
4. Open the form and fill in the information.
5. Save the completed form for upload to your Orchard application.

Some or all of the following documents must be submitted for approval of your Orchard Application. Required upload areas are clearly marked on the pages of the Application.

FORMS AND TEMPLATES

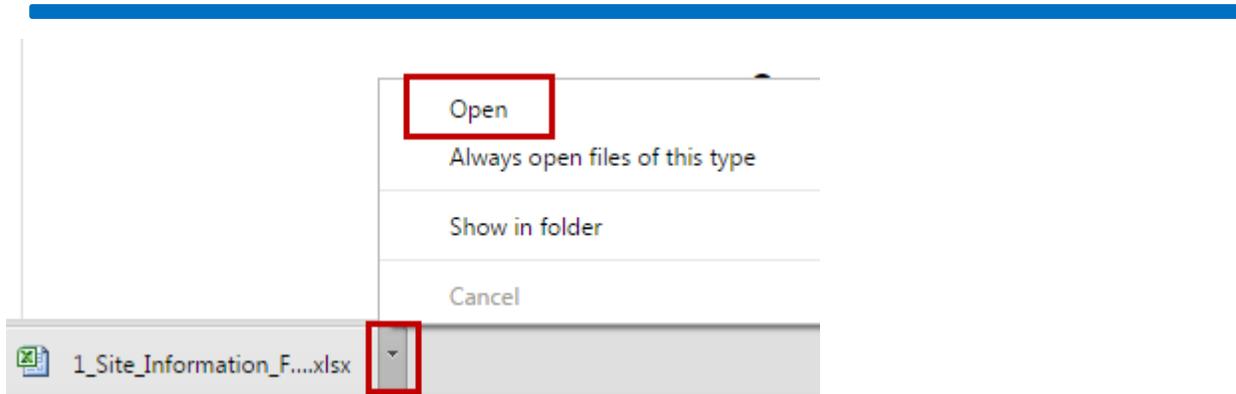
Permanent Agreement	Download
Site Information Form (SIF)	Download
Public Notification	Download
W9	Download
ACH Form	Download
Master Supply Form	Download
Local Wellness Policy Template	Download
Assignment of USDA Foods Entitlement Agreement	Download
Disclosure of Lobbying Activities	Download
Drug-Free Workplace	Download
Severe Need Reimbursement Request Form	Download
Severe Need Data Sheets	Download
CACFP Addendum	Download
CACFP At-Risk Supper Eligibility & Management Plan	Download
A-133 Audit Exemption Certification	Download

3. Depending on the Windows version, there will be a popup somewhere at the bottom of the screen with the file name.



4. Click on the small arrow to the right of the name; and then click **Open**. Or simply click on the file name.





5. The file will launch. Once opened, click File/Save As and save the file to your local computer for completion before uploading later in the application process.

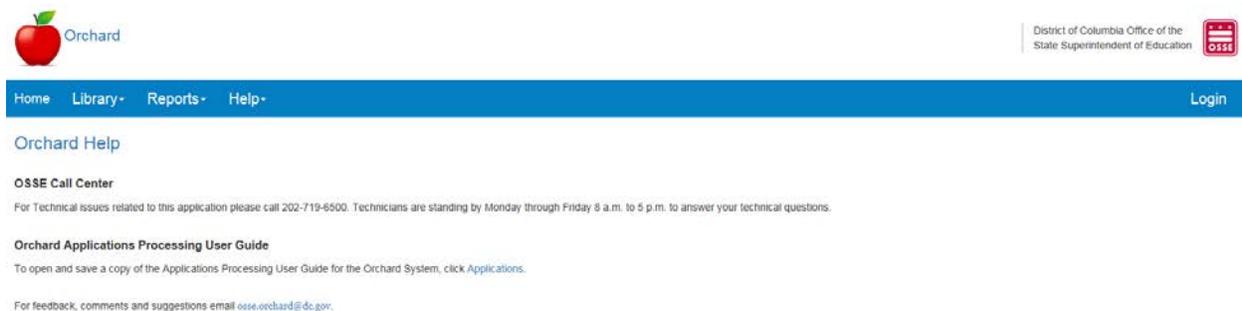
Help



Note: Orchard users do not need to be logged in to see the Help menu options



1. Click **Help** then **Orchard Help** to download a copy of the most current User Guide, send an email to the Orchard mailbox, and use the OSSE Call Center phone number.



2. Click **Help** then **Forgot Your Password** to reset your current Orchard password.





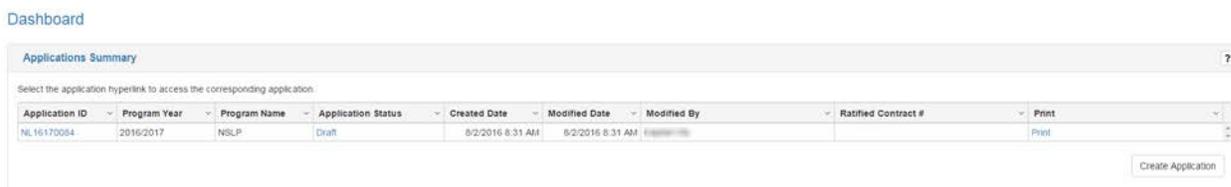
Applications Management



Users must be logged in to Orchard to see this menu option.



Select **Applications Management** – to view the applications dashboard containing current programs specific to the logged in user. First time entry will require the user to click **Create Application** to identify the program application they will be completing. See Section 4.A for complete instructions on selecting an application.



ATTENTION: There is a 60 minute automatic logout if there is no activity on the site. Save your work on a regular basis.

D. General Navigation

1. Hyperlinks are shown in blue type, i.e. [BL15160032](#)



- Throughout the application, required fields will be marked with a black asterisk “*”.

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
julan	Manning	President	(202) 808-9800		111	(202) 733-1812	444444444	08/19/2016

- Fields unavailable to sponsors once clicked will show a solid blue colored box, for example:

Meal	Free	Reduced	Paid	Total
Breakfast				
Severe Need Breakfast	626		10	636
Lunch	626		10	636
Area Eligible Snack	636			636

- Fields available for sponsor entry once click with show a blue bordered box, for example:

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
			(202) 808-9800		(202) 733-1812			

- Once creating a new application or editing an existing application after selecting the Application ID, a series of 4 tabs will be displayed at the top of the screen. Use these to navigate through the application process.



- When adding information such as a contact or institution users will see an action button with a “+” sign. 

- When removal of a line of information is needed users will see an action button with an “X” sign. *Note: After deleting a line of information please click Save.* 

- When entering data, Orchard will perform inline validations of the information. For example, if you enter an incomplete phone number the system will error as follows:

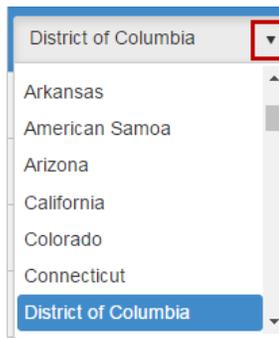
Contact Information								
First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
Julian	Manning	President	202	Phone number is invalid	(202) 733-1812		444444444	07/30/2016

OR,

If you attempt to add a DUNS number less than or more than 9 characters the system will error as follows:

Contact Information								
First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
Julian	Manning	President	(202) 555-1212	111	(202) 733-1812		99999999999	DUNS number should be nine characters

- When adding or editing information there may be a selection drop-down list if the  appears. Select one of the entries to fill the field.

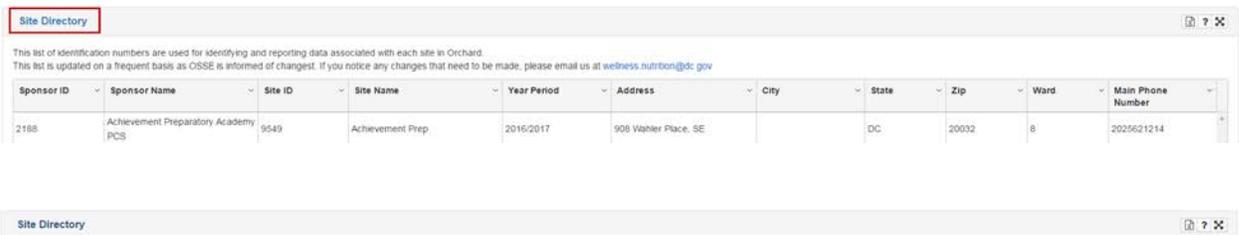


- To review table column heading descriptions or additional information about a section of the Application, click on the  in the right corner of the header line.

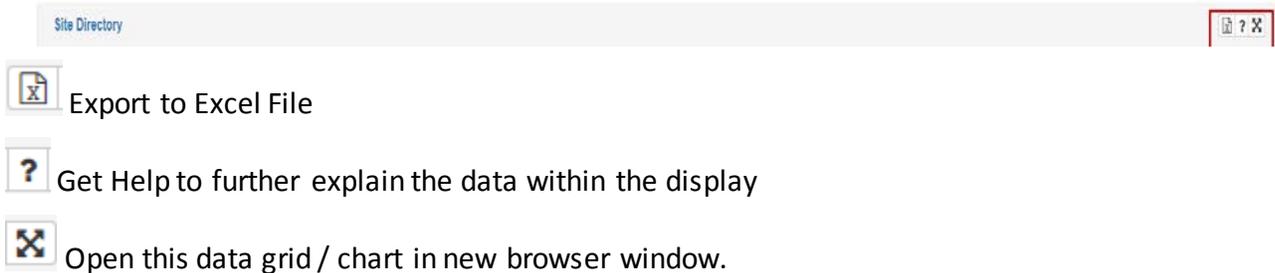


Column Heading	Description
First Name	First Name of the organization's primary point of contact.
Last Name	Last Name of the organization's primary point of contact.
Title	Title of the primary point of contact for the Organization.
Phone Number	Phone number of the primary point of contact.
Extension	Phone number extension of the primary point of contact.
Fax	Fax number of the primary point of contact.
Email	Email of the primary point of contact.
DUNS	Unique nine digit number assigned to the Organization by Dun & Bradstreet. http://www.dnb.com/duns-number.html
SAMS Expiration Date	Each Organization must register annually with the System for Award Management (SAM) at SAM.gov. Date entered is the date that the SAMs registration expires.

11. **Collapse/Expand Data Displays** - To improve page readability, users can collapse or expand tables by clicking on the name of the table.



12. **Display Icons** - Located in the right corner of each display.



13. **Sort Options** - Use sort ascending or descending to quickly sort the data view; or simply click on the column header.

Site Directory

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard. This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at wellness.nutrition@dc.gov

Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188	Achievement Preparatory Academi PCS		Achievement Prep	2016/2017	908 Wahler Place, SE		DC	20032	8	2025621214
2188	Achievement Preparatory Academi PCS		PA @ 14th Street NE	2016/2017	1400 14th Street NE		DC	20015	3	2025551212
2188	Achievement Preparatory Academi PCS		PA @ Malcolm X	2016/2017	1500 Mississippi		DC	20032	8	2024800832
2188	Achievement Preparatory Academi PCS		PA @ Northeast	2016/2017	801 First Street, NE		DC	20032	4	2024800832
1739	Apple Tree Early Learning Public Charter School	8661	Columbia Heights Campus	2016/2017	2750 14th Street, NW		DC	20020	1	2024800832

Items per page: 5 | 1 - 5 of 146 items

14. **Column Hide** – Click on Columns and uncheck/recheck columns to customize the view.

Site Directory

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Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188	Achievement Preparatory Academi PCS		Achievement Prep	2016/2017	908 Wahler Place, SE		DC	20032	8	2025621214
2188	Achievement Preparatory Academi PCS		PA @ 14th Street NE	2016/2017	1400 14th Street NE		DC	20015	3	2025551212
2188	Achievement Preparatory Academi PCS		PA @ Malcolm X	2016/2017	1500 Mississippi		DC	20032	8	2024800832
2188	Achievement Preparatory Academi PCS		PA @ Northeast	2016/2017	801 First Street, NE		DC	20032	4	2024800832
1739	Apple Tree Early Learning Public Charter School	8661	Columbia Heights Campus	2016/2017	2750 14th Street, NW		DC	20020	1	2024800832

Items per page: 5 | 1 - 5 of 146 items

15. **Filters** - Select filter parameter. After adding the information, click the **Filter** button.

Site Directory

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard. This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at wellness.nutrition@dc.gov

Sponsor ID	Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
2188	Achievement Preparatory Academi PCS		Achievement Prep	2016/2017	908 Wahler Place, SE		DC	20032	8	2025621214
2188	Achievement Preparatory Academi PCS		PA @ 14th Street NE	2016/2017	1400 14th Street NE		DC	20015	3	2025551212
2188	Achievement Preparatory Academi PCS		PA @ Malcolm X	2016/2017	1500 Mississippi		DC	20032	8	2024800832
2188	Achievement Preparatory Academi PCS		PA @ Northeast	2016/2017	801 First Street, NE		DC	20032	4	2024800832
1739	Apple Tree Early Learning Public Charter School	8661	Columbia Heights Campus	2016/2017	2750 14th Street, NW		DC	20020	1	2024800832

Items per page: 5 | 1 - 5 of 146 items

16. **Column Reorder** - Click and drag columns in the order you would like to see the data. After reordering you can export the newly reorganized display.



Site Directory 🔍 ? ✕

This list of identification numbers are used for identifying and reporting data associated with each site in Orchard.
This list is updated on a frequent basis as OSSE is informed of changes. If you notice any changes that need to be made, please email us at wellness.nutrition@dc.gov

Sponsor ID	Sponsor Name	Site Name	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
------------	--------------	-----------	-----------	-------------	---------	------	-------	-----	------	-------------------

17. **Toaster Pop-ups** – In the upper right corner of the screen you will continually see the following pop-up called a “toaster”. It is meant to let the user know which application is being worked on and its workflow status.



3. Glossary of Terms

A. National School Lunch Program (NSLP)

Subpart B - General

Attendance factor means a percentage developed no less than once each school year which accounts for the difference between enrollment and attendance. The attendance factor may be developed by the school food authority, subject to State agency approval, or may be developed by the State agency. In the absence of a local or State attendance factor, the school food authority shall use an attendance factor developed by FNS. When taking the attendance factor into consideration, school food authorities shall assume that all children eligible for free and reduced price lunches attend school at the same rate as the general school population.

Average Daily Participation means the average number of children, by eligibility category, participating in the Program each operating day. These numbers are obtained by dividing (a) the total number of free lunches claimed during a reporting period by the number of operating days in the same period; (b) the total number of reduced price lunches claimed during a reporting period by the number of operating days in the same period; and (c) the total number of paid lunches claimed during a reporting period by the number of operating days in the same period.

Child means—(a) a student of high school grade or under as determined by the State educational agency, who is enrolled in an educational unit of high school grade or under as described in paragraphs (a) and (b) of the definition of “School,” including students who are mentally or physically disabled as defined by the State and who are participating in a school program established for the mentally or physically disabled; or (b) a person under 21 chronological years of age who is enrolled in an institution or center as described in paragraph (c) of the definition of “School;” or (c) For purposes of reimbursement for meal supplements served in afterschool care programs, an individual enrolled in an afterschool care program operated by an eligible school who is 12 years of age or under, or in the case of children of migrant workers and children with disabilities, not more than 15 years of age.

Fiscal year means a period of 12 calendar months beginning October 1 of any year and ending with September 30 of the following year.

FNS means the Food and Nutrition Service, United States Department of Agriculture.

Free lunch means a lunch served under the Program to a child from a household eligible for such benefits under 7 CFR part 245 and for which neither the child nor any member of the household pays or is required to work.

Local educational agency means a public board of education or other public or private nonprofit authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public or private nonprofit elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public or private nonprofit elementary schools or secondary schools. The term also includes any other public or private nonprofit institution or agency having administrative control and direction of a public or private nonprofit elementary school or secondary school, including residential child care institutions, Bureau of Indian Affairs schools, and educational service agencies

and consortia of those agencies, as well as the State educational agency in a State or territory in which the State educational agency is the sole educational agency for all public or private nonprofit schools.

Lunch means a meal service that meets the meal requirements in §210.10 for lunches.

National School Lunch Program means the Program under which participating schools operate a nonprofit lunch program in accordance with this part. General and special cash assistance and donated food assistance are made available to schools in accordance with this part.

Nonprofit school food service means all food service operations conducted by the school food authority principally for the benefit of schoolchildren, all of the revenue from which is used solely for the operation or improvement of such food services.

Nonprofit school food service account means the restricted account in which all of the revenue from all food service operations conducted by the school food authority principally for the benefit of school children is retained and used only for the operation or improvement of the nonprofit school food service. This account shall include, as appropriate, non-Federal funds used to support paid lunches as provided in §210.14(e), and proceeds from non-program foods as provided in §210.14(f).

Paid lunch means a lunch served to children who are either not certified for or elect not to receive the free or reduced price benefits offered under part 245 of this chapter. The Department subsidizes each paid lunch with both general cash assistance and donated foods. The prices for paid lunches in a school food authority shall be determined in accordance with §210.14(e).

Point of Service means that point in the food service operation where a determination can accurately be made that a reimbursable free, reduced price or paid lunch has been served to an eligible child.

Program means the National School Lunch Program and the Commodity School Program.

Reduced price lunch means a lunch served under the Program: (a) to a child from a household eligible for such benefits under 7 CFR part 245; (b) for which the price is less than the school food authority designated full price of the lunch and which does not exceed the maximum allowable reduced price specified under 7 CFR part 245; and (c) for which neither the child nor any member of the household is required to work.

Reimbursement means Federal cash assistance including advances paid or payable to participating schools for lunches meeting the requirements of §210.10 and served to eligible children.

Revenue, when applied to nonprofit school food service, means all monies received by or accruing to the nonprofit school food service in accordance with the State agency's established accounting system including, but not limited to, children's payments, earnings on investments, other local revenues, State revenues, and Federal cash reimbursements.

School means: (a) An educational unit of high school grade or under, recognized as part of the educational system in the State and operating under public or nonprofit private ownership in a single building or complex of buildings; (b) any public or nonprofit private classes of preprimary grade when they are conducted in the aforementioned schools; or (c) any public or nonprofit private residential child care institution, or distinct part of such institution, which operates principally for the care of children, and, if private, is licensed to provide

residential child care services under the appropriate licensing code by the State or a subordinate level of government, *except for* residential summer camps which participate in the Summer Food Service Program for Children, Job Corps centers funded by the Department of Labor, and private foster homes. The term “residential child care institutions” includes, but is not limited to: homes for the mentally, emotionally or physically impaired, and unmarried mothers and their infants; group homes; halfway houses; orphanages; temporary shelters for abused children and for runaway children; long-term care facilities for chronically ill children; and juvenile detention centers. A long-term care facility is a hospital, skilled nursing facility, intermediate care facility, or distinct part thereof, which is intended for the care of children confined for 30 days or more.

School food authority means the governing body which is responsible for the administration of one or more schools; and has the legal authority to operate the Program therein or be otherwise approved by FNS to operate the Program.

School week means the period of time used to determine compliance with the meal requirements in §210.10. The period shall be a normal school week of five consecutive days; however, to accommodate shortened weeks resulting from holidays and other scheduling needs, the period shall be a minimum of three consecutive days and a maximum of seven consecutive days. Weeks in which school lunches are offered less than three times shall be combined with either the previous or the coming week.

School year means a period of 12 calendar months beginning July 1 of any year and ending June 30 of the following year.

State means any of the 50 States, District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and, as applicable, American Samoa and the Commonwealth of the Northern Marianas.

State agency means (a) the State educational agency; (b) any other agency of the State which has been designated by the Governor or other appropriate executive or legislative authority of the State and approved by the Department to administer the Program in schools, as specified in §210.3(b); or (c) the FNSRO, where the FNSRO administers the Program as specified in §210.3(c).

State educational agency means, as the State legislature may determine, (a) the chief State school officer (such as the State Superintendent of Public Instruction, Commissioner of Education, or similar officer), or (b) a board of education controlling the State department of education.

For more information please see:

http://www.ecfr.gov/cgi-bin/text-idx?SID=bbf8cfb5f9177e5812bd298773f57ba0&mc=true&node=se7.4.210_12&rgn=div8

Subpart B—Reimbursement Process for States and School Food Authorities

Edit checks. (i) The following procedure shall be followed for school food authorities identified in paragraph (a)(2)(ii) of this section, by other school food authorities at State agency option, or, at their own option, by school food authorities identified in paragraph (a)(2)(i) of this section: the school food authority shall compare each school's daily counts of free, reduced price and paid lunches against the product of the number of

children in that school currently eligible for free, reduced price and paid lunches, respectively, times an attendance factor.

(ii) School food authorities that are identified in subsequent administrative reviews conducted in accordance with §210.18 as not having meal counting and claiming violations and that are correctly complying with the procedures in paragraph (a)(3)(i) of this section have the option of developing internal controls in accordance with paragraph (a)(2)(i) of this section.

Recordkeeping. School food authorities shall maintain on file, each month's Claim for Reimbursement and all data used in the claims review process, by school. Records shall be retained as specified in §210.23(c) of this part. School food authorities shall make this information available to the Department and the State agency upon request.

Monthly claims. To be entitled to reimbursement under this part, each school food authority shall submit to the State agency, a monthly Claim for Reimbursement, as described in paragraph (c) of this section.

Submission timeframes. A final Claim for Reimbursement shall be postmarked or submitted to the State agency not later than 60 days following the last day of the full month covered by the claim. State agencies may establish shorter deadlines at their discretion. Claims not postmarked and/or submitted within 60 days shall not be paid with Program funds unless otherwise authorized by FNS.

State agency claims review process. The State agency shall review each school food authority's Claim for Reimbursement, on a monthly basis, in an effort to ensure that monthly claims are limited to the number of free and reduced price lunches served, by type, to eligible children.

- (i) The State agency shall, at a minimum, compare the number of free and reduced price lunches claimed to the number of children approved for free and reduced price lunches enrolled in the school food authority for the month of October times the days of operation times the attendance factor employed by the school food authority in accordance with paragraph (a)(3) of this section or the internal controls used by schools in accordance with paragraph (a)(2)(i) of this section. At its discretion, the State agency may conduct this comparison against data which reflects the number of children approved for free and reduced price lunches for a more current month(s) as collected pursuant to paragraph (c)(2) of this section.
- (ii) In lieu of conducting the claims review specified in paragraph (b)(2)(i) of this section, the State agency may conduct alternative analyses for those Claims for Reimbursement submitted by residential child care institutions. Such alternative analyses shall meet the objective of ensuring that the monthly Claims for Reimbursement are limited to the numbers of free and reduced price lunches served, by type, to eligible children.

Corrective action. The State agency shall promptly take corrective action with respect to any Claim for Reimbursement which includes more than the number of lunches served, by type, to eligible children. In taking corrective action, State agencies may make adjustments on claims filed within the 60-day deadline if such adjustments are completed within 90 days of the last day of the claim month and are reflected in the final Report of School Program Operations (FNS-10) for the claim month required under §210.5(d) of this part. Upward adjustments in Program funds claimed which are not reflected in the final FNS-10 for the claim month shall not be made unless authorized by FNS. Except that, upward adjustments for the current and prior fiscal years resulting from any review or audit may be made, at the discretion of the State agency. Downward

adjustments in amounts claimed shall always be made, without FNS authorization, regardless of when it is determined that such adjustments are necessary.

Content of claim. The Claim for Reimbursement shall include data in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the Report of School Program Operations required under §210.5(d) of this part. Such data shall include, at a minimum, the number of free, reduced price and paid lunches and meal supplements served to eligible children. The claim shall be signed by a school food authority official.

Consolidated claim. The State agency may authorize a school food authority to submit a consolidated Claim for Reimbursement for all schools under its jurisdiction, *provided that*, the data on each school's operations required in this section are maintained on file at the local office of the school food authority and the claim separates consolidated data for commodity schools from data for other schools. Unless otherwise approved by FNS, the Claim for Reimbursement for any month shall include only lunches and meal supplements served in that month except if the first or last month of Program operations for any school year contains 10 operating days or less, such month may be combined with the Claim for Reimbursement for the appropriate adjacent month. However, Claims for Reimbursement may not combine operations occurring in two fiscal years. If a single State agency administers any combination of the Child Nutrition Programs, a school food authority shall be able to use a common claim form with respect to claims for reimbursement for meals served under those programs.

October data. For the month of October, the State agency shall also obtain, either through the Claim for Reimbursement or other means, the total number of children approved for free lunches and meal supplements, the total number of children approved for reduced price lunches and meal supplements, and the total number of children enrolled in the school food authority as of the last day of operation in October. The school food authority shall submit this data to the State agency no later than December 31 of each year. State agencies may establish shorter deadlines at their discretion. In addition, the State agency may require school food authorities to provide this data for a more current month if for use in the State agency claims review process under paragraph (c)(2) of this section.

Advance funds. The State agency may advance funds available for the Program to a school food authority in an amount equal to the amount of reimbursement estimated to be needed for one month's operation. Following the receipt of claims, the State agency shall make adjustments, as necessary, to ensure that the total amount of payments received by the school food authority for the fiscal year does not exceed an amount equal to the number of lunches and meal supplements by reimbursement type served to children times the respective payment rates assigned by the State in accordance with §210.7(b). The State agency shall recover advances of funds to any school food authority failing to comply with the 60-day claim submission requirements in paragraph (b) of this section.

For additional information please see:

http://www.ecfr.gov/cgi-bin/text-idx?SID=bbf8cfb5f9177e5812bd298773f57ba0&mc=true&node=se7.4.210_18&rgn=div8

B. Special Milk Program for Children

Child and Adult Care Food Program means the program authorized by section 17 of the National School Lunch Act, as amended.

Child means

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-
- (1) A person under 19 chronological years of age in a Child care institution as defined in this section;
 - (2) A person under 21 chronological years of age attending a school as defined in paragraphs (3) and (4) of the definition of *School* in this section;
 - (3) A student of high school grade or under attending school as defined in paragraphs (1) and (2) of the definition of *School* in this section; or
 - (4) A student who is mentally or physically disabled as determined by the State and who is participating in a school program established for the mentally or physically disabled, of high school grade or under as determined by the State educational agency in paragraphs (1) and (2) of the definition of *School* in this section.

Cost of milk means the net purchase price paid by the school or child care institution to the milk supplier for milk delivered to the school or child care institution. This shall not include any amount paid to the milk supplier for servicing, rental of or installment purchase of milk service equipment.

Fiscal year means the period of 12 calendar months beginning October 1, 1977, and each October 1 of any calendar year thereafter and ending September 30 of the following calendar year.

Fixed fee means an agreed upon amount that is fixed at the inception of the contract. In a cost reimbursable contract, the fixed fee includes the contractor's direct and indirect administrative costs and profit allocable to the contract.

Free milk means milk for which neither the child nor any member of his family pays or is required to work in the school or child-care institution or in its food service.

Milk means pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, skim milk, or cultured buttermilk which meet State and local standards for such milk. In Alaska, Hawaii, American Samoa, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, and the Virgin Islands, if a sufficient supply of such types of fluid milk cannot be obtained, *milk* shall include reconstituted or recombined milk. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration and consistent with State and local standards for such milk.

National School Lunch Program means the program under which general cash-for-food assistance and special cash assistance are made available to schools pursuant to part 210 of this chapter.

Needy children means:

- (1) Children who attend schools participating in the Program and who meet the School Food Authority's eligibility standards for free milk approved by the State agency, or FNSRO where applicable, under part 245 of this chapter; and
- (2) Children who attend child-care institutions participating in the Program and who meet the eligibility standards for free milk approved by the State agency, or FNSRO where applicable, under §215.13a of this part.

Non-pricing program means a program which does not sell milk to children. This shall include any such program in which children are normally provided milk, along with food and other services, in a school or child-care institution financed by a tuition, boarding, camping or other fee, or by private donations or endowments.

Nonprofit means, when applied to schools or institutions eligible for the Program, exempt from income tax under section 501(c)(3) of the Internal Revenue Code of 1986.

Nonprofit milk service means milk service maintained by or on behalf of the school or child-care institution for the benefit of the children, all of the income from which is used solely for the operation or improvement of such milk service.

Nonprofit school food service account means the restricted account in which all of the revenue from the nonprofit milk service maintained for the benefit of children is retained and used only for the operation or improvement of the nonprofit milk service.

Pricing program means a program which sells milk to children. This shall include any such program in which maximum use is made of Program reimbursement payments in lowering, or reducing to "zero," wherever possible, the price per half pint which children would normally pay for milk.

Reimbursement means financial assistance paid or payable to participating schools and child care institutions for milk served to eligible children.

School means: (1) An educational unit of high school grade or under, recognized as part of the educational system in the State and operating under public or nonprofit private ownership in a single building or complex of buildings; (2) any public or nonprofit private classes of preprimary grade when they are conducted in the aforementioned schools; or (3) any public or nonprofit private residential child care institution, or distinct part of such institution, which operates principally for the care of children, and, if private, is licensed to provide residential child care services under the appropriate licensing code by the State or a subordinate level of government, *except for* residential summer camps which participate in the Summer Food Service Program for Children, Job Corps centers funded by the Department of Labor, and private foster homes. The term *residential child care institutions* includes, but is not limited to: Homes for the mentally, emotionally or physically impaired, and unmarried mothers and their infants; group homes; halfway houses; orphanages; temporary shelters for abused children and for runaway children; long-term care facilities for chronically ill children; and juvenile detention centers. A long-term care facility is a hospital, skilled nursing facility, intermediate care facility, or distinct part thereof, which is intended for the care of children confined for 30 days or more.

School Breakfast Program means the program authorized by section 4 of the Child Nutrition Act of 1966, as amended.

School Food Authority means the governing body which is responsible for the administration of one or more schools and which has the legal authority to operate a milk program therein. The term "School Food Authority" also includes a nonprofit agency to which such governing body has delegated authority for the operation of a milk program in a school.

School year means the period of 12 calendar months beginning July 1, 1977, and each July 1 of any calendar year thereafter and ending June 30 of the following calendar year.

Split-session means an educational program operating for approximately one-half of the normal school day.

State means any of the 50 States, District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and, as applicable, American Samoa and the Commonwealth of the Northern Marianas.

State agency means the State educational agency or any other State agency that has been designated by the Governor or other appropriate executive or legislative authority of the State and approved by the Department to administer the Program.

Summer Food Service Program for Children means the program authorized by section 13 of the National School Lunch Act, as amended.

For more information please see:

<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=bbf8cfb5f9177e5812bd298773f57ba0&ty=HTML&h=L&mc=true&n=pt7.4.215&r=PART>

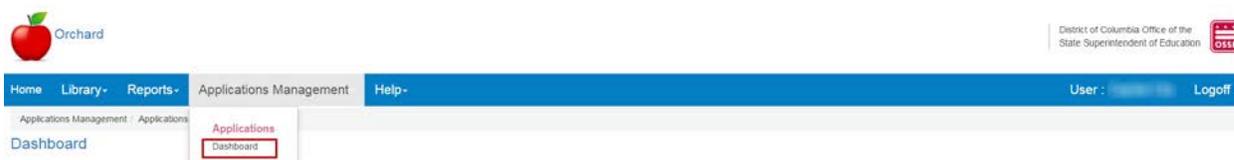


4. Orchard Applications Processing

There is a preapproval process by the State Agency prior to completing meal program applications in Orchard. However, if an application was submitted in the previous school year, the information will prefill the Orchard dashboard. New programs not applied for last year can be added if first approved by the State Agency.

A. Selecting your Application

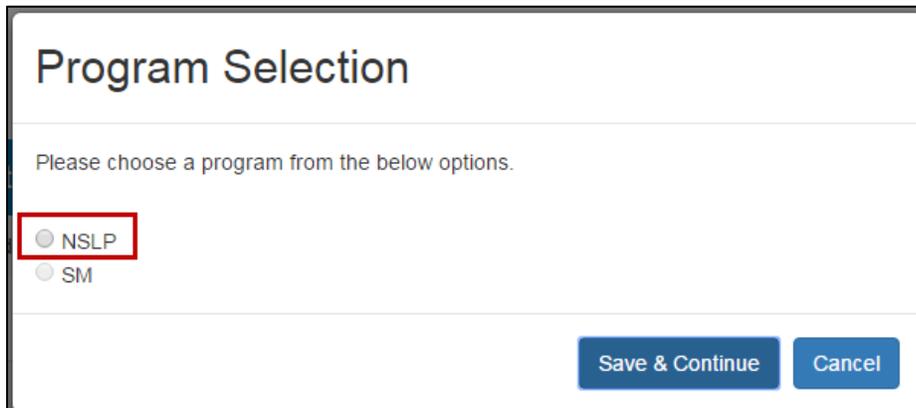
1. Under the **Applications Management** option, click **Dashboard**.



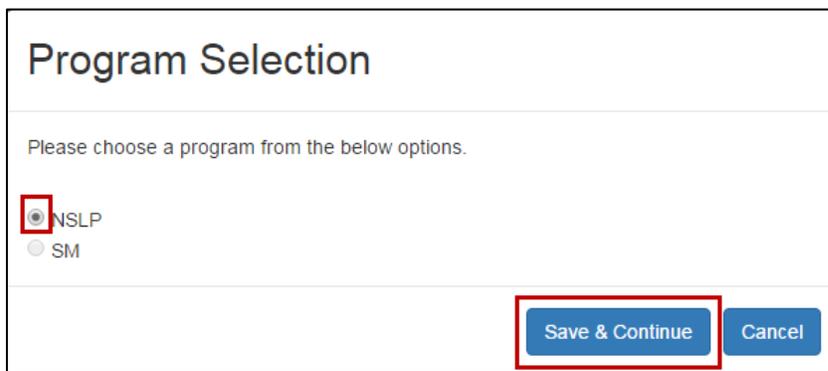
2. Click on the **Create New Application** button.



3. Applications available for renew will display in the pop up box.



4. Click the radio button of the Application being created; and then click the **Save & Continue** button.

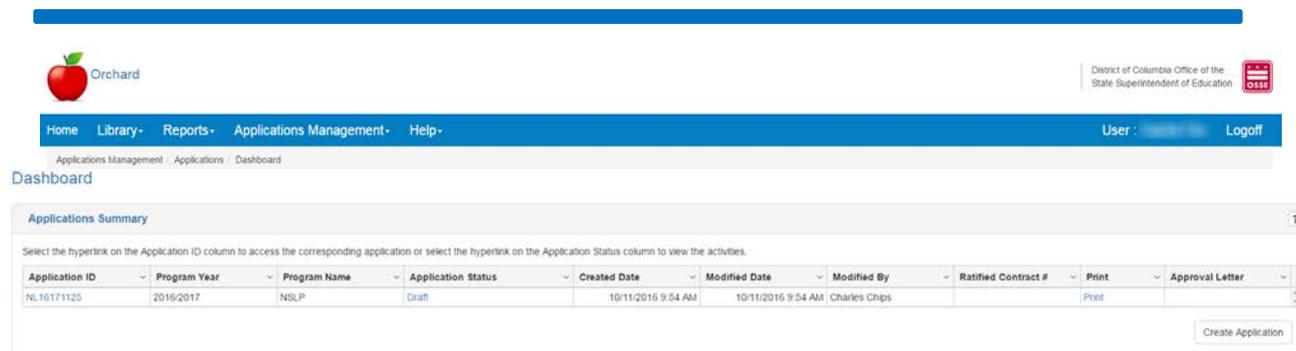


 **Note:** Applications not available to the sponsor will show a  when trying to select this program option.

5. Click **Application Management/Dashboard** to review the dashboard entries.

B. Understanding the Applications Dashboard

1. The **Applications Summary** dashboard will list the program just selected. The program has an application process that needs to be completed for the current School Year (SY).



2. The columns are representative of the following information:

Field Label	Description
Application ID	Generated for each application by Orchard for sponsor tracking.
Program Year	The program year the application covers.
Program Name	The program for which the sponsor is applying.
Application Status	Application Status changes based on an action by the sponsor or the State Agency. Draft – The application has not been started or is being worked on. Pending Review – The application has been submitted for State Agency approvals. Recall Requested – The sponsor/SFA has requested to recall the application for editing. Returned for Modification – The application was returned by the program specialist for sponsor/SFA edits. Ratified – All approvals received resulting in a ratified contract.
Created Date	The date the sponsor first accessed the application.
Modified Date	The last date the application was modified.
Modified By	The person who last modified the application.
Ratified Contract #	The date and number used for ratification of the contract (relates to the DHW claims processing system).
Print	Generates a view of the contract including Policy Statements which can be saved in PDF format.
Approval Letter	Once uploaded by the DHW specialist, the contract approval letter will be available for viewing by the Sponsor/SFA.

C. Reviewing the Application Log

The Application Log will record activity throughout the approval process of the application including: submissions, recalls, returns, and final ratification. Click the hyperlink in the status column to view the log.

Applications Summary

Select the hyperlink on the Application ID column to access the corresponding application or select the hyperlink on the Application Status column to view the activities.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Draft	10/11/2016 9:54 AM	10/11/2016 9:54 AM	Charles Chips		Print	

[Create Application](#)

Application Log

Action	Comments	Modified By	Modified Date
Ratified		autumnmorgan	07/21/16 1:39:14 PM
Pending Final Review		OSSE SpecialistUser1	07/21/16 1:38:11 PM
Submitted		KalpanaBarrow	07/21/16 1:29:52 PM

D. Deleting an Application

If an application was selected in error, click on the Application ID in the dashboard, then click the Review & Submit tab. At the top of the page, click the Delete button. Applications can ONLY be deleted if in Draft status.

General Information | Site Management | Application | **Review & Submit**

Review the complete application. If any changes are needed, click on the **General Information** tab to edit the information entered, click the **Site Management** to upload a new SIF and then click on the **Application** tab to edit the information entered.

PCS Tax ID: 33100007

5. Completing the NSLP Application - General Information

Click on the **Application ID** hyperlink to begin the application process.

Applications Summary

Select the Application hyperlink to access the corresponding application.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #
NL16170073	2016/2017	NSLP	Draft	7/17/2016 1:10 PM	7/17/2016 1:10 PM		

A. General Information Tab

The source of the sponsor information in the General Information section is the authoritative data from last year's application. If changes need to be made, simply click in the field and click the keyboard Delete key to remove the information or click in the field and type the new information. Almost all fields in General Information can be edited and/or updated.

The screenshot shows the Orchard Applications Processing web interface. At the top left is the Orchard logo. The top right shows the application ID (ML16171125) and status (Draft). The navigation menu includes Home, Library, Reports, Applications Management, and Help. The 'General Information' tab is selected, and the 'Save', 'Cancel', and 'Validate' buttons are highlighted. Below the navigation menu, there is a 'General Information' section with a text input field and a 'Validation Summary' window showing 'Data Not Available'.

1. The action buttons included on this tab are **Save** – save current changes made to this page; **Cancel** – cancel current changes made to this page; and **Validate** – click to ensure all information has been correctly and completely entered.
2. If there are validation errors, they will be listed under the Validation Summary data window. Correct the errors, click **Save**; then click **Validate** once again to remove the errors.

 **Note: Changes to Sponsor Information in Orchard will not update the authoritative data source until the application is submitted.**

Contact Information

1. Update the **Contact Information**. This is the main contact name and number for this Sponsor/SFA.

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
Linda	Callahan	Superintendent	(202) 722-4421	111	(202) 722-4431	lcallahan1@aol.com	777777777	12/27/2016

2. Ensure the DUNS number is nine digits. If not the system will error:

DUNS *	SAMS Expiration Date *
44444444	ⓘ DUNS number should be nine characters

3. Ensure the SAMS expiration date is in the future. Orchard will prohibit date entries less than today’s date.
4. For more information about DUNS and SAMS requirements and applications, click on the hyperlink in the text area of this data window.

Entity and Program Types

Validate the Entity and Program Types data window. This data is populated by the authoritative system. If there is an error, please contact your State Agency DHW Specialist.

Name
Public Charter School

Contacts and Addresses

Enter the contact names for the types listed in the table. Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.



Type	Name	Title	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Phone Number *	Extension	Fax	Email	Mail Code
Physical	James John	President	100 PEARBODY STREET NW		WASHINGTON	DC	20011	4	(202) 808-9800		(202) 733-1812		
W9	James John	Treasurer	100 PEARBODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800		(202) 733-1812		
Mailing	Sally John	Secretary	100 PEARBODY STREET NW		WASHINGTON	DC	20011	4	(202) 808-9800		(202) 733-1812		
Master Supply List	Jerome John	Vice President	100 PEARBODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800		(202) 733-1812		
Payment Address	Capital City Public Charter School		100 PEARBODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800			Accounts payable@ccp...	103

Claim Contacts

1. The system will default with two authorized signer lines. If additional authorized signers are needed, click the **Add Claim Contact** button to add an additional authorized signer or third party claim contact for the program’s monthly claims processing.

 **Note: Sponsors must add a minimum of two Authorized Signer contacts; and a maximum of six contacts in total.**

Claims Authorized Signatures / Third Party Authorizations

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email	
Authorized Signer	James	John	President	(202) 555-1212		100 john@gmail.com	× Delete
Authorized Signer	Sally	John	Vice President	(202) 555-1212		111 sjohn@gmail.com	× Delete

* After deleting a row, Please Save.

2. Select the contact type from the dropdown.

Claims Authorized Signatures / Third Party Authorizations

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email	
Authorized Signer	James	John	President	(202) 555-1212		100 john@gmail.com	× Delete
Third Party Contact	Susanne	John	Member at Large	(202) 555-1212		222 sjohn@gmail.com	× Delete
Authorized Signer	Sally	John	Vice President	(202) 555-1212		111 sjohn@gmail.com	× Delete

* After deleting a row, Please Save.

3. Enter the contact Name, Title, Phone Number, Extension, and Email address. Continue adding contacts by clicking the Add Claim Contact button.

 **Note: Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.**

Claims Authorized Signatures / Third Party Authorizations

+ Add Claim Contact

Contact Type	Name	Title	Phone Number	Extension	Email		
Third Party Contact	Susanne John	Member at Large	(202) 555-1212	222	sjohn@gmail.com	×	Delete
Third Party Contact	Olivia John	Board Member	(202) 555-1212	122	ojohn@gmail.com	×	Delete
Authorized Signer	James John	President	(202) 555-1212	100	jjohn@gmail.com	×	Delete

* After deleting a row, Please Save.

4. Click the **Save** button at the top or bottom of the page.



5. Confirm the save by clicking **OK**.

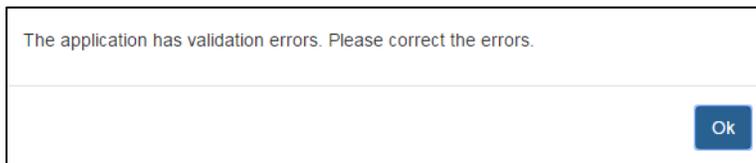


6. Or, click **Cancel** without saving changes.



7. Confirm **Yes** or **No**.

Or, click **Validate** to ensure all the information on this page has been completed.



OR



8. To delete a contact name, click the **Delete** button.

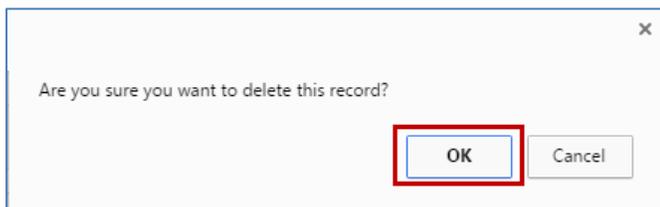
Claims Authorized Signatures / Third Party Authorizations

+ Add Claim Contact

Contact Type	Name	Title	Phone Number	Extension	Email	
Third Party Contact	Susanne John	Member at Large	(202) 555-1212	222	sjohn@gmail.com	× Delete
Third Party Contact	Olivia John	Board Member	(202) 555-1212	122	ojohn@gmail.com	× Delete
Authorized Signer	James John	President	(202) 555-1212	100	jjohn@gmail.com	× Delete

* After deleting a row, Please Save.

9. Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.



10. Click the Save button at the top or bottom of the page; or click Cancel without saving changes; or click Validate to recheck information entered.



Public Release

To view the most current Civil Rights requirements under the US Department of Agriculture for program requirements, click the hyperlink found within the text of the data window.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current Civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#).

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Reports/Documents and Templates.)

Add

Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete																																																	
<div style="display: flex;"> <div style="flex: 1;"> <p>October 2016</p> <table border="1"> <tr><td>Su</td><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Tuesday, October 11, 2016</p> </div> <div style="flex: 1;"> <p>11/30/2016</p> </div> </div>	Su	Mo	Tu	We	Th	Fr	Sa	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	Washington Post	Choose File No file chosen		next.xlsx	<input type="checkbox"/>		<input type="button" value="Delete"/>
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Uploads

Tuesday, October 11, 2016

ian \$750,000 total for any federally funded program during the fiscal year?

Select

1. Click the **Add** button to identify the resources used to publicly announce the federal child nutrition programs offered. Add the date of the announcement and the name of the news media used for publication.
2. Select the date of the publication from the calendar pop-up.
3. Enter the name of the institution, newspaper, website, etc. where the article was published.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current Civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#).

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Reports/Documents and Templates.)

Add

Date release was/will be sent to media	Institution to which Public Release was/will be sent to	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
11/30/2016	Washington Post	Choose File No file chosen		next.xlsx	<input type="checkbox"/>		<input type="button" value="Delete"/>
10/29/2016	Gazette	Choose File No file chosen			<input type="checkbox"/>		<input type="button" value="Delete"/>

* After deleting a row, Please Save

Title: Brochure *

4. Click the **Choose File** button to upload the announcement(s). Select an Excel or .pdf file for uploading.



If there are multiple announcements, scan into one document for upload.

5. Add **Notes** to be read by your State Agency DHW Specialist if desired.



Date release was/will be sent to media	Institution to which Public Release was/will be sent to	
11/30/2016	Washington Post	× Delete
10/29/2016	Gazette	× Delete

* After deleting a row, Please Save

Title Brochure *	Upload File Choose File No file chosen	Notes This issue was originally released in January 2016	Download Link next.xlsx	Verification <input type="checkbox"/>	Specialist Comments	Delete
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6. Click the **Save** button at the top or bottom of the page; or click Cancel without saving changes.

7. Confirm the save by clicking **OK**.

8. Once saved, the file can be viewed by clicking on the **Download Link** hyperlink of the file name.

Title Brochure *	Upload File Choose File No file chosen	Notes This issue was originally released in January 2016	Download Link next.xlsx	Verification <input type="checkbox"/>	Specialist Comments	Delete
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9. Once saved, the file can be deleted by clicking on the icon.

Title Brochure *	Upload File Choose File No file chosen	Notes This issue was originally released in January 2016	Download Link next.xlsx	Verification <input type="checkbox"/>	Specialist Comments	Delete
---------------------	---	---	----------------------------	--	---------------------	------------

10. The State Agency DHW Specialist will review the file and enter the verification and any other comments. Sponsors/SFAs cannot edit these fields.



Public Release

Below, provide the date(s) of the required public announcement. In the upload section, attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes.

⊕ Add

Date Release	Name of news media used for publication	Title	Upload File	Notes	Download Link	Verification	Specialist Comments
07/14/2016	Washington Post	Brochure	<input type="button" value="Choose File"/> No file chosen		Field length Specification: xlsx	<input type="checkbox"/>	

* After deleting a row, Please Save.

11. To delete an institution name, click the **Delete** button.

Public Release

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability.

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in upload section.

⊕ Add Institution

Date Release	Institution Name
06/16/2016	Washington Post

* After deleting a row, Please Save.

12. Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.

Are you sure you want to delete this record?

13. Click the **Save** button at the top or bottom of the page; or click **Cancel** without saving changes.

14. If the incorrect file was uploaded, click  to delete the existing file and upload the new file.

Budget and Funding Document Uploads

The Budget and Funding Document Uploads section is provided to users to upload their financial information depending upon whether organizations do or do not receive more than \$750,000.00 for any federal program during the fiscal year.

1. Answer the question posed regarding federal funding.

Budget and Funding Document Uploads ?

The A133 audit and/or Financial audit is due mid year - Request to place this on a dash board for upload due by Dec 31st. This is not required during the application period. Failure to submit by 12/31 will result in assigned specialist contacts SFA's directly to collect information. - A tracking system needs enabled to confirm status of submissions

Does your organization receive more than \$750,000 total for any federally funded program during the fiscal year? No

- If the response is “**NO**” then the user will be required to upload an **A-133 Exemption Certificate and Year End Report**. These documents are due before the end of calendar year 2016. The A-133 Audit Exemption Certification form is available under the Orchard Reports menu option under **Documents and Templates**.

Budget and Funding Document Uploads ?

The A133 audit and/or Financial audit is due mid year - Request to place this on a dash board for upload due by Dec 31st. This is not required during the application period. Failure to submit by 12/31 will result in assigned specialist contacts SFA's directly to collect information. - A tracking system needs enabled to confirm status of submissions

Does your organization receive more than \$750,000 total for any federally funded program during the fiscal year? No

Title	Upload File	Notes	Download Link	Verification	Specialist Comments
Exemption Certificate	Choose File No file chosen	Application	ALL School Application Requirements-5-19-16.xlsx	<input checked="" type="checkbox"/>	Test Comments
Year End Report	Choose File No file chosen	App File	Application Navigation - 5-27-16 - PM.void	<input checked="" type="checkbox"/>	SP Comments

- If the response is “**YES**” then the user will be required to upload an **A-133 Audit Report** due before the end of calendar year 2016.

Budget and Funding Document Uploads ?

The A133 audit and/or Financial audit is due mid year - Request to place this on a dash board for upload due by Dec 31st. This is not required during the application period. Failure to submit by 12/31 will result in assigned specialist contacts SFA's directly to collect information. - A tracking system needs enabled to confirm status of submissions

Does your organization receive more than \$750,000 total for any federally funded program during the fiscal year? Yes

Title	Upload File	Notes	Download Link	Verification	Specialist Comments
A-133 Audit Report	Choose File No file chosen			<input type="checkbox"/>	

- In either case, click on the **Choose File** button.

Budget and Funding Document Uploads ?

Does your organization receive more than \$750,000 total for any federally funded program during the fiscal year? Yes

The supporting documents below are due by Dec. 31st:

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
A-133 Audit Report	Choose File No file chosen		paol.xlsx	<input type="checkbox"/>		<input type="button" value="Delete"/>

- Select a file from your local computer.
- Click **Save** to save the file; or click **Cancel** to clear the file.



7. To view the uploaded file, click on the download link. To delete the uploaded file, click the  icon.

B. State Agency General Information Review



Note: *The State Agency DHW Specialist will review all uploaded files once the application is submitted. They will click the verification checkbox and add any comments regarding the uploaded document(s). These fields cannot be edited by the sponsor/SFA.*

1. After all information is entered on the Sponsor Information page, click **Save** and then click the **Validate** button to ensure no errors are found on the General Information tab.

2. Click **OK** to accept the changes.

6. Completing the NSLP Application Site Management Information

The Site Information File (SIF) is uploaded to Orchard using a prepared Excel template available under the **Reports Tab/Documents and Templates**. See **Attachment A** to review required SIF



column information. The information once uploaded is not editable by the sponsor/SFA. If changes are needed, a new upload will be required.



Do not change the order of the sites on the SIF once the upload has been saved. If corrections need to be made to a single site listed on the SIF, upload the entire SIF again. Do not forget to add a site to the SIF. Payment will not be made for a site not listed in the Application.

There are maximum field lengths and field entry types (numeric or alphabetical) permitted in the template. See **Attachment B** for field length information.



Note: You must know the Site ID in order to complete this upload template.

Orchard tracks the history of all “saved” uploaded files. Site information can be changed and re-uploaded before submission of the application or during a recall. However, once the site is approved by the state agency, no further changes can be made to the site information. See Section **11. Application Recall** for more details.

A. Uploading the SIF File

Site Management SIF Upload



1. Click the **Site Management** tab



Complete the information on this page and then click **Save**. Continue the application by clicking the **NSLP Application** tab.

Site Information File Upload ?

Click the **Choose File** or **Browse** button to select the document; and then click the **Upload** button. Click **Clear** to remove the selected file before upload.

Note: xls or xlsx file only.

File Name Capital City.xlsx

Title

Notes

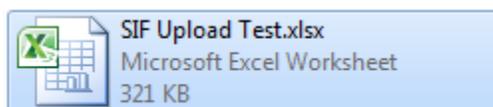
Fields marked with an asterisk(*) are required.

SIF Upload History ?

Header information related to file upload history goes here...

Data Not Available

2. Select a file from your computer. The file must be the Excel template downloaded from **Reports/Downloads/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."

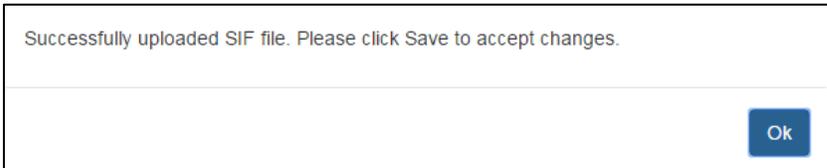


The file Tab Name "SIFDATA" must not change. If the Tab name is changed, the SIF files WILL NOT upload.



3. Add a document title and any notes relevant to the upload.
4. Click the **Load** button.
5. Orchard will display a message that the SIF file upload was successful.



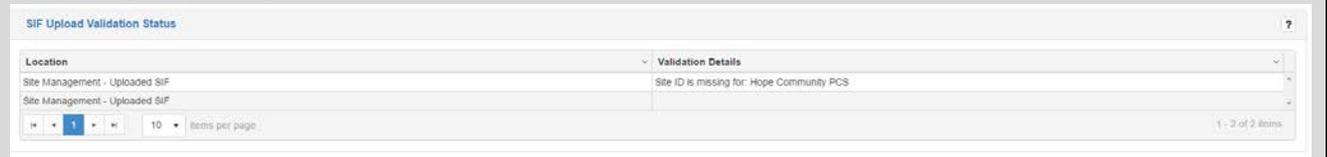


6. Click the **OK** button.

Or, if the file did not load, the following message will be displayed:

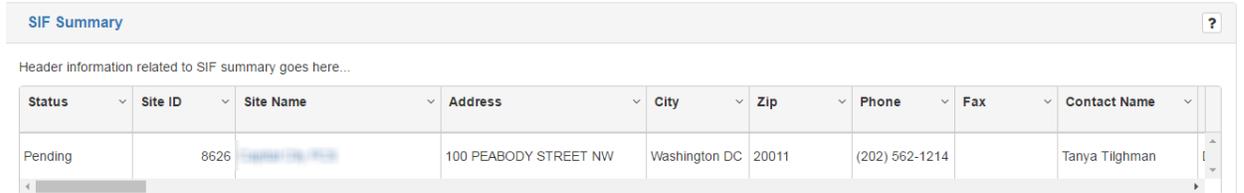


Review the SIF Upload Validation Status window, make the corrections noted; and then try uploading the file again.



7. When all validation errors have been corrected in the SIF, upload the corrected SIF file.

8. The uploaded SIF will display in the **Uploaded SIF** window below. This is a temporary viewing area. The data from the SIF file are not entered into Orchard until the user clicks **Save**.



9. The file is added to the **SIF Upload History** table.



SIF Upload History	
Upload Date	File Name
Aug 2 2016 7:41AM	Training2.xls.xlsx
Jul 25 2016 1:48PM	Training.xlsx

10 items per page 1 - 2 of 2 items

B. Reviewing the SIF File Details

1. Click on the **Site Name** in the **SIF Summary** data window to review SIF information in a formatted summary view.



Remember! All fields in this view cannot be edited except for the special SM table. The Special Milk table will only display if the program application is for Special Milk. If an error is found while reviewing the information, correct the error in the SIF and re-upload the SIF file.

2. Confirm the Site Type(s), Effective Date, and Sponsor/Site address is correct.

Site Information

Site Type	Site Effective Date: 08/24/2015
Private School	
Child Care Center 2	

Address

This contains the Sponsor's address and the sites Physical address

Type	ID	Name	Title	Street Address 1	Street Address 2	City	State	Zip	Ward	Phone	Email
Site	8431	NCC, S.E. Site		3101 16th St. NW		Washington	DC	20.010	0	(202) 743-1516	
Contact		Kate Wobbekind	Program Coordinator							2028216548	kate.wobbekind@dc.gov
Area Eligibility		NCC, S.E. Site		659 G St. NE		Washington	DC	20.002	0	2028216548	kate.wobbekind@dc.gov

3. Confirm the Hours of School Operations, Dates of Program Operations, Days of Operations, and number of Days in the Month food service will be available.



Operation Information

Hours of School Operations
 From: 15:15:00 To: 08:45:00
 Total Operating days per year: 183

Dates of Program Operations
 Starting Date: 08/24/2015 Ending Date: 06/16/2016
 Maximum operating days per month: 19

Days of Operations

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Selection	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Days of Food Service

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No of days	19	18	19	19	19	19	12	6	21	19	18	13

4. Confirm the license information is accurate.

License Type

Licenses	Expiration Date	License Number	Is Renewal Required?
BBL-Site (Basic Business Licenses)	2016-12-31	931312000057	
CO-Site (Certificate of Occupancy)	CO-113215		No
CCL-Site (Child Care License)			
BUA-Site (Building Use Agreement)			
HI-Site (Health Inspection)			
HI-Site (Second Health Inspection)			
DC Department of Mental Health Licenses			
US Military Facility			
Federal Alternative Approval			
Relative Care			

1 - 10 of 11 Items

5. Review the Meal Service information for accuracy.

Meal Service
 Food Preparation: The type of service or facility which will be used by the school/sponsor for food preparation

Application ID: NL16171125
 Status: Draft

Meal Times

Meal Type	Time Meal Service Begins	Time Meal Service Ends
Breakfast	9:15AM	10:30AM
Lunch	11:30AM	2:00PM
Snack		
At Risk Supper	3:15PM	6:00PM

Meal Charges

Pricing / Non Pricing	Pricing
Breakfast Reduced	\$2.00
Breakfast Paid	\$3.00
Lunch Reduced	\$2.00
Lunch Paid	\$4.00

Program Participation and Special Provisions

Reg. Breakfast / Severe Need Breakfast	Severe Need
Area Eligible Snack	yes
At Risk Supper (CACFP)	No
Summer Meal Service	N/A
Family Style	No
Offer vs. Serve PK-5	Yes
Offer vs. Serve 6-8	No
Head Start	No
Community Eligibility Provision (CEP) Site	No
Provision 2	No

Food Preparation

Food Preparation Method: Under contract with a Vendor to deliver meals, supplies, and services
 Vendor Name: Chartwells

6. Validate enrollment and eligibility numbers.

Enrollment

Current Year Enrollment

Specify the number of children by grade enrolled this school year

Grade	No Of Children
PK4 (Pre-Kinderergarten)	55
Kindergarten	45
PK3 (Pre-School)	61
Grade 1	35
Grade 2	30
Grade 3	39
Grade 4	16
Grade 5	13
Grade 6	9
Grade 7	7
Grade 8	14
Grade 9	
Grade 10	
Grade 11	
Grade 12	
Non-Graded	
Total	332

Estimated Eligible Children

Estimate the number of children who are eligible in each category

Meal	Free	Reduced	Paid	Total
Breakfast	45	2	285	332
Lunch	45	2	285	332
Severe Need Breakfast	45	2	285	332
Area Eligible Snack		332		332
Seamless Summer Option breakfast				
Seamless Summer Option Lunch				
Seamless Summer Option Supplement				

7. Once the application is submitted, the State Agency DHW Specialist will verify and approve each site’s information. Sponsors/SFAs cannot edit this portion of the display. CEP percentages will also be added by the State Agency DHW Specialist.

State Agency Approval

Site Verification

State Agency verification of site details	Response
Has the sponsor submitted the required lunch meal service data to determine severe need eligibility for this site / application?	
Has the sponsor provided a valid Basic Business License (BBL) for this site?	
Has the sponsor provided a valid Certificate of Occupancy for this site?	
Community eligibility provision (CEP) participant?	
Provision 2 participant (Data must have previously been submitted to the State Agency for consideration)?	
If this site is new, provide the date of site visit?	

Community Eligibility Provision (CEP) & Provision 2 Percentages

Displays the State Agency pre-approved percentages for participating sites as applicable.

Provision Type	Free
CEP	

Provision Type	Free	Reduced	Paid
P2 Lunch			
P2 Severe Need Breakfast			

State Agency Approval

Assigned Specialist: _____

Approved Date: _____

8. Sponsors/SFAs click Next to view the next site listed on the upload page; or click Previous to view the previous site page. Users can also click the Site Management tab to return to the Site upload page display.

Site Management
Previous
Next

7. Special Milk Addition to Detailed SIF Review

The SIF upload file contents are the same for both NSLP and Special Milk (SM). However, when reviewing each SIF the sponsor will add the following information specific to Special Milk.

1. Click in the field to enter the SM total enrollment, Total children receiving Free milk, and the licensed capacity for your site.

Special Milk	
(Special Milk only) Total enrollment	22345
Total number of children eligible for free milk	324
Provide the license capacity for your facility	23432
Fields marked with an asterisk(*) are required	

2. Click **Save** to save the SM changes.

8. Completing the NSLP Application – Reviewing the Application Summary

After correcting all upload validation errors (if any) and reviewing all individual site information screens, click the **Site Management** button to return to the tab display. Then click the **Application** tab to review a summary of all site data, students and meal counts combined into one display. Editing is allowed for information not populated by the uploaded SIF. These areas will be identified as the Application is reviewed. Save your entered information frequently.



A. Application Review

Application Contact Information

1. Review the **Application** contact information and make any changes necessary. All fields can be edited in this data window. This is the individual who will answer any questions regarding application submission.



Application

Complete the information on this page and then click **Save**. Continue the application by clicking the **Review & Submit** tab.

Validation Summary

Application Contact Information

First Name *	Last Name *	Title *	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Email *	Phone Number *	Extension	Fax
Trina	Williams	Compliance Officer	6200 Kansas Avenue, NE		Washington	DC	20011		trina.williams@emagineschools.com	(202) 722-4421		(202) 722-4431

2. After changing the information click the **Save** button to save your changes.

The changes were saved.

3. Click **OK** to return to **NSLP Application** review.



Program Selection

NSLP Program Entries

Click all Programs that apply to your SFA. If you are a public or charter school NSLP and HSA will be preselected. *If you are a Private School select HSA if you want to participate in this program (it will not be preselected for you).* Be sure to click all additional programs in which you want to participate.

Program Selection ?	
Program	Selection
National School Lunch Program (NSLP)	<input checked="" type="checkbox"/>
School Breakfast Program (SBP)	<input checked="" type="checkbox"/>
Afterschool Snack Program (ASP)	<input checked="" type="checkbox"/>
Healthy Schools Act (H.S.A)	<input checked="" type="checkbox"/>
At Risk Supper (CACFP)	<input type="checkbox"/>
Extended NSLP	<input type="checkbox"/>
Seamless Summer	<input type="checkbox"/>

Special Milk Program Entries

If you are a Special Milk sponsor, the only entry in this table will be Special Milk and it will be preselected.

Program Selection ?	
Program	Selection
Special Milk (SM)	<input checked="" type="checkbox"/>

Meal Enrollment

Meal Enrollment NSLP

These data come from the uploaded SIF and cannot be edited, ensure the values are consistent with your uploaded file.

Meal Enrollment
Application ID: NL16170001 - Draft

Meal Information ?

The following is the sum of the number of children at all participating sites who may be eligible in each benefit category:

Meal	Free	Reduced	Paid	Total
Breakfast				
Severe Need Breakfast	636		10	636
Lunch	636		10	636
Area Eligible Snack	636			636
Seamless Summer Option				
Seamless Summer Option Lunch				
Seamless Summer Option Supplement				

Enrollment Summary ?

Total number of students enrolled at all participating Sites	636
Total number of schools, centers, sites, and/or homes which the Sponsor or SFA administers	1

Participation

Program Participation and Site Participation

These data values are populated from the uploaded SIF and cannot be edited. Ensure the values are consistent with the summary of values from your uploaded file(s).

Participation
Application ID: NL16170001 - Draft

Program Participation ?

Program	No. of Sites
National School Lunch Program (NSLP) Serving Lunch	1
School Breakfast Program (Reg. Dtk Only)	0
School Breakfast Program (SN Only)	1
After School Snack	0
CACFP/ A-Risk Supper	0
Extended NSLP	0
Free Summer Meals	0
Seamless Summer Option	0

Site Participation ?

Type	No. of Sites
Community Eligibility Provision (CEP)	0
Provision II	0
Pricing	1
Non-Pricing	0
Offer vs. Serve PK-5	1
Offer vs. Serve 6-8	0
Family Style	0
Head Start	0

Policy Statement Confirmation

1. Click on the Policy Statement hyperlink to review this document.

Policy Statement Confirmation ?

Please confirm that you have read and agree to the [Policy Statement](#) for the free and reduced Price meals for pricing and Non-Pricing Sponsors. *





Health and Wellness Division

**POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS
FOR PRICING AND NON-PRICING SPONSORS**

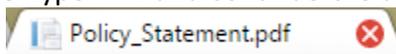
The School Food Authority (SFA) agrees to participate in the programs selected in Orchard (NSLP, SBP, ASP, SMP, HSA, CACFP At-Risk Supper). The SFA also agrees to receive commodities donated by the United States Department of Agriculture (USDA) and accepts responsibility for providing program benefits to eligible children in the schools under its jurisdiction.

The SFA assures the State Agency (SA) that the school system will uniformly implement the following policy to determine children's eligibility, for free and reduced price meals in all National School Lunch Program and School Breakfast Program schools under its jurisdiction.

In fulfilling its responsibilities, the SFA:

- A. Agrees to serve meals free to children from families whose income is at or below the free scale of the Income Eligibility Guidelines. OSSE will email copy July 1st annually.

- Click the red "X" to close the hyperlink and continue the application.



- Click on **Select** to Accept or Decline the information presented in the Policy Statement.

 **Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.**

Policy Statement Contacts

- Enter the contacts as listed. All contact names, titles, addresses, city, state, zip and zip code are required.
 - Click in the First Name field of the first contact and enter the **First Name**.
 - Click in the Last Name field and enter the **Last Name**.
 - Click in the Title field and enter the **Title**.
 - Click in the Address Line 1 and enter the **Address**.



- e) If needed, click in Address Line 2 to continue the Address (not required).
- f) Click in the City field and enter the **City**.
- g) Click in the State field and select a **State** from the dropdown list.

Policy Statement Contacts ?

Provide the contact information for the staff members designated to the positions indicated below:

Contact Description	First Name *	Last Name *	Title *	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Email	Phone Number	Extension	Fax
Designated Hearing Officer for the above policy *	Linda	Callahan	President	810 First Street NE		Washington	DC	22002					
Determining Policy Official *													
Confirming Policy Official *													
Verification Policy Official *													

2. Continue entering the remaining Policy Statement Contacts.
3. Add new Policy Statement contacts by clicking the **+ Add New Contact** button.
4. Click on the down arrow in the Contact Description field to select the type of contact being added.

Policy Statement Contacts ?

Provide the contact information for the staff members designated to the positions indicated below:

+ Add New Contact

Delete	Contact Description	First Name *	Last Name *	Title *	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Email	Phone Number	Extension	Fax
<input type="checkbox"/>	Confirming Policy Official													
<input type="checkbox"/>	Designated Hearing Officer for the above policy	Jeremy	Jones	VP	123 4th street		washington	DC	22001					
<input type="checkbox"/>	Determining Policy Official													
<input type="checkbox"/>	Confirming Policy Official													
<input type="checkbox"/>	Verification Policy Official													

5. Click the **X Delete** button to delete and added contact.

Policy Statement Contacts ?

Provide the contact information for the staff members designated to the positions indicated below:

+ Add New Contact

Delete	Contact Description	First Name *	Last Name *	Title *	Address Line 1 *	Address Line 2	City *	State *	Zip Code *	Ward	Email	Phone Number	Extension	Fax
<input checked="" type="checkbox"/>	Confirming Policy Official													
<input type="checkbox"/>	Designated Hearing Officer for the above policy	Jeremy	Jones	VP	123 4th street		washington	DC	22001					
<input type="checkbox"/>	Determining Policy Official													
<input type="checkbox"/>	Confirming Policy Official													
<input type="checkbox"/>	Verification Policy Official													

Accountability & Collection

Read and Accept the Accountability & Collection Procedures

1. Click on the **Accountability & Collection Procedures** hyperlink and review this document.



Accountability & Collection Application ID: NL16170001 - Draft

Please confirm that you have read and agree to the [Accountability & Collection Procedures](#) for the free and reduced Price meals for pricing and Non-Pricing Sponsors. *

Select



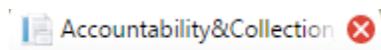
Health and Wellness Division

Accountability and Collection Procedures

Accurate counts are the basis of a valid claim for reimbursement. The School Food Authority (SFA) shall provide that free, reduced, and paid reimbursable meals served to eligible children are counted at the point of service, or through another counting system that is approved by the U. S. Department of Agricultural (USDA) Regional Office. Point of service means the point in the food service operation where a determination can accurately be made that a reimbursable free, reduced price or paid meal has been served to an eligible child.

In counting reimbursable meals during meal service, school officials must ensure that there is no overt identification of recipients of free or reduced price meals. Care must be taken to prevent such identification at the time the identification number or code is issued as well as in the serving line. Therefore, it is encouraged that money be collected prior to the meal service or that parents be billed.

2. Click the red "X" to close the hyperlink and continue the application.



3. Click on **Select** to Accept or Decline the information presented in the Accountability & Collection document.

Accountability & Collection Application ID: NL16170001 - Draft

Please confirm that you have read and agree to the [Accountability & Collection Procedures](#) for the free and reduced Price meals for pricing and Non-Pricing Sponsors. *

Select
 Select
 Accept
 Decline

Counting and Claiming Methods

Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.

Counting and Claiming Methods

1. Check the appropriate counting method used to track meal counts. Ensure you only enter



the method for the meal services in which you are participating. (Those listed in the **Program Participation** data window.)

Counting and Claiming Methods							
Check all point of service methods used for each meal type. If checking "other," type the method used.							
Meal Type	Roster by Name	Hash Marks () Daily Meal Count Form	PIN #	Scanned ID Cards	Name of Electronic System at Point of Service	Other	N/A
Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
After-School Snack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
CACFP At-Risk Supper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

- If none of the columns describe how the counts will be collected, type your method into the **Other** column.

Counting and Claiming Methods							
Check all point of service methods used for each meal type. If checking "other," type the method used.							
Meal Type	Roster by Name	Hash Marks () Daily Meal Count Form	PIN #	Scanned ID Cards	Name of Electronic System at Point of Service	Other	N/A
Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
After-School Snack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
CACFP At-Risk Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Count	<input type="checkbox"/>

NSLP Meal Counting and Claiming Procedures

Answer **Yes** or **No** to the questions posed in this section. All questions require a Yes or No answer.



NSLP Meal Counting and Claiming Procedures	
Indicate which counting and claiming method(s) used. Any changes in counting methods must be reported to the State Agency.	
Verbal identification by either the cashier or the student . *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Point of service (POS) is at the end of the serving line . *	<input type="radio"/> Yes <input checked="" type="radio"/> No
The eligibility codes are established to prevent overt identification . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Back-up procedures in place . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Field trip procedures - how meals temperatures will be maintained and POS . *	<input type="radio"/> Yes <input checked="" type="radio"/> No
POS documents available in all serving locations (i.e. classrooms, food carts, salad bars) . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Roster will be returned to the cafeteria at the end of the meal service . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Computer and/or roster entered into system . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Sample of roster (i.e. daily roster and/or back-up procedures) . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Edit checks completed . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
At no time will the staff use memory to mark the POS roster . *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pricing schools only: Statement to address payment of full-price meals . *	<input type="radio"/> Yes <input checked="" type="radio"/> No

USDA Food Acceptance Agreement

1. Review and Accept/Decline the Food Distribution Program Acceptance of Terms and Contact Information statement.

USDA Food Acceptance Agreement	Application ID: NL16170001 - Draft
Food Distribution Program Acceptance of Terms and Contact Information I hereby accept the terms indicated in the Food Distribution Program section of this agreement and authorize the persons whose signature are shown below to sign original copies of receipts, acceptances, and other papers concerning USDA Foods allocated. I understand that this authorization does not relieve me of the responsibility to make sure that the USDA Foods are accepted and used in accordance with the regulations set forth in the agreement and more fully explained in directives issued from time to time from the State Agency.	
<input type="button" value="Select"/> <input type="button" value="Accept"/> <input type="button" value="Decline"/>	

 **Note: Sponsors/SFAs may refuse this option by entering “Decline” in the drop down. If “Accept” is chosen the Food Distribution Program personnel contacts table must be completed.**

2. Enter the names of the **Food Distribution Program** personnel contacts in the table. This information is required if “Accept” was selected in Step 1 above. Sponsors can add additional contacts if needed.

a) Click in the First Name field of the first contact and enter the **First Name**.



- b) Click in the Last Name field and enter the **Last Name**.
- c) Click in the Title field and enter the **Title**.
- d) Click in the Email field and enter a valid **Email** address.
- e) Click in the Phone Number field and enter a **Phone Number**.

FDP Authorized Personnel Contact ?

Provide names of all personnel authorized to sign original copies of receipts, acceptance, and other documentation concerning USDA food allocation under Authorized Signer.
Provide the names of personnel members who are designated contacts concerning allocation, pick-up, ETC., or USDA Foods under Contact.

Delete	Contact Description	First Name *	Last Name *	Title *	Email *	Phone Number *	Extension	Fax	Address Line 1	Address Line 2	City	State	Zip Code	Ward
	Authorized Signer *	James	Peterson	Treasurer	james.peterson@gmail.com	(202) 555-1212								
	Contact *	Margaret	Callahan	Secretary	margaret.callahan@gmail.com	(703) 555-1212								

After deleting a row, Please Save.

Civil Rights Affirmation

Review and Accept the Civil Rights Affirmation document.

1. Click on the **Civil Rights Affirmation** hyperlink and review this document.

Civil Rights Affirmation Application ID: NL16170001 - Draft

Please confirm that you have read and are in compliance with the Civil Rights Affirmation statement. * Select ▾



Health and Wellness Division

PRE-AWARD CIVIL RIGHTS STATEMENT

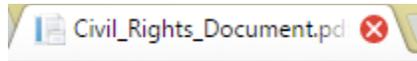
USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

2. Click the red "X" to close the hyperlink and continue the application.





- Click on **Select** to Accept/Decline the information presented in the Pre-Award Civil Rights Statement document.

Civil Rights Affirmation Application ID: NL16170001 - Draft

Please confirm that you have read and are in compliance with the Civil Rights Affirmation statement. *

Pre-award Civil Rights Questions

Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.

Pre-Award Civil Rights Questions

- Answer **Yes** or **No** to the questions posed in this section. All questions require a Yes or No answer.

NSLP Meal Counting and Claiming Procedures ?

Indicate whether each counting and claiming method is used. Any changes in counting methods must be reported to the State Agency.

Verbal identification by either the cashier or the student. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Point of service (POS) at the end of the serving line. *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Eligibility codes prevent overt identification. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Back-up procedures are in place. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Field trip procedures in place to maintain food safety and proper accountability. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
POS documents available at all serving locations (i.e. classrooms, carts, salad bars). *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Roster returned to food service manager at the end of meal service. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Meal service data entered into system. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Sample of roster provided for use (i.e. daily roster and/or back-up procedures). *	<input checked="" type="radio"/> Yes <input type="radio"/> No

- Enter the number of complaints or civil rights lawsuits filed against your Sponsor/SFA.
 - When "0" is retained, the field below will not be editable.



How many complaints or civil rights lawsuits have been filed against the SFA? (if more than zero complaints have been filed – please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified. 0

b) When a number is entered, the field below will become editable to the user to explain the details of the lawsuit(s).

How many complaints or civil rights lawsuits have been filed against the SFA? (if more than zero complaints have been filed – please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified. 1

Serving issues |

Race Category

Enter the Race Counts as displayed in this table. The percentage will calculate automatically after leaving the field. This count should match the total student count of all sites.

Race	Race Count	Percentage
American Indian or Alaskan Native	4	8.89 %
Asian	20	44.44 %
Black or African American	17	37.78 %
Native Hawaiian or other Pacific Islander	4	8.89 %
White		
Two or More Races		
Unknown		
Total: 45		Total: 100.00 %

Ethnicity Category

Enter the Ethnicity counts as displayed in this table. The percentage will calculate automatically after leaving the field. This should match the total student count of all sites.

Ethnicity	Ethnic Count	Percentage
Hispanic or Latino		
Non-Hispanic or Latino	45	100.00 %
Total: 45		Total: 100.00 %

NSLP Forms & Uploads

Document titles with an asterisk are required to complete the application. Others are required to meet certain conditions to ensure application approval. Some documents can be found in **Reports/Downloads/Documents and Templates** option of Orchard.



If there are multiple documents to be uploaded, scan into one document then upload.

3. Select **Choose File (or Browse)** to upload the file.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
W-9 *	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>



Note: Only Excel, PDF or Word files can be uploaded.

4. Click on the file name on your local computer and click **Open**.
5. Continue selecting files as needed.
6. Click **Save** to save the uploaded files. The file will move to the **Download Link** column where it can be viewed by clicking on the hyperlink.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
W-9 *	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	hope.xlsx	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

7. Add **Notes** to be read by your State Agency DHW Specialist if desired.
8. To remove an uploaded document, click the icon.



Note: The State Agency DHW Specialist will review all uploaded files once the application is submitted. They will click the verification checkbox and add any comments regarding the uploaded document(s). These fields cannot be edited by the sponsor/SFA.

9. Click **Save** and then click the **Validate** button to ensure no errors are found on the Application tab.



SM Forms & Uploads

Special Milk (SM) forms & uploads differ than those for NSLP. The following uploads are needed for the SM application. As before, those documents with an asterisk are required.

Document Uploads				
Title	Download Link	Verification	Specialist Comments	Notes
W-9 *				
ACH Vendor Payment Enrollment Form *				
Master Supplier Information Collection Template *				
Basic Business License (for all sites) *				
Certificate of Occupancy (for all sites) *				
Disclosure of Lobbying Activities *				
Drug-Free Workplace *				
501-C (3) - (Private Schools only)	test.pdf	Pending Review		
Misc. Upload	test.pdf	Invalid		
Ratified Approved Document				

9. Special Milk Addition to Application Tab

The Application tab contains an additional data window that must be completed by the sponsor/SFA for Special Milk (SM). Located in the Meal Enrollment section of the page, this table will display only when the program application is for Special Milk.

Special Milk	
Is free milk available to all eligible children?	Yes
Is any cost claimed for operating the special milk program?	Yes

Users will select **Yes or No** to the questions asked.

10. Completing the NSLP Application – Review & Submit

Orchard

Application ID: NL16171125
Status: Draft

Home Library- Reports- Applications Management- Help- User: Charles Chips Logoff

General Information Site Management Application **Review & Submit**

Review the complete application. If any changes are needed, click on the **General Information** tab to edit the information entered, click the **Site Management** to upload a new SIF and then click on the **Application** tab to edit the information entered.

Hope Community PCS Tax ID: 331101817

Submit Delete

Validation Summary ?

Data Not Available

Contact Information ?

Enter the name of the primary contact for this Sponsor/SFA. Click **DUNS** and **SAMS** if additional information or clarification is needed when entering these field values.

First Name *	Last Name *	Title *	Phone Number *	Extension	Fax	Email	DUNS *	SAMS Expiration Date *
Linda	Callahan	Superintendent	(202) 722-4421	111		(202) 722-4431 lcallahan1@aol.com	TTTTTTTTTT	12/27/2016

Reviewing the Application Entries

The **Review & Submit** tab displays all information entered from the onset of application preparation. The data viewed in this display cannot be edited. Editing must be completed on the tab containing the original information entry.

1. Review all information presented in this display.
2. If Validations have occurred through each step of the application completion process this tab will not display a **Validate** button.

Understanding the State Entries

At the bottom of the page there will be information that is entered during review of the application by the State Agency. This information cannot be edited by the Sponsor/SFA.



Sponsor Information (Only editable by Specialist)				
Questions	Confirmation	Percentage %	Effective Date	Expiration Date
Has this Sponsor been approved by the State Agency to receive an additional 0.02 cents Certification?	Select			
Has this Sponsor been approved by the State Agency to receive an additional 0.05 cents Certification?	Select			
Has this Sponsor been approved to participate in Community Eligibility Provision (CEP) (enter CEP % in % column)	Select	0.0 %		
Has this Sponsor been approved to participate in Provision 2?	Select			
Does this sponsor receive Intra-District funds?	No			
Is this sponsor eligible to receive USDA Commodity Foods?	Select			
Has the State Agency provided this Sponsor with a USDA Food Acceptance Estimate?	Select			

Application Log

At the bottom of this page, an Application Log will display. This is the same log which displays when the status of the application is selected in the dashboard. It is a history of all status changes to the application after initial submission:

1. **Submitted** – The application has been submitted for State Agency approvals.
2. **In Review** – The application is under review by the State Agency.
3. **Pending Final Review** – Passed the State Agency review and is forwarded to manager for final approval.
4. **Recall Request** – After submission and some or all site data approved; user request to make additional edits.
5. **Returned for Modification** – The application was returned by State Agency for edits to sponsor or site information.
6. **Ratified** – All approvals received resulting in a ratified contract.

Application Log			
Action	Comments	Modified By	Modified Date
Returned for Modification		OSSE Specialist User2	07/25/16 8:36:22 AM
Recall Requested		Capital City	07/25/16 8:35:05 AM
Submitted		Capital City	07/21/16 9:36:10 AM
Returned for Modification		OSSE Specialist User2	07/21/16 9:35:22 AM
Recall Requested		Capital City	07/21/16 9:34:47 AM
Submitted		Capital City	07/21/16 9:29:00 AM
Returned for Modification		OSSE Specialist User2	07/21/16 9:13:21 AM
Recall Requested	Application contact is leaving for a family emergency. Need to enter a different contact for any questions about our application.	Capital City	07/21/16 9:06:41 AM
Submitted		Capital City	07/21/16 7:29:35 AM

Application Submission – Confirming the Submission

1. Click on the **Review & Submit** tab.
2. Click the **Submit** button.
3. Click the checkboxes as shown.



4. Add comments – These will be included in the **Application Log** for review by the State Agency.
5. Click **Accept & Submit**.

SUBMISSION

Acknowledge and certify your agreement to the statements below by checking the corresponding boxes.
Fields marked with an asterisk(*) are required.

I certify and acknowledge compliance with the DC Healthy Schools Act of 2010.	<input checked="" type="checkbox"/>
I certify that to the best of my knowledge and belief, all information in this application is true and correct in all respects, that records are available to support this application; I recognize that I will be fully responsible for any excess inaccurate information which may result from erroneous or neglectful information herein.	<input checked="" type="checkbox"/>
I certify that I have read the Permanent Agreement and agree to it's terms. Once this application is ratified, the application approval letter will be visible on the dashboard.	<input checked="" type="checkbox"/>

Comments / Notes:

6. Click **OK** to confirm the submission.

Your application has been submitted to the State Agency. You may view status on the Application Dashboard.

 **Note: Once the application is submitted, no further editing is allowed by the Sponsor/SFA. If corrections need to be made, the application is available for RECALL up to the time it is ratified by the Manager. See Section 11. Application Recall.**

7. Review the dashboard **Pending Review** status.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Pending Review	10/11/2016 9:54 AM	10/12/2016 6:21 AM	Charles Chips		Print	

- Review the Application Log for submission history located below the dashboard. Click the status to display the log.

Action	Comments	Modified By	Modified Date
Submitted		Charles Chips	10/12/16 6:21:36 AM

11. Application Recall

The application can be recalled up to the point it is ratified by the State Agency. Once the recall is initiated, it displays a request for recall at the State level. To further qualify why the recall has been requested the sponsor/SFA will add detailed comments before the request is submitted.

Recall before Ratification

- Click on the **Application ID** in the dashboard.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #
NL16170203	2016/2017	NSLP	Pending Review	7/18/2016 7:03 AM	7/21/2016 7:29 AM		

- Click on the **Review & Submit** tab.

- Click the “**recall**” button.

The screenshot shows the Orchard Applications Management web interface. At the top left is the Orchard logo. The top right shows the application ID (ML16171125) and status (Pending Review). The navigation menu includes Home, Library, Reports, Applications Management, and Help. The user is identified as Charles Chips. The main content area has tabs for General Information, Site Management, Application, and Review & Submit. A message prompts the user to review the application. A red box highlights the 'Recall' button. Below is a 'Validation Summary' section with the text 'Data Not Available'.

- Orchard will ask if you are sure you want to recall the application.

The dialog box asks 'Are you sure you want to Recall the application?' and prompts for a 'Reason for recall:' with a text input field. At the bottom right are 'Yes' and 'No' buttons.

- Enter a detailed reason for the recall.

The dialog box is the same as in the previous step, but the text input field now contains the following text: 'Application contact is leaving for a family emergency. Need to enter a different contact for any questions about our application.' A red box highlights this text. The 'Yes' and 'No' buttons are still visible at the bottom right.

- Click **Yes** to request the recall; or click **No** to cancel the recall request.

Are you sure you want to Recall the application?

Reason for recall:

Application contact is leaving for a family emergency. Need to enter a different contact for any questions about our application.

Yes No

- The request will be sent to your State Agency DHW specialist or the State Agency DHW Manager (depending on where the application is in the workflow). The Application Status in the dashboard will display “**Recall Requested**”.

The screenshot shows the Orchard Applications Management Dashboard. At the top left is the Orchard logo. The navigation bar includes Home, Library, Reports, Applications Management, and Help. The user is identified as Charles Chips. The dashboard title is 'Dashboard'. Below it is the 'Applications Summary' section with a table of application records. The table has columns for Application ID, Program Year, Program Name, Application Status, Created Date, Modified Date, Modified By, Ratified Contract #, Print, and Approval Letter. The first row shows Application ID NL16171125, Program Year 2016/2017, Program Name NSLP, and Application Status Recall Requested. A 'Create Application' button is visible at the bottom right.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Recall Requested	10/11/2016 9:54 AM	10/12/2016 8:24 AM	Charles Chips		Print	

The State Agency DHW Specialist or Manager will either allow or not allow the recall. Once approved for recall, the Application Status in the dashboard will change to **Returned for Modification**.

This screenshot is similar to the previous one but shows the application status updated to 'Returned for Modification'. The table now shows Application ID NL16171125, Program Year 2016/2017, Program Name NSLP, and Application Status Returned for Modification. The Modified Date is now 10/12/2016 8:26 AM and the Modified By is OSSE Specialist User1. The 'Create Application' button remains at the bottom right.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Returned for Modification	10/11/2016 9:54 AM	10/12/2016 8:26 AM	OSSE Specialist User1		Print	

- Make the changes then click on the **Review & Submit** tab.
- Click the **Submit** button.
- Click **Accept & Submit**.



SUBMISSION

Acknowledge and certify your agreement to the statements below by checking the corresponding boxes:
Fields marked with an asterisk(*) are required.

I certify and acknowledge compliance with the DC Healthy Schools Act of 2010.	<input checked="" type="checkbox"/>
I certify that to the best of my knowledge and belief, all information in this application is true and correct in all respects, that records are available to support this application; I recognize that I will be fully responsible for any excess inaccurate information which may result from erroneous or neglectful information herein.	<input checked="" type="checkbox"/>
I certify that I have read the Permanent Agreement and agree to it's terms. Once this application is ratified, the application approval letter will be visible on the dashboard.	<input checked="" type="checkbox"/>

Comments / Notes:

Accept & Submit
Decline

10. Click **OK** to confirm the submission.

Your application has been submitted to the State Agency. You may view status on the Application Dashboard.

OK

11. The dashboard status will return to "Pending Review".

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Pending Review	10/11/2016 9:54 AM	10/12/2016 8:27 AM	Charles Chips		Print	

12. The Application Log at the bottom of the Dashboard page will track the recall and return. Click the Application Status hyperlink to view the log.

Action	Comments	Modified By	Modified Date
Submitted		Charles Chips	10/12/16 8:27:43 AM
Returned for Modification		OSSE Specialist User1	10/12/16 8:26:28 AM
Recall Requested	Application contact is leaving for a family emergency. Need to enter a different contact for any questions about our application.	Charles Chips	10/12/16 8:24:59 AM
Submitted		Charles Chips	10/12/16 8:21:36 AM

Recall after Site Approvals

1. Each site under the Site Management tab is approved separately. Before approval by the State Agency, the status will display “Pending”.

Status	Site ID	Site Name	Address	City	Zip	Phone	Fax	Contact Name	Title	Email	Phone	Area Eligibility School
Pending	8626	...	100 PEABODY STREET NW	Washington DC	20011	(202) 562-1214		Tanya Tilghman	Director of Operations	michaeltnguyen@dcgov	(202) 604-5883	

2. After approval by the State, the status changes to **Approved**.

Status	Site ID	Site Name	Address	City	Zip	Phone	Fax	Contact Name	Title	Email	Phone	Area Eligibility School
Approved	8626	...	100 PEABODY STREET NW	Washington DC	20011	(202) 562-1214		Tanya Tilghman	Director of Operations	michaeltnguyen@dcgov	(202) 604-5883	

3. After initiating a recall and the site status is “approved” no edits can be made to the uploaded SIF containing the “approved” site. If edits are needed, contact your State Agency DHW Specialist to **Unapproved** the site; then you can upload the corrected SIF.

12. Reviewing the Ratified Contract

After the contract is ratified, the dashboard will show the status “**Ratified**” with the Contract #. The Application can still be reviewed but no additional editing is permitted.

13. Printing the Program Application

The full application can be printed at any time by selecting the **Print** hyperlink on the dashboard.

Dashboard

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL16171125	2016/2017	NSLP	Pending Review	10/11/2016 9:54 AM	10/12/2016 8:27 AM	Charles Chips		Print	

The command creates a view which can be converted to a .pdf file. Below is a sample of the output.

Orchard
 District of Columbia Office of the State Superintendent of Education

Program Name: NSLP
 Sponsor: [Redacted]
 Address: [Redacted]

DUNS: 123456789
 Phone: (555) 555-5555

Application Number: NL16171208
 Ratification Number: NL1626392
 Tax ID: 200126500

General Information
 Sponsor/SEA Contact Information
 Name: John Doe
 Phone Number: (555) 555-5555
 Ext: 123
 Title: Operators Mgr
 Fax: (555) 555-5555
 SAMS Expiration: 08/27/2016
 Email: jdoe@achievetprep.org

Sponsor Types:
 After School Program
 Public Charter School

Contacts and Addresses

Physical
 Name: [Redacted]
 Address: 905 WAHLER PLACE SE
 WASHINGTON DC 20002
 Ward: 8
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

W9
 Name: [Redacted]
 Address: 905 Wahler Place, SE 2nd floor
 Washington DC 20002
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Mailing
 Name: [Redacted]
 Address: 905 WAHLER PLACE SE
 WASHINGTON DC 20002
 Ward: 8
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Master Supply List
 Name: [Redacted]
 Address: 905 Wahler Place, SE 2nd floor
 Washington DC 20002
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Payment Address
 Name: Sharede Wright
 Address: 905 WAHLER PLACE SE
 WASHINGTON DC 20002
 Ward: [Redacted]
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: [Redacted]
 Mail Code: 103

Claims Authorized Signature / Third Party Authorization

Contact Type	Name	Title	Phone Number	Extension	Email
Authorized Signer	clerger sign		(555) 555-5555		clerger@achievetprep.org
Authorized Signer	adfa adfa		(555) 555-5555	123	adfa@achievetprep.org

Public Release

Date Release	Name of news media used for publication
6/10/2016	Washington Post

Budget and Funding Document Uploads

Title	Download Link	Notes	Verification	Specialist Comments

Site Management

SIF Upload History

Upload Date	File Name
Aug 2 2016 3:10PM	Achievement PrepSIF - UAT.xlsx
Aug 2 2016 2:52PM	Achievement PrepSIF - UAT.xlsx
Aug 2 2016 2:44PM	Achievement PrepSIF - UAT.xlsx

SIF Summary

Status	Site ID	Site Name	Site Phone	Contact Name	Email
Approved	10481	[Redacted]	(202) 679-6169	Michael Nguyen1	11simple@achievetprep.org
Approved	10319	[Redacted]	(202) 679-6169	Michael Nguyen1	michaelnguyen@achievetprep.org
Approved	10563	[Redacted]	(443) 542-3192	Ruth Virgnet	ruthvirgnet1@achievetprep.org
Approved	10554	[Redacted]	(202) 679-6169	Michael Nguyen1	11lgaman@achievetprep.org

Application

Application Contact Information
 Name: Linda Callahan
 Address: 345 Fourth Street
 Washington DC 20002
 Ward: 2
 Title: President
 Phone Number: (202) 555-7777
 Extension: [Redacted]
 Fax Number: (202) 888-7778

Program Selected

Program Selection	Selected?
National School Lunch Program (NSLP)	<input type="checkbox"/>
School Breakfast Program (SBP)	<input type="checkbox"/>

Page # 1 of 4

To create the .pdf, click on the blue disc and select PDF from the dropdown.

Orchard
 District of Columbia Office of the State Superintendent of Education

Program Name: NSLP
 Sponsor: Hope Community PCS
 Address: 2917 8TH STREET NE
 WASHINGTON DC 20017

Application Number: NL16171125
 Ratification Number: [Redacted]
 Tax ID: 331101817

File Export Options:
 XML file with report data
 CSV (comma delimited)
PDF
 MHTML (web archive)
 Excel
 TIFF file
 Word

After the PDF file opens it can be saved for further review.



14. Attachment A – Site Information Form (SIF) Template

Site Information Form (SIF) Template

Last Updated 6/30/16

 Site Information Form (SIF) SY16-17 National School Lunch Program		Month / Yr Aug/Sept 2016							
Site ID	Site Name <i>(Complete Spelling)</i>	Address	City	Zip	Phone	Fax	Contact Name		
 Site Information Form (SIF) SY16-17 National School Lunch Program		General Information							
Site ID	Site Name <i>(Complete Spelling)</i>	Title	Email	Phone	Area Eligibility School	Address			
 Site Information Form (SIF) SY16-17 National School Lunch Program					License				
Site ID	Site Name <i>(Complete Spelling)</i>	City	Zip	Ward	BBL-site -112A Expiration Date	License No.	Certificate of Occupancy (CO) Issue Date		



 Site Information Form (SIF) SY16-17 National School Lunch Program		information					Hours of School Operation		Dates of Progr		
Site ID	Site Name <i>(Complete Spelling)</i>	CO Permit No.	Requested Amended CO	1st Health Inspection Issue Date	2nd Health Inspection Issue Date	Start	End	Start Date			
 Site Information Form (SIF) SY16-17 National School Lunch Program		Operating Data									
am Operation		Days of Program Operation									
Site ID	Site Name <i>(Complete Spelling)</i>	End Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Jan	Feb
 Site Information Form (SIF) SY16-17 National School Lunch Program		Number of Food Service Days									
Site ID	Site Name <i>(Complete Spelling)</i>	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
 Site Information Form (SIF) SY16-17 National School Lunch Program											
Site ID	Site Name <i>(Complete Spelling)</i>	Community Eligibility Provision (CEP) Site	Provision 2	Head Start	Reg. Breakfast / Severe Need Breakfast	Snack	At Risk Supper				

 Site Information Form (SIF) SY16-17 National School Lunch Program		Meal Service									
		Participation									
Site ID	Site Name <i>(Complete Spelling)</i>	Summer Meal Service	Family Style	Offer vs. Serve Pk-5	Offer vs. Serve 6-8	Identify the food preparation method					
 Site Information Form (SIF) SY16-17 National School Lunch Program						(Pricing Sites Only)					
						Breakfast Prices (PRV only)		Lunch Prices			
Site ID	Site Name <i>(Complete Spelling)</i>	Vendor Name (If appl)	Pricing / Non Pricing		Reduced	Paid	Reduced	Paid			
 Site Information Form (SIF) SY16-17 National School Lunch Program		Meal Times									
		Breakfast		Lunch		Snack		At Risk Supper			
Site ID	Site Name <i>(Complete Spelling)</i>	Start	End	Start	End	Start	End	Start	End	Free	
 Site Information Form (SIF) SY16-17 National School Lunch Program		FRP Data									
Site ID	Site Name <i>(Complete Spelling)</i>	Reduced	Paid	Total	PK3	PK4	K	1st	2nd	3rd	4th

		Enrollment									
Site Information Form (SIF) SY16-17		Grade Specific Enrollment Data									
<u>National School Lunch Program</u>											
Site ID	Site Name <i>(Complete Spelling)</i>	5th	6th	7th	8th	9th	10th	11th	12th	Adult Educated/ Ungraded	Total





15. Attachment B – SIF Field Length Chart

Column Headers			Column Format	Field Max Size
Mouse over the left corner triangles to view more information.				Any data after Max size will be truncated
		Site ID	number	5
Site Information Form (SIF) SY16-17	<u>National School Lunch Program</u>	Site Name <i>(Complete Spelling)</i>	Text	50
		Address	Text	100
Month / Yr	Aug/Sept 2016	City	Text	20
General Information		Zip	Text	10
		Phone	Text	14
		Fax	Text	14
		Contact Name	Text	20
		Title	Text	40
		Email	Text	40
		Phone	Text	14
		Area Eligibility School	Text	20
		Address	Text	100
		City	Text	20
		Zip	Text	10
		Ward	Number	2
Operating Data		BBL-site -112A Expiration Date	Date	



		License No.	Text	12	
		Certificate of Occupancy (CO) Issue Date	Date		
		CO Permit No.	Text	10	
		Requested Amended CO	Text	3	
		1st Health Inspection Issue Date	Date		
		2nd Health Inspection Issue Date	Date		
		Hours of School Operation	To	Time	
			From	Time	
		Dates of Program Operation	Start Date	Date	
			End Date	Date	
		Days of Program Operation	Mon	Text	3
			Tues	Text	3
			Wed	Text	3
			Thur	Text	3
			Fri	Text	3
			Sat	Text	3
			Sun	Text	3
		Number of Food Service Days	Jan	Number	4
			Feb	Number	4
			Mar	Number	4
	Apr		Number	4	
	May		Number	4	
	Jun		Number	4	
	Jul		Number	4	
	Aug		Number	4	
	Sept		Number	4	
	Oct		Number	4	
	Nov		Number	4	
	Dec		Number	4	



Meal Service	Participation	<u>Community Eligibility Provision (CEP) Site</u>	Text	3
		<u>Provision 2</u>	Text	3
		<u>Head Start</u>	Text	3
		<u>Reg. Breakfast / Severe Need Breakfast</u>	Text	20
		<u>Snack</u>	Text	3
		<u>At Risk Supper</u>	Text	3
		<u>Summer Meal Service</u>	Text	40
		<u>Family Style</u>	Text	3
		<u>Offer vs. Serve Pk-5</u>	Text	3
		<u>Offer vs. Serve 6-8</u>	Text	3
		<u>Identify the food preparation method</u>	Text	70
		<u>Vendor Name (If appl)</u>	Text	30
		<u>Pricing / Non Pricing</u>	Text	20
		(Pricing Sites Only)	Breakfast Prices (PRV only)	<u>Reduced</u>
<u>Paid</u>	USD			\$99.99
Lunch Prices	<u>Reduced</u>		USD	\$99.99
	<u>Paid</u>		USD	\$99.99
Meal Times	Breakfast	<u>To</u>	Time	
		<u>From</u>	Time	
	Lunch	<u>To</u>	Time	
		<u>From</u>	Time	
	Snack	<u>To</u>	Time	
		<u>From</u>	Time	
	At Risk Supper	<u>To</u>	Time	
		<u>From</u>	Time	
	FRP Data	Free	Number	



Grade Specific Enrollment Data	Reduced	Number
	Paid	Number
	Total	Number
	PK3	Number
	PK4	Number
	K	Number
	1st	Number
	2nd	Number
	3rd	Number
	4th	Number
	5th	Number
	6th	Number
	7th	Number
	8th	Number
	9th	Number
10th	Number	
11th	Number	
12th	Number	
Adult Educated/ Ungraded	Number	
Total	Number	



16. Attachment C – Validation Errors

Location	Message
General Information - Contact Information	All the required fields in Contact Information must be entered
General Information - Contact Information	SAMS Expiration Date must be entered
General Information - Contact Information	SAMS expiration date cannot be in past. Please provide valid date.
General Information - Claims Authorized Signatures/Third Party Authorizations	User has to enter at least two Authorized Signer contacts
General Information - Claims Authorized Signatures/Third Party Authorizations	All the required fields in Claims Contact must be entered
General Information - Public Notification	Public Notification file upload is required.
General Information - Public Notification	User has to enter at least one media release
General Information - Contacts and Addresses	All the required fields in Contacts and Addresses must be entered
Site Management - Uploaded SIF	No site information found in the SIF
Site Management - Uploaded SIF	No site information in the SIF upload
Site Management - Uploaded SIF	Duplicate records found for site(s): <list of sites>
Site Management - Uploaded SIF	All previously approved sites for this application must remain on the SIF. Please add site(s): <list of sites>
Site Management - Uploaded SIF	Data in the SIF does not match approved site(s): <list of sites> in the uploaded SIF; contact the OSSE to Unapprove the Approved site if changes are needed.
Site Management - Uploaded SIF	Invalid site(s): <list of sites> in the SIF upload
Site Management - Uploaded SIF	Site ID is missing for: <list of site names>
Site Details - Special Milk	The Total Enrollment value is missing or zero for the sites <list of sites> . The Total Enrollment value must be entered.
Site Details - Special Milk	The Total number of children eligible for free milk value is missing or zero for the sites <list of sites> . The Total number of children eligible for free milk value must be entered.
Site Details - Special Milk	The License Capacity value is missing or zero for the sites<list of sites>. The License Capacity value must be entered.
Site Details - Special Milk	The total enrollment value for the sites <list of sites> exceeds the current year total enrollment. The total enrollment value can not exceed the current year total enrollment value.
Application - Policy Statement Confirmation	Policy Statement must be accepted
Application - Pre Award Civil Rights Questions	Pre Award Civil Rights questions must be answered
Application - Policy Statement Contacts	All the required fields in Policy Statement Contacts must be entered
Application - FDP Authorized Personnel Contact	All the required fields in Authorized Personnel Contacts must be entered
Application - Forms & Uploads	All the required documents must be uploaded
Application - NSLP Meal Counting and Claiming Procedures	NSLP Meal Counting and Claiming Procedures need to be answered
Application - Counting and Claiming Methods	NSLP program selected but no Counting and Claiming Method entered for Lunch
Application - Counting and Claiming Methods	SBP program selected but no Counting and Claiming Method entered for Breakfast
Application - Counting and Claiming Methods	ASP program selected but no Counting and Claiming Method entered for After-School Snack
Application - Counting and Claiming Methods	CACFP program selected but no Counting and Claiming Method entered for CACFP At-Risk Supper
Application - Race Category	Race Count Total must match the Total Students Enrolled
Application - Ethnicity Category	Ethnicity Count Total must match the Total Students Enrolled
Application - Accountability & Collection	Accountability & Collection Statement must be accepted
Application - Civil Rights Affirmation	Civil Rights Statement must be accepted
Application - USDA Food Acceptance Agreement	USDA Food Acceptance Agreement must be accepted/declined
Application - Application Contact Information	All the required fields in Application Contact must be entered
Application - Civil Rights lawsuits	Civil Rights lawsuits must be explained

