



Orchard National School Lunch Program (NSLP) Application Renewals

Version 1.0

July 2017



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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 highlight those areas of the agreement that will need to be updated in order to renew the National School Lunch Program (NSLP) contract. Some information has been retained and will prepopulate the renewal application; however many of these prepopulated fields can be edited if the information has changed.



This modified guide assumes users have read and understand navigation features explained within the Applications Processing User Guides located under the Help menu of Orchard.

A. Renewal Highlights

- A new Site Information Form (SIF) has been developed and is required for all initial applications & renewals (available under Library/Download/Documents and Templates).
- Designation of an Area Eligibility School previously in the SIF will now be determined by the assigned specialist.
- The Validate button has been removed. When the page is saved it will automatically validate the information on the current page (tab) and all tabs of the application. The consolidated list of validation errors is located on the Review & Submit tab. The validations provide a listing of all required information / documentation for submission purposes.
- Designated documentation from prior year applications that were verified by the State Agency carry forward into the application renewal and do not need to be uploaded again for unless sponsors need to renew or add or update documentation. (Required documents not shown as verified will still need to be uploaded.)
- **Uploading ZIP files:** This capability is now available for large / multi-site file organization. Applicants with multi-sites are encouraged to organize documents such as basic business licenses and certificates of occupancies in zip filed labeled according to site names.
- SAMS Registration document upload is required for all renewals. A reference guide is available under the Library tab / Downloads & Templates. A link to obtain the organizations registration details is available on the General Information tab within the application.

B. Home Page Menu Options

Library



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

Directories

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/Directories/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 Wähler 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. Use the column heading filter to search for a specific sponsor.

Downloads

Click **Library/(Download) Documents and Templates** 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.



Directories
Site Directory

Download
Documents and Templates

Welcome to the Division of Health & Wellness Website

1. Click **Library/(Download) Documents and Templates**. Documents are categorized by program and by **General Information** needed for all programs.
2. Click on the **Download** hyperlink of the document you want to view or complete.



The Site Information Form (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.

General Documents

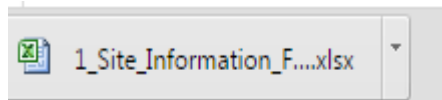
ACH Form	Download
Master Supply Form	Download
Permanent Agreement	Download
W-9	Download

[National School Lunch Program \(NSLP\) Documents](#)

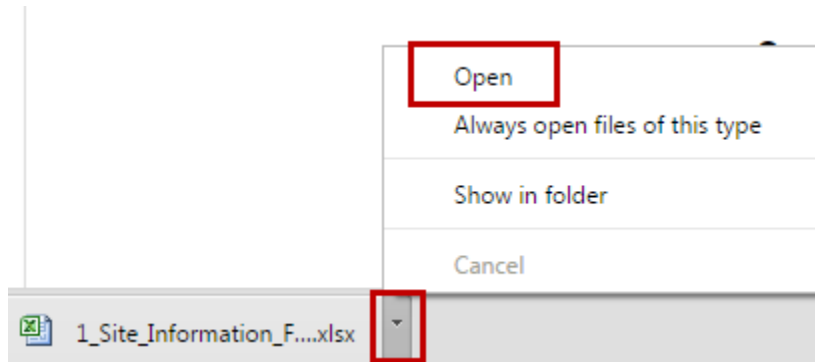
[Summer Food Service Program \(SFSP\) Documents](#)

[Local Wellness Policy \(LWP\) Documents](#)

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



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



- 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



District of Columbia Office of the
State Superintendent of Education



Home Library- Help

Login

Help and Feedback
Orchard Help
Forgot Your Password

Welcome to the Division of Health & Wellness Website

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



Orchard Help

OSSE Call Center

For technical issues related to these applications please call 202-719-6500. Technicians are standing by Monday through Friday 8 a.m. to 5 p.m. to answer your technical questions.

Application Management User Guides

[National School Lunch Program \(NSLP\) and Special Milk \(SM\) Application Preparation](#)

[Summer Food Service Program \(SFSP\) Application Preparation](#)


Contract Amendment Guides

[National School Lunch Program \(NSLP\) and Special Milk \(SM\) Document Uploads and SIF Changes](#)

Please direct all program related questions to your assigned program specialist. Orchard related inquiries should be directed to osse.orchard@dc.gov.

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



District of Columbia Office of the State Superintendent of Education 

[Home](#) [Library](#) [Help](#)

[Login](#)

Forgot your password?

Enter your login email ID for Orchard


Login Email ID
[Email Link](#)

Nutrition Management



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



District of Columbia Office of the State Superintendent of Education 

[Home](#) [Library](#) [Nutrition Management](#) [Help](#)

[Logoff](#)

- Agreements
- Applications**
- Contracts

Welcome to the Division of Health & Wellness Website

Select **Nutrition Management/Applications** – to begin the Application process.



Dashboard

Applications Summary ?

The Applications Summary dashboard list applications that are initiated but not yet approved by the State Agency.

- Click the **Create Application** button to start an application.
- Click the **Application ID** link to access the corresponding application.
- Click the **Application Status** link to view corresponding application log information.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL17191264	2017/2018	NSLP	Draft	6/23/2017 10:13 AM	6/23/2017 10:13 AM	Center City		Print	

[Create Application](#)

Select **Nutrition Management/Contracts** to view the current ratified contract version and amendments created throughout the year.

Contracts Summary ?

The Contracts Summary dashboard lists applications that were processed and approved by the State Agency. These applications are ratified contracts. A summary of the contracts are listed below. The option to amend or manage documents is associated with each contract for the current School Year (SY).

- Click the button under the **Amendment** column to create an amendment or view amendment in its current state.
- Click the button under the **Document Management** column to manage contract related documents.
- Click the **Contract No.** link to view the Contract History Log panel below the table.
- Click the **Print** link to view and print the Contract.
- Click the **Approval Letter** link to view and print the associated Approval Letter.

Amendment	Document Management	Contract No.	Program	Version No.	Date Approved	Print	Approval Letter
Create	Manage	NL16824573	NSLP	2	6/27/2017	Print	



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



2. Glossary of Terms

A. National School Lunch Program (NSLP) Subpart B - General

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

B. National School Lunch Program (NSLP) Subpart B – Reimbursement Process

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

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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 alternatives 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

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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:

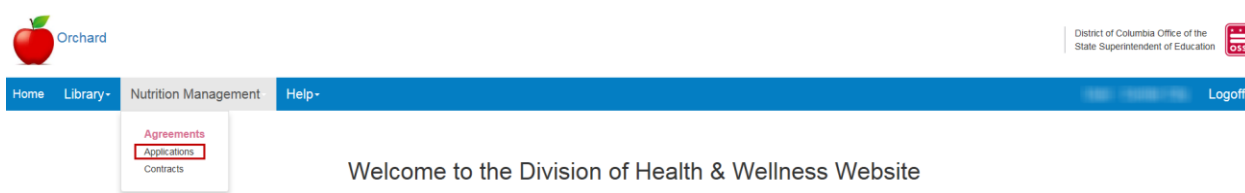
http://www.ecfr.gov/cgi-bin/text-idx?SID=bbf8cfb5f9177e5812bd298773f57ba0&mc=true&node=se7.4.210_18&rgn=div8

3. Orchard Contract Renewals

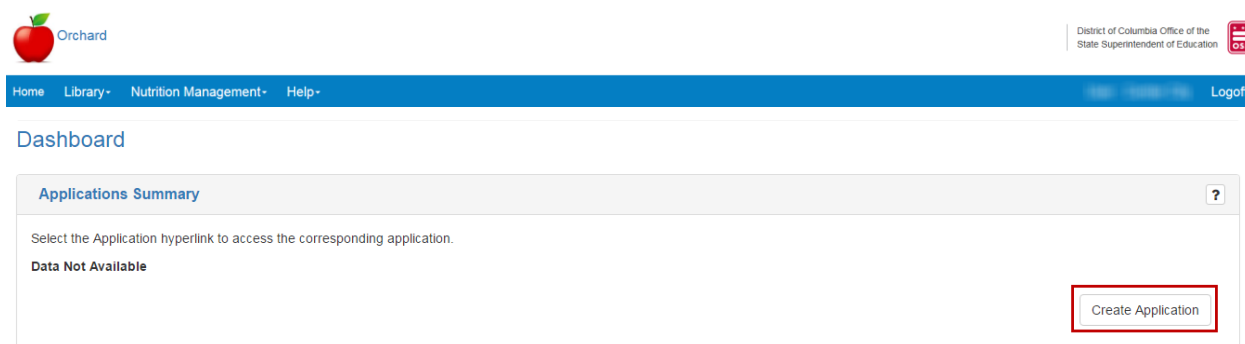
There is a preapproval process by the State Agency prior to completing meal program applications in Orchard. However, if an application was submitted in the previous school year, the information will prefill the Orchard dashboard. New programs not applied for last year can be added if first approved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

A. Beginning the Renewal Application

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



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



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

Program Selection

Please choose a program from the below options.

Special Milk

National School Lunch Program

Summer Food Service Program

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

Program Selection

Please choose a program from the below options.

Special Milk

National School Lunch Program

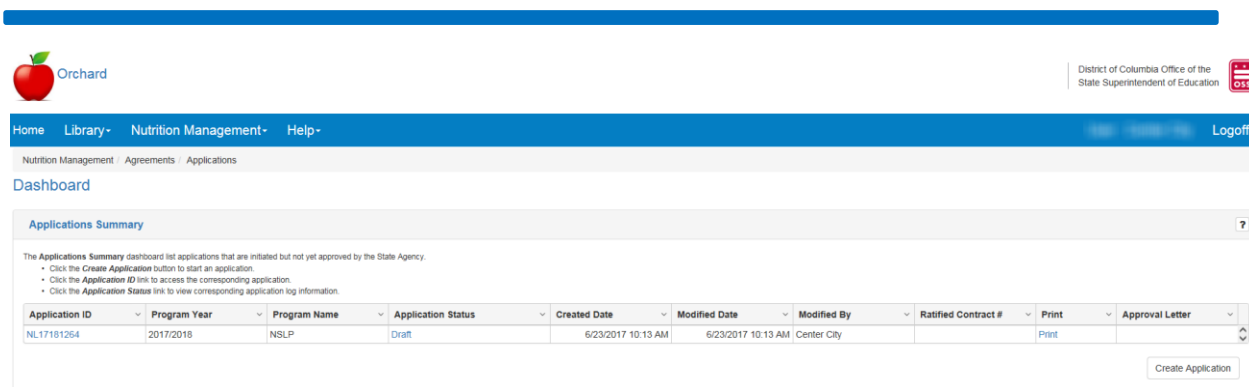
Summer Food Service Program

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

5. Click **Nutrition Management/Applications** to review the dashboard entries.

B. Understanding the Applications Summary 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 or sponsor 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. When first starting the renewal application, no entries will be displayed. As the application goes through the approval process entries will display. See Sample below.

Dashboard

Applications Summary ?

The Applications Summary dashboard list applications that are initiated but not yet approved by the State Agency.

- Click the **Create Application** button to start an application.
- Click the **Application ID** link to access the corresponding application.
- Click the **Application Status** link to view corresponding application log information.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL17181264	2017/2018	NSLP	Draft	6/23/2017 10:13 AM	6/23/2017 10:13 AM	autummorgan		Print	

Application Log ?

Action	Comments	Modified By	Modified Date
Ratified		autummorgan	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.

The screenshot shows a navigation bar with tabs: General Information, Site Management, Application, and Review & Submit (highlighted with a red box). Below the tabs is a text box: "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." Below this is a header area with "PCS" on the left and "Tax ID: 33110417" on the right. At the bottom, there are two buttons: "Submit" and "Delete" (highlighted with a red box).

E. Saving and Validating Entries

1. Click the **Save** button at the top or bottom of a page. Orchard will validate the application entries and display any errors made in the **Validation Errors** table on each tab of the application. The **Review & Submit** tab will contain a list of consolidated validation errors regardless of the tab.



2. If validation errors are found the following message will display.

The application contains validation errors. The validation summary panel at the top of each tab identifies the information required to complete and submit the application for review.



3. Click **OK** and review the **Validation Errors** table entries on each tab of the application.

Validation Summary	
Location	Validation Details
General Information - Budget and Funding Documents	Budget and Funding Document question must be answered.
General Information - Claims Authorized Signatures/Third Party Authorizations	All the required fields in Claims Contact must be entered
General Information - Contact Information	SAMS expiration date cannot be in past. Please provide valid date.
General Information - Public Notification	User has to enter at least one media release
General Information - Public Notification	Public Notification file upload is required.

4. Fix the errors found and then click **Save**. The following message will appear.



Your changes were saved.

OK

4. Completing the NSLP Renewal Application - General Information

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

Dashboard

Applications Summary

The Applications Summary dashboard list applications that are initiated but not yet approved by the State Agency.

- Click the **Create Application** button to start an application.
- Click the **Application ID** link to access the corresponding application.
- Click the **Application Status** link to view corresponding application log information.

Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #	Print	Approval Letter
NL17181254	2017/2018	NSLP	Draft	6/23/2017 10:13 AM	6/23/2017 10:13 AM			Print	

A. General Information Tab

The source of the sponsor information in the General Information section is the authoritative data from last year's application submitted through Orchard. 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.

1. The action buttons included on this tab are **Save** – save current changes made to this page and validate the information has been correctly and completely entered; and **Cancel** to return to the dashboard without saving changes.
2. If there are validation errors on this page, they will be listed under the Validation Summary data window. Correct the errors, and then click **Save**.

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The following data will be brought forward from last year’s ratified contract and any amendments submitted.

- Tax ID,
- Contact Information (First Name, Last Name, Title, Phone Number, Extension, Fax, Email, DUNS, SAMS Expiration),
- Contacts and Addresses (Physical, First Name, , Last Name, Title, Address Line, City, State, Zip Code, Ward, Phone Number, Extension, Fax , Email)
- W9 (all related sub fields),
- Mailing (all related sub fields),
- Master Supply List (all related sub fields)
- Payment Address (all related sub fields PLUS Mail Code)



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

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	l.callahan1@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.

Entity and Program Types ?

Name v

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.

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) 808-9800		(202) 733-1812		
WS	James John	Treasurer	100 PEABODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800		(202) 733-1812		
Mailing	Sally John	Secretary	100 PEABODY STREET NW		WASHINGTON	DC	20011	4	(202) 808-9800		(202) 733-1812		
Master Supply List	Jerome John	Vice President	100 PEABODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800		(202) 733-1812		
Payment Address	Capital City Public Charter School		100 PEABODY STREET NW		WASHINGTON	DC	20011		(202) 808-9800			Accountspayable@ccp...	103

Claim Contacts

- 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 ?

+ Add Claim Contact

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

* After deleting a row, Please Save.

2. Select the contact type from the dropdown.

Claims Authorized Signatures / Third Party Authorizations

+ Add Claim Contact

Contact Type	First Name *	Last Name *	Title	Phone Number *	Extension	Email	
Authorized Signer	James	John	President	(202) 555-1212		100 jjohn@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. To delete a contact name, click the **Delete** button.

Claims Authorized Signatures / Third Party Authorizations

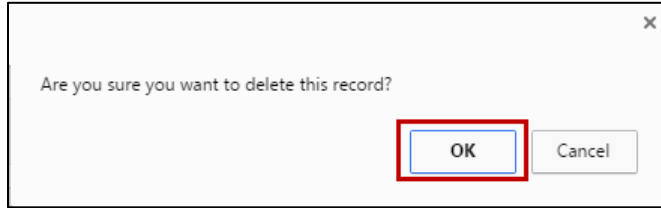
+ Add Claim Contact

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.

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





Public Notification

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.

The screenshot shows the 'Public Notification' form. At the top, there is an 'Add' button. Below it is a table with two columns: 'Date release was/will be sent to media' and 'Institution to which Public Release was/will be sent to'. A calendar pop-up is visible over the date column, showing the month of October 2016. The table contains one entry with the date '11/30/2016' and the institution 'Washington Post'. Below the table, there are fields for 'Upload File' (with a 'Choose File' button), 'Notes', 'Download Link' (with a 'paul.xlsx' link), 'Verification', 'Specialist Comments', and a 'Delete' button.

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.

This screenshot shows the 'Public Notification' form with two entries in the table. The first entry has the date '11/30/2016' and the institution 'Washington Post'. The second entry has the date '10/29/2016' and the institution 'Gazette'. The 'Upload File' section shows a 'Choose File' button. The 'Title' field contains the text 'Brochure *'. The 'Download Link' field contains 'next.xlsx'.

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

Specialist Comments

Delete

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

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

Specialist Comments

Delete

7. Once saved, the file can be deleted by clicking on the icon.

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

Specialist Comments

Delete

8. 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.

Date Release	Name of news media used for publication				
07/14/2016	Washington Post				× Delete

* After deleting a row, Please Save.

Title
Brochure

Upload File
Choose File No file chosen

Notes

Download Link
Field length Specification.xlsx

Verification

Specialist Comments

9. 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	x Delete


*After deleting a row, Please Save.

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

x

Are you sure you want to delete this record?

OK
Cancel

11. 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

2. 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	<input type="button" value="Choose File"/> No file chosen	<input type="text" value="Application"/>	ALL School Application Requirements-5-18-16.xlsx	<input checked="" type="checkbox"/>	<input type="text" value="Test Comments"/>
Year End Report	<input type="button" value="Choose File"/> No file chosen	<input type="text" value="App File"/>	Application Navigation - 5-27-16 - PM.vsd	<input checked="" type="checkbox"/>	<input type="text" value="SP Comments"/>

3. 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	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>

4. 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	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	paul.xlsx	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

5. Select a file from your local computer.


6. Click **Save** to save the file; or click **Cancel** to clear the file.

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	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	paul.xlsx	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

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




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	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	paul.xlsx	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

 **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.**

5. Completing the NSLP Renewal Application – Site Management

The Site Information File (SIF) is uploaded to Orchard using a prepared Excel template available under the **Library Tab/Download/Documents and Templates**. See **Attachment A** to review required SIF column information. The information once uploaded is not editable within the application 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.**

 **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 **8. Application Recall** for more details.

A. Uploading the SIF File

Site Management SIF Upload



Application ID: NL17181264
Status: Draft

Home Library Nutrition Management Help

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

1. Click the **Site Management** tab

Site Management

Complete the information on this page. Continue the application by clicking the **Application** tab.

Site Information File (SIF) 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 *

Title

Notes

Fields marked with an asterisk(*) are required.

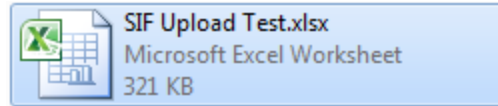
SIF Upload History

Upload Date	File Name	Delete
Jun 26 2017 11:09AM	C:\Users\linda.callahan\Documents\..._2017-06-26-11:09:09.xlsx	<input type="button" value="Delete"/>

10 items per page 1 - 1 of 1 items



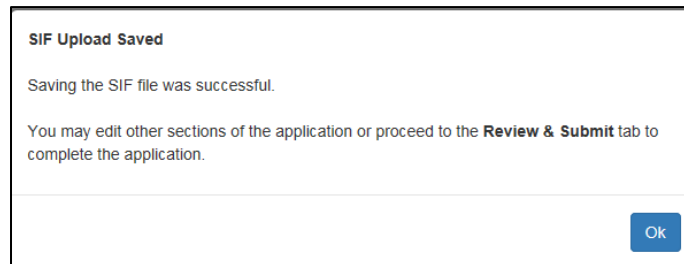
2. Select a file from your computer. The file must be the Excel template downloaded from **Library/Download/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."



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:

The uploaded SIF contains validation error(s). Please refer to the Validation Summary list below to reference the changes required. Save the changes then reload the SIF file.

Ok

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

SIF Upload Validation Status

Location	Validation Details
Site Management	Site ID is missing for: Brightwood C

10 items per page 1 - 2 of 2 items


- When all validation errors have been corrected in the SIF, upload the corrected SIF file.
- The uploaded SIF will display in the **SIF Summary** window.

SIF Summary

Status	Site ID	Site Name	Address	City	State	Zip	Ward	Phone	Fax	Contact Name	Title	Email	Ph
Pending	9200	Brightwood C	4500 George Park, NW	Washington	DC	20007		(202) 727-5200		Joe Smith	CIO	joe@gmail.com	(202) 727-5200
Pending	9201	Brightwood C	4500 George Park, NW	Washington	DC	20007		(202) 727-5200		Jane Smith	CFO	Jane@gmail.com	(202) 727-5200

- The file is added to the **SIF Upload History** table. Please note that older SIF files may be deleted using the  icon in this table.

SIF Upload History

Upload Date	File Name	Delete
Jun 29 2017 8:16AM	NSLP 20170620.xlsx	
Jun 26 2017 11:09AM	NSLP 20170620.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. 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	Dates of Program Operations
From: 15:15:00 To: 08:45:00	Starting Date: 08/24/2015 Ending Date: 06/16/2016
Total Operating days per year: 183	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	12		6	21	19	18	13



4. Confirm the license information is accurate.

Licenses	Expiration Date	License Number	Is Renewal Required?
BBL-Site (Basic Business Licenses)	2016-12-31	931312000057	
CO-Site (Certificate of Occupancy)	CO113215		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			

5. Review the Meal Service information for accuracy.

Meal Service Application ID: NL16171125
Status: Draft

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

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
Pricing / Non Pricing	\$2.00
Breakfast Reduced	\$3.00
Breakfast Paid	\$2.60
Lunch Reduced	\$4.00
Lunch Paid	

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.

Grade	No Of Children
PK4 (Pre-Kindergarten)	56
Kindergarten	49
PK3 (Pre-School)	61
Grade 1	38
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

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



- 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		Community Eligibility Provision (CEP) & Provision 2 Percentages			
State Agency verification of site details		Response			
Is this site considered area eligible?					
If yes, what criteria qualifies this site for area eligibility?					
Provide the identified student percentage (ISP).					
Provide the Free Reduced student percentage.					
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?					
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	Assigned Date	Status	Comments		

- 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

6. Completing the NSLP Renewal Application – Reviewing the Application

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.



The following data will be brought forward from last year's ratified contract and any amendments submitted.

Program contact

Verified Documents:

1. W-9
2. ACH Vendor Payment Enrollment Form/ Opt out letter
3. Master Supplier Information Collection Template
4. Disclosure of Lobbying Activities
5. Drug-Free Workplace
6. Hazard Analysis & Critical control Points (HACCP) Plan

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.

Save Cancel

Program Contact ?

First Name *	Last Name *	Title *	Address Line 1 *	City *	State *	Zip Code *	Ward	Email *	Phone Number *	Extension	Fax
Russ	Williams	President/CEO	900 2nd Street, NE, #221	Washington	DC	20002		rwilliams@centercitypcs.org	(202) 589-0202		(202) 589-1629

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 type="checkbox"/>
Afterschool Snack Program (ASP)	<input type="checkbox"/>
Healthy Schools Act (HSA)	<input checked="" type="checkbox"/>
At Risk Supper (CACFP)	<input type="checkbox"/>
Extended NSLP	<input type="checkbox"/>
Seamless Summer Option (SSO)	<input 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 administrators	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.

Program Participation		Site Participation	
Program	No. of Sites	Type	No. of Sites
National School Lunch Program (NSLP) Serving Lunch	1	Community Eligibility Provision (CEP)	0
School Breakfast Program (Reg. Bk Only)	0	Provision II	0
School Breakfast Program (SN Only)	1	Pricing	1
After School Snack	0	Non-Pricing	0
CACFP At-Risk Supper	0	Offer vs. Serve PK-5	1
Extended NSLP	0	Offer vs. Serve 6-8	0
Free Summer Meals	0	Family Style	0
Seamless Summer Option	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. *

Select



Health and Wellness Division

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

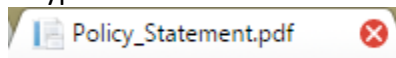
The School Food Authority (SFA) agrees to participate in the programs selected in Orchard (NSLP, SBP, ASP, SMP, HSA, CACFP At-Risk Supper). The SFA also agrees to receive commodities donated by the United States Department of Agriculture (USDA) and accepts responsibility for providing program benefits 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 31st annually.

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 Policy Statement.




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. *

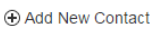
Policy Statement Contacts

Select
 Accept
 Decline

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


 **The following section must be completed if the application covers non-CEP sites. If CEP was entered as Yes for all sites in the SIF, then this section will not be editable.**


Policy Statement Contacts


1. Enter the contacts for the Contact Description as listed. All contact names, titles, addresses, city, state, zip and zip code are required.
2. Continue entering the remaining Policy Statement Contacts.
3. Add new Policy Statement contacts by clicking the  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.





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

5. Click the  button to delete and added contact.

Policy Statement Contacts ?

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



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



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

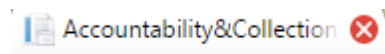
Health and Wellness Division

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"/>

2. 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.



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.



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.

+ Add New 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

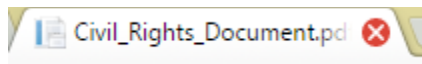
PRE-AWARD CIVIL RIGHTS STATEMENT

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.



3. 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

Select

Select

Accept

Decline

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



Pre-Award Civil Rights Questions

1. 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 ?	
<small>Indicate whether each counting and claiming method is used. Any changes in counting methods must be reported to the State Agency.</small>	
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

2. Enter the number of complaints or civil rights lawsuits filed against your Sponsor/SFA.
 a) 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 Category ?		
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 Category ?		
Ethnicity	Ethnic Count	Percentage
Hispanic or Latino		
Non-Hispanic or Latino	45	100.00 %
Total: 45		Total: 100.00 %

B. Document Uploads

Verified forms brought forward from last year’s application do not need to be uploaded again unless there is a change. Remember, documents identified with an asterisk must still be uploaded to enable submission of the application. Some of the documents can be found in **Library/Download/Documents and Templates** option of Orchard.

Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
W-9 *	<input type="text"/> Browse...	<input type="text"/>	PCS W9.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>
ACH Vendor Payment Enrollment Form *	<input type="text"/> Browse...	<input type="text"/>	ACH Vendor Payment Information.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>
Master Supplier Information Collection Template *	<input type="text"/> Browse...	<input type="text"/>	PCS Master Supply Form August 2016.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>
Basic Business License (for all sites) *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Certificate of Occupancy (for all sites) *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Local Wellness Policy *	<input type="text"/> Browse...	<input type="text"/>			<input type="text"/>	
Disclosure of Lobbying Activities *	<input type="text"/> Browse...	<input type="text"/>	PCS DLA ver2.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>
Drug-Free Workplace *	<input type="text"/> Browse...	<input type="text"/>	PCS Drug Free Workplace.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>
Hazard Analysis & Critical Control Points (HAACP) Plan *	<input type="text"/> Browse...	<input type="text"/>	PCS HAACP Plan 2016.pdf	Verified	<input type="text"/>	<input type="button" value="Delete"/>



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



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

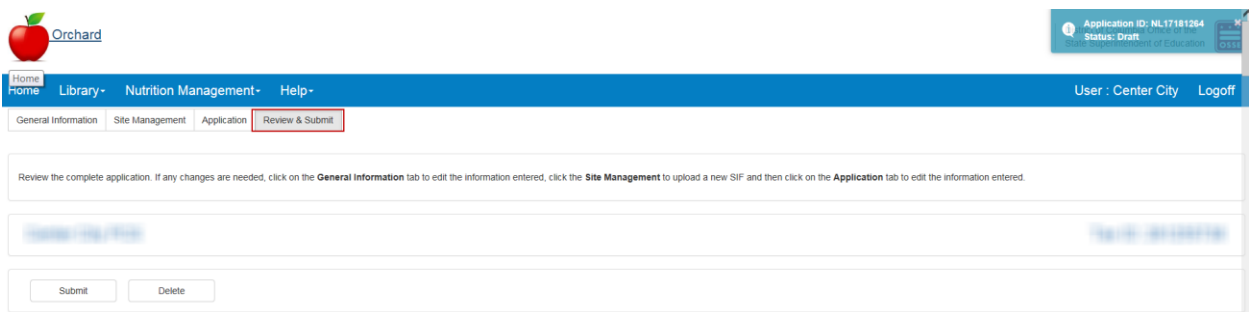
Click **Save** at the top or bottom of the display to save your information and validate that all information was entered completely and correctly.

Application

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



7. Completing the NSLP Renewal Application – Review & Submit



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.

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 0.06 cents Certification?	Yes		06/01/2017	06/30/2018
Has this Sponsor been approved for a single Community Eligibility Provision (CEP) percentage?	Select	0.00 %		
Has this Sponsor been approved for more than one Community Eligibility Provision (CEP) percentage?	No			
Has this Sponsor been approved for six Provision 2 percentages?	No			
Has this Sponsor been approved for more than six site level Provision 2 percentages?	No			
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 8:35:08 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 9:08:41 AM
Submitted		Capital City	07/21/16 7:29:35 AM

Application Submission – Confirming the Submission

1. Click the **Submit** button.
2. Click the checkboxes as shown.
3. Add comments – These will be included in the **Application Log** for review by the State Agency.
4. Click **Accept & Submit**.



SUBMISSION

Acknowledge and certify your agreement to the statements below by checking the corresponding boxes:

I certify and acknowledge compliance with the DC Healthy Schools Act of 2010.

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.

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.

Comments / Notes:

Accept & Submit

Decline

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

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

OK



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.

- 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
NL17181264	2017/2018	NSLP	Pending Review	6/23/2017 10:13 AM	6/29/2017 9:56 AM			Print	

- Review the Application Log for submission history located below the dashboard. Click the



status to display the log.

Application Log			
Action	Comments	Modified By	Modified Date
Submitted			06/29/17 9:56:37 AM

8. 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

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

Dashboard

Applications Summary							
Application ID	Program Year	Program Name	Application Status	Created Date	Modified Date	Modified By	Ratified Contract #
NL10170001	2016/2017	NSLP	Pending Review	7/18/2016 7:03 AM	7/21/2016 7:29 AM		

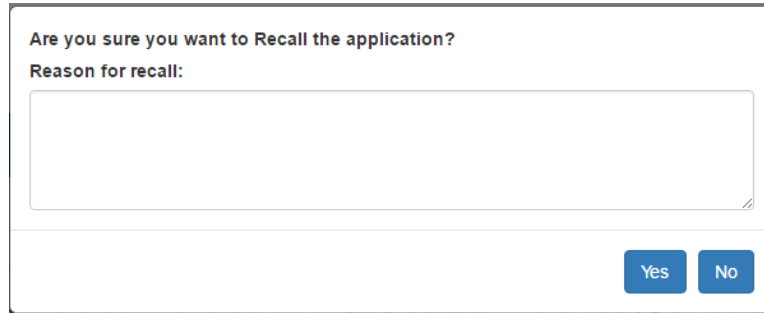
Create Application

2. Click on the **Review & Submit** tab and then click on the **“Recall”** button.

The screenshot shows the Orchard application interface. At the top left is the Orchard logo. A navigation bar includes 'Home', 'Library', 'Nutrition Management', and 'Help'. Below this is a sub-navigation bar with 'General Information', 'Site Management', 'Application', and 'Review & Submit' tabs. A message box at the top right displays 'Application ID: NL17181264' and 'Status: Pending Review'. The main content area contains instructions: '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.' At the bottom of the page, a 'Recall' button is highlighted with a red box.

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

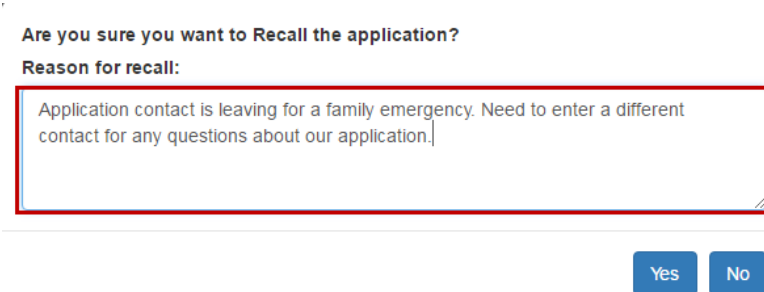




Are you sure you want to Recall the application?
Reason for recall:

Yes No

- 4. Enter a detailed reason for the recall.

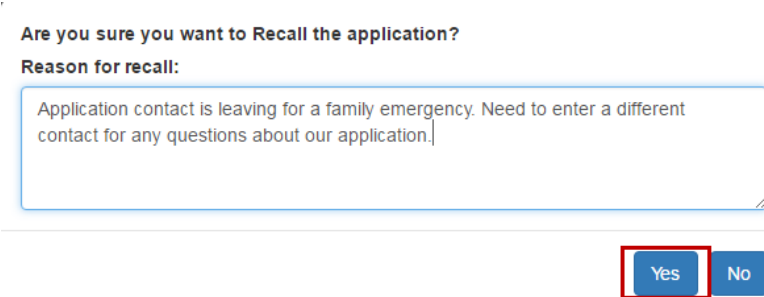


Are you sure you want to Recall the application?
Reason for recall:

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

Yes No

- 5. 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

- 6. 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 dashboard interface. At the top left is the Orchard logo (an apple). To the right is the text 'District of Columbia Office of the State Superintendent of Education' and the OSSE logo. Below this is a navigation bar with 'Home', 'Library', 'Reports', 'Applications Management', and 'Help'. On the right side of the navigation bar, it says 'User: Charles Chips' and 'Logoff'. Below the navigation bar is a breadcrumb trail: 'Applications Management / Applications / Dashboard'. The main content area is titled 'Dashboard' and contains an 'Applications Summary' section. Below this section is a table with the following data:

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	

Below the table is a 'Create Application' button.

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 one above, showing the Orchard dashboard. The 'Applications Summary' table now shows the application status as 'Returned for Modification':

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	

The 'Create Application' button is still present at the bottom right.

7. Make the changes then click on the **Review & Submit** tab.
8. Click the **Submit** button.
8. 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

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

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

OK

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

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	Pending Review	10/11/2016 9:54 AM	10/12/2016 8:27 AM	Charles Chips		Print		Create Application

11. 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.

Application 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	Washington DC	100 PEABODY STREET NW	Washington DC	20011	(202) 562-1214		Tanya Tilghman	Director of Operations	michaelnguyen@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	Washington DC	100 PEABODY STREET NW	Washington DC	20011	(202) 562-1214		Tanya Tilghman	Director of Operations	michaelnguyen@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.

9. 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.

10. 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	

Create Application

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: NL16171098
 Ratification Number: NL16298392
 Tax ID: 200156596

General Information
Sponsor/SFA Contact Information
 Name: John Doe
 Phone Number: (555) 555-5555 Ext: 123
 Title: Operations Mgr
 Fax: (555) 555-5555
 SAMS Expiration: 05/27/2016
 Email: jdoe@achievementprep.org

Sponsor Types
 All-Risk After School Program
 Public Charter School

Contacts and Addresses
Physical
 Name: [Redacted]
 Address: 908 WAHLER PLACE SE
 WASHINGTON DC 20032
 Ward: 8
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

W9
 Name: [Redacted]
 Address: 908 Whaler Place, SE 2nd floor
 Washington DC 20032
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Mailing
 Name: [Redacted]
 Address: 908 WAHLER PLACE SE
 WASHINGTON DC 20032
 Ward: 8
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Master Supply List
 Name: [Redacted]
 Address: 908 Whaler Place, SE 2nd floor
 Washington DC 20032
 Phone Number: (202) 562-1214
 Extension: [Redacted]
 Fax Number: (202) 562-1219
 Mail Code: [Redacted]

Payment Address
 Name: Shanalee Wright
 Address: 908 WAHLER PLACE SE
 WASHINGTON DC 20032
 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	darger skyrsg		(555) 555-5555		adsfad@achievementprep.org
Authorized Signer	adsfa adsfaf		(555) 555-5555	123	adsfad@achievementprep.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	10545	[Redacted]	(202) 678-6169	Michael Nguyen1	isample@achievementprep.org
Approved	10319	[Redacted]	(202) 678-6169	Michael Nguyen1	michaenguyen@achievementprep.org
Approved	10563	[Redacted]	(443) 540-3152	Ruth Wright1	ruthwright1@achievementprep.org
Approved	10594	[Redacted]	(202) 678-6169	Michael Nguyen1	ttilgaman@achievementprep.org

Application
Application Contact Information
 Name: Linda Callahan
 Address: 345 Forth Street
 Washington DC 20002
 Ward: 2
 Title: President
 Phone Number: (202) 888-7777
 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 Format Dropdown Menu:
 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.

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

Site Information Form (SIF) Template (Newly added or updated fields are shown in yellow)

 Site Information Form (SIF) National School Lunch Program		Month <input type="text"/>		General Information										
Site ID	Site Name <i>(Complete Spelling)</i>	Address	City	State	Zip	Ward	Phone	Fax	Contact Name					
 Site Information Form (SIF) National School Lunch Program							License Information							
Site ID	Site Name <i>(Complete Spelling)</i>	Title	Email	Phone	BBL-site -112A Expiration Date	License No.	Certificate of Occupancy (CO) Issue Date							
 Site Information Form (SIF) National School Lunch Program		Information			Hours of School Operation		Dates of Program Operation		Operating Data					
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	End Date	Mon	Tues			
 Site Information Form (SIF) National School Lunch Program		Days of Program Operation			Number of Food Service Days									
Site ID	Site Name <i>(Complete Spelling)</i>	Wed	Thur	Fri	Sat	Sun	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
 Site Information Form (SIF) National School Lunch Program														
Site ID	Site Name <i>(Complete Spelling)</i>	Apr	May	Jun	July	Community Eligibility Provision (CEP) Site	Provision 2	Head Start	Reg. Breakfast / Severe Need Breakfast	Snack	At Risk Supper			



 Site Information Form (SIF) National School Lunch Program	Meal Service												
	Participation												
Site ID	Site Name (Complete Spelling)	Summer Meal Service	Family Style	Offer vs. Serve PK-5	Offer vs. Serve 6-8	Identify the food preparation method			Vendor Name (If appl)				
 Site Information Form (SIF) National School Lunch Program	(Pricing Sites Only)				Meal Times								
	Breakfast Prices (PRV only)		Lunch Prices		Breakfast		Lunch		S				
Site ID	Site Name (Complete Spelling)	Pricing / Non Pricing	Reduced	Paid	Reduced	Paid	Start	End	Start	End	Start		
 Site Information Form (SIF) National School Lunch Program	At Risk Supper		FRP Data										
	End	Start	End	Free	Reduced	Paid	Total	PK3	PK4	K	1st	2nd	
A	B	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	
 Site Information Form (SIF) National School Lunch Program	Enrollment												
	Grade Specific Enrollment Data												
Site ID	Site Name (Complete Spelling)	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Adult Educated/ Ungraded	
 Site Information Form (SIF) National School Lunch Program	Enrollment												
	Grade Specific Enrollment Data												
Site ID	Site Name (Complete Spelling)	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Adult Educated/ Ungraded	Total

