

North Carolina Department of Health & Human Services
 Summer Food Service Program for Children
 Sponsor Claim Checklist

B. Administrative Costs	YES	NO	NA	COMMENTS:
1. Do you maintain records of costs associated with planning, organizing and supervision of SFSP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do the administrative costs include the following positions:				
a. Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Clerical Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Other allowable costs may include:				
a. Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Communication Expenses (stamps, phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Office Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Transportation, e.g., mileage records, expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEAKNESSES	RECOMMENDATIONS

_____ Signature, SFSP Representative	_____ Signature, Program Administrator or Designee	_____ Date
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3. Funds Received During Period Reporting	YES	NO	NA	COMMENTS:
A. Did you receive monies for any of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Adult meal payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Interest earned on Summer Funds Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Other cash receipts (excluding advances and reimbursements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Costs During Period Reporting	YES	NO	NA	
A. Operating Costs				
1. Food Costs				
a. Did you maintain receipts documenting food costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are production records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Vendor receipts available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Operating Labor Costs				
a. Did you maintain records which reflect employees salaries/wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do the operating labor costs include the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Site Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Delivery Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Kitchen Production Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Meal Supervision Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Clean Up Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. NonFood Costs (Other Costs)				
a. are nonfood item receipts distinguished from food receipts to prevent any duplication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do the nonfood items include the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Trash Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Paper Plates, Cup, Utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Coolers/Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Claim Period – (Circle One)								
May	June	July	August	September	Date of Visit: _____			
Number of Sites: _____					Agreement Number: _____			
Number of Days Meals Served: _____					Name and Address of Sponsor: _____			
Are records organized? _____					Telephone Number: _____			
					YES	NO	NA	COMMENTS:
2. Food Service To Children								
A. Are your application and site application as up to date as possible?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. When were they last updated? _____								
C. Did you use a consolidated meal count form? If question C is answered "YES", do the consolidated counts for all meals types include:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. First meals served to children?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Second meals served to children?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Were second meals claimed?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Did second meals exceed 2% of 1 st meals served?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Test meals?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Was justification provided?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Meals served to program adults?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Were program adult meals claimed?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Meals served to non-program adults?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Were meals served to non-program adults claimed?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Excess meals not served?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other non-reimbursable meals?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Do your consolidated meal counts match the number of meals reported on claim?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. If you received a meal cost disallowance, did you subtract the number before competing the claim?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. How were leftovers handled? _____ _____								