

2017 - 2018 SFSP Application

04028-SFSP-19
LOS ANGELES, CITY OF DEPT OF REC & PARKS
 3900 WEST CHEVY CHASE DRIVE
 LOS ANGELES, CA 90039
 CD:
 Vendor #: 229300

Sponsor Type

1. Indicate the type of sponsor (Choose One): Government
 Is this sponsor a School Food Authority (SFA)? Yes No

Street Address

2. Address 1: 3900 WEST CHEVY CHASE DRIVE
 3. Address 2:
 4. City: LOS ANGELES
 5. State: CA Zip: 90039 USPS Zip Code Lookup
 6. County: LOS ANGELES (19)
 * Note: All correspondence will be sent to the mailing address.

Mailing Address

7. Address 1: 3900 WEST CHEVY CHASE DRIVE MS628-8
 8. Address 2:
 9. City: LOS ANGELES
 10. State: CA Zip: 90039 USPS Zip Code Lookup
 11. County: LOS ANGELES (19)
 * Note: All correspondence will be sent to the mailing address.

Payment Address (Legal IRS Address)

12. Address 1: & PARKS SUMMER FOOD PROGRAM
 13. Address 2: 3900 CHEVY CHASE DR
 14. City: LOS ANGELES
 15. State: CA Zip: 90039-1221 USPS Zip Code Lookup
 16. County:

Summer Food Service Contact

- | | | | |
|--------------------|----------------------------|------------|---------------------|
| | Salutation | First Name | Last Name |
| 17. Name: | Ms. | BERTHA | CALDERON |
| 18. Title: | MANAGEMENT ANALYST | | |
| 19. Email Address: | BERTHA.CALDERON@LACITY.ORG | | |
| 20. Phone: | (818) 546-2383 | Ext: | Fax: (818) 243-0074 |
- This person attended current program year's CDE training.

Authorized Representative

- | | | | |
|--------------------|-----------------------------|------------|---------------------|
| | Salutation | First Name | Last Name |
| 21. Name: | Ms. | BERTHA | CALDERON |
| 22. Title: | MANAGEMENT ANALYST | | |
| 23. Email Address: | BERTHA.CALDERON@LACITY.ORG | | |
| 24. Phone: | (818) 546-2383 | Ext: | Fax: (818) 243-0074 |
| 25. Address 1: | 3900 WEST CHEVY CHASE DRIVE | | |

- 26. Address 2:
- 27. City: LOS ANGELES
- 28. State: CA Zip: 90039 USPS Zip Code Lookup
- 29. County: LOS ANGELES (19)

This person attended current program year's CDE training.

Civil Rights Coordinator

	Salutation	First Name	Last Name
30. Name:	Ms.	BERTHA	CALDERON
31. Phone:	(818) 546-2383	Ext:	

General Questions

- 32. Does your agency provide year round public services to the community(ies) other than operating the SFSP? Yes No
If **No**, select the type of services your agency provides to the community
If **Other**, please describe.
- 33. Indicate meal count procedures (Check all that apply)
 - Count each complete meal as it is served
 - Collect tickets as children receive a complete meal
 - Other (explain):
- 34. Will meal count form provided in the USDA Administrative Guidance for Sponsor handbook be used? Yes No
- 35. Will the monitoring form provided in the USDA Administrative Guidance for Sponsor handbook be used? Yes No
- 36. If this sponsor is Self-prep or Vended by School Food Authority, does the sponsor wish to receive commodity foods? Yes No
- 37. Is this a faith-based agency? (This is a data element required by Federal regulation and has no impact on your program participation.) Yes No Decline to State
- 38. List any federal agency providing financial support to your agency
- 39. Have any current principal staff been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Yes No

Outreach

- 40. Will the prototype Public Release provided by CDE be used? Yes No
- 41. List the minority and grassroots organizations contacted about the availability of the Summer Food Service Program:
- 42. Are you requesting a waiver to serve more than 50,000/day (combined ADP for any one meal type)? Yes No

Ethnicity Data

Provide the ethnic makeup of the participants served by the Organization. Provide actual numbers of enrolled participants at all sites.

- 43. Geographic Area (enter percentages):
 - Hispanic or Latino: 47.00 %
 - Non-Hispanic or Latino: 53.00 %
- 44. Program Participants (enter number of enrolled participants):

Hispanic or Latino: 47
 Non-Hispanic or Latino: 53

Racial Data

Provide the racial makeup of the participants served by the Organization. Provide actual numbers of enrolled participants at all sites.

45. Geographic Area (enter percentages):

American Indian or Alaskan Native: 1.00 %
 Asian: 10.00 %
 Black or African American: 11.00 %
 Native Hawaiian or Pacific Islander: 48.00 %
 White: 30.00 %

46. Program Participants (enter number of enrolled participants):

American Indian or Alaskan Native: 1
 Asian: 10
 Black or African American: 11
 Native Hawaiian or Pacific Islander: 48
 White: 30

47. Indicate the source of your data: Census Tract Housing Authority
 Other

If Other, please describe:

48. Describe efforts to assure that minority populations have equal opportunity to participate in the program.

website and flyer has information in both English & Spanish

49. Is there a need for program information to be provided in any language other than English? Yes No

If **Yes**, are these needs being met by materials and/or staff? Yes No

Certification

I certify that all applicable state and federal rules and regulations will be observed: that to the best of my knowledge, the information contained in this application, management plan, budget, and civil rights, are true and correct. I also certify that the sponsoring agency is financially and administratively capable to operate the Summer Food Service Program (SFSP). I accept on behalf of the sponsoring agency, final administrative and financial responsibility for the total SFSP operations of all sites, submitted on the site Information Sheet(s). Reimbursement will be claimed only for meals served to eligible children during the hours they are in attendance at sites approved by the California Department of Education for the SFSP. In accordance with title 7, Code of Federal Regulations, Part 225.6 (e) this certifies that SFSP agency and participating sites under its jurisdiction shall comply with all provisions of Title 7, Code of Federal Regulations, Part 225, CDE and the United States Department of Agriculture guidance material and all applicable State laws. All eligible participants in attendance, regardless of economic need, at approved sites will be offered the same meals at no charge with no discriminatory physical segregation or other discrimination because of race, color, national origin, sex, age, or disability. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal statutes.

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2017 - 2018 Application Packet - SFSP Site List

04028-SFSP-19
LOS ANGELES, CITY OF DEPT OF REC & PARKS
 3900 WEST CHEVY CHASE DRIVE
 LOS ANGELES, CA 90039
 CD:
 Vendor #: 229300

Action	Site ID / Site Name	Version/ Status
View Revise	✓ 16545 109TH STREET RECREATION CENTER	Original / Approved
View Revise	✓ 16463 ALPINE RECREATION CENTER	Original / Approved
View Revise	✓ 15549 Ardmore Seoul International	Rev. 1 / Approved
View Revise	✓ 16466 BALDWIN HILLS RECREATION CENTER	Rev. 2 / Approved
View Revise	✓ 15550 Banning Recreation Center	Rev. 1 / Approved
View Revise	✓ 16470 BELLEVUE RECREATION CENTER	Original / Approved
View Revise	✓ 16474 BOYLE HEIGHTS	Rev. 2 / Approved
View Revise	✓ 16478 BRANFORD RECREATION CENTER	Rev. 2 / Approved
View Revise	✓ 17066 Cardenas Recreation Center	Rev. 1 / Approved
View Revise	✓ 17071 CARLIN G. SMITH	Rev. 1 / Approved
View Revise	✓ 15551 Central Recreation Center	Rev. 1 / Approved
View Revise	✓ 16482 CHEVY CHASE RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 16486 COSTELLO RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 16493 CULVER SLAUSON RECREATION CENTER	Original / Approved
View Revise	✓ 17073 CYPRESS REC CENTER	Original / Approved
View Revise	✓ 15552 Delano Recreation Center	Rev. 2 / Approved
View Revise	✓ 16497 DENKER RECREATION CENTER	Original / Approved
View Revise	✓ 16503 DOWNEY RECREATION CENTER	Original / Approved
View Revise	✓ 16505 EAGLE ROCK RECREATION CENTER	Original / Approved
View Revise	✓ 16510 ECHO PARK RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 16515 EL SERENO RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 16518 ELYSIAN PARK ADAPTIVE	Rev. 1 / Approved
View Revise	✓ 16520 ELYSIAN VALLEY RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 15553 Evergreen Recreation Center	Rev. 1 / Approved
View Revise	✓ 15554 Exposition Recreation Center	Rev. 1 / Approved
View Revise	✓ 15555 Fernangeles Recreation Center	Rev. 1 / Approved
View Revise	✓ 15556 Fred Roberts Recreation Center	Rev. 2 / Approved
View Revise	✓ 16782 GARCIA RECREATION CENTER	Rev. 1 / Approved
View Revise	✓ 15557 Glassell Recreation Center	Rev. 1 / Approved
View Revise	✓ 15558 Gonzales (Pacoima) Recreation Center	Original / Approved
View Revise	✓ 15559 Green Meadows Recreation Center	Original / Approved

View Modify	➔ 17592 Hansen Dam Recreation Area	Original / Pending Validation
View Revise	✔ 16533 HARBOR CITY RECREATION CENTER	Original / Approved
View Revise	✔ 16534 HARVARD RECREATION CENTER	Rev. 1 / Approved
View Revise	✔ 16535 HAZARD RECREATION CENTER	Original / Approved
View Revise	✔ 15560 Highland Park Recreation Center	Original / Approved
View Revise	✔ 17072 HOLLENBECK REC CENTER	Original / Approved
View Revise	✔ 15561 Hollywood Recreation Center	Original / Approved
View Revise	✔ 15562 Hoover Recreation Center	Original / Approved
View Modify	➔ 24511 Hope & Peace	Original / Pending Validation
View Revise	✔ 16536 HUBERT HUMPHREY RECREATION CENTER	Rev. 1 / Approved
View Modify	➔ 16537 IMPERIAL COURTS RECREATION CENTER	Original / Pending Validation
View Revise	✔ 16532 JIM GILLIAM RECREATION CENTER	Original / Approved
View Revise	✔ 16614 LACES RECREATION CENTER	Original / Approved
View Revise	✔ 22918 Lafayette Multipurpose Center	Original / Approved
View Revise	✔ 15564 Lake Street Recreation Center	Original / Approved
View Revise	✔ 17069 LAKEVIEW TERRACE RECREATION CENTER	Original / Approved
View Revise	✔ 15565 Lanark Recreation Center	Original / Approved
View Revise	✔ 28929 Leland Recreation Center	Original / Approved
View Revise	✔ 15566 Lemon Grove Recreation	Original / Approved
View Revise	✔ 16538 LINCOLN HEIGHTS RECREATION CENTER	Original / Approved
View Revise	✔ 34739 Lincoln Heights Youth Center	Original / Approved
View Revise	✔ 15567 Lincoln Park Recreation Ctr	Original / Approved
View Revise	✔ 16539 LINDSAY RECREATION CENTER	Original / Approved
View Revise	✔ 22919 Loren Miller Recreation Center	Original / Approved
View Revise	✔ 15568 Mac Arthur Park Rec Center	Original / Approved
View Revise	✔ 16540 MARTIN LUTHER KING CHALLENGE CENTER	Original / Approved
View Revise	✔ 15569 Montecito Recreation Center	Original / Approved
View Revise	✔ 15570 Mt Carmel Recreation Center	Original / Approved
View Revise	✔ 15571 Normandale Recreation Center	Original / Approved
View Revise	✔ 16543 NORMANDIE RECREATION CENTER	Original / Approved
View Revise	✔ 15572 North Hollywood Recreation Center	Original / Approved
View Revise	✔ 16544 OAKWOOD RECREATION CENTER	Original / Approved
View Revise	✔ 33036 Pan Pacific	Rev. 1 / Approved
View Revise	✔ 16546 PANORAMA RECREATION CENTER	Original / Approved
View Revise	✔ 16547 PECAN RECREATION CENTER	Rev. 1 / Approved
View Revise	✔ 16548 PECK PARK RECREATION CENTER	Original / Approved

View Revise	✓	16549 PENMAR RECREATION CENTER	Original / Approved
View Revise	✓	16550 POINTSETTIA RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	16552 QUEEN ANNE RECREATION CENTER	Original / Approved
View Revise	✓	16613 RAMONA HALL COMMUNITY CENTER	Original / Approved
View Revise	✓	16554 RANCHO CIENEGA RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	16612 RESEDA RECREATION CENTER	Original / Approved
View Revise	✓	15573 Richie Valens (paxton) Rc	Original / Approved
View Revise	✓	29337 Rio De Los Angeles	Original / Approved
View Modify	➔	17074 ROBERTSON REC CENTER	Original / Pending Validation
View Revise	✓	15574 Rose Hill Recreation Center	Original / Approved
View Revise	✓	16555 ROSECRANS RECREATION CENTER	Original / Approved
View Revise	✓	15575 Ross Snyder Recreation Ctr	Original / Approved
View Revise	✓	16556 SAINT ANDREWS RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	15576 Sepulveda Recreation Ctr	Rev. 1 / Approved
View Revise	✓	15577 Shatto Recreation Ctr	Original / Approved
View Revise	✓	16594 SLAUSON RECREATION CENTER	Original / Approved
View Revise	✓	16595 SOUTH PARK RECREATION CENTER	Original / Approved
View Revise	✓	25698 South Seas House #2	Rev. 1 / Approved
View Revise	✓	17116 STATE ST. RECREATION CENTER	Original / Approved
View Revise	✓	17068 STONEHURST RECREATION CENTER	Original / Approved
View Revise	✓	16596 STONER RECREATION CENTER	Original / Approved
View Revise	✓	15578 Sun Valley Recreation Center	Original / Approved
View Revise	✓	16598 SUNLAND RECREATION CENTER	Original / Approved
View Revise	✓	15579 Sutton Recreation Center	Original / Approved
View Revise	✓	15580 Sylmar Recreation Center	Original / Approved
View Revise	✓	15581 Toberman Recreation Center	Original / Approved
View Revise	✓	16599 TRINITY RECREATION CENTER	Original / Approved
View Revise	✓	29465 Unidad Park	Original / Approved
View Revise	✓	25470 Valley Plaza Recreation Center	Original / Approved
View Revise	✓	16600 VAN NESS RECREATION CENTER	Original / Approved
View Revise	✓	15583 Van Nuys Recreation Center	Rev. 1 / Approved
View Revise	✓	16601 VICTORY VINELAND RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	16602 VINEYARD RECREATION CENTER	Original / Approved
View Revise	✓	16603 WABASH RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	16604 WILMINGTON RECREATION CENTER	Rev. 1 / Approved
View Revise	✓	16616 WINNETKA RECREATION CENTER	Rev. 2 / Approved
View Revise	✓	16606 YOSEMITE RECREATION CENTER	Rev. 1 / Approved

View Revise	<input checked="" type="checkbox"/> 15585 Yucca Community Center	Rev. 1 / Approved
Add Site Application		

Total Sites Enrolled: 105

[VIEW](#)

2017 - 2018 SFSP Budget Detail

04028-SFSP-19
LOS ANGELES, CITY OF DEPT OF REC & PARKS
 3900 WEST CHEVY CHASE DRIVE
 LOS ANGELES, CA 90039
 CD:
 Vendor #: 229300

Version: Revision 1

Operating Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	101	392,725	\$1,394,173.75
Snack	0	0	\$0.00
Supper	0	0	\$0.00
CCNSP Snack	0	0	\$0.00
		Subtotal	1,394,173.75

Administrative Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	101	392,725	\$120,762.93
Snack	0	0	\$0.00
Supper	0	0	\$0.00
CCNSP Snack	0	0	\$0.00
		Subtotal	120,762.93

A. Projected Operating Costs

	Requested Amount	% of Budget	Approved Amount
A1. Operational Personnel	0.00	0.00%	0.00
A2. Nonfood Supplies	200.00	0.02%	0.00
A3. Food for all vended and self-prep meals	796,224.00	93.58%	0.00
A4. Facility and Utility	0.00	0.00%	0.00
A5. Equipment Rental	0.00	0.00%	0.00
A6. Transportation	0.00	0.00%	0.00
A7. Other Costs	0.00	0.00%	0.00
Total A. Projected Operating Costs	\$796,424.00	93.60%	\$0.00

B. Projected Administrative Costs

	Requested Amount	% of Budget	Approved Amount
B1. Administrative Personnel	52,967.08	6.22%	0.00
B2. Office Expense	0.00	0.00%	0.00
B3. Facility and Utility	0.00	0.00%	0.00
B4. Transportation	0.00	0.00%	0.00

B5. Other Costs	1,500.00	0.18%	<input type="text" value="0.00"/>
B6. Audit Fees	0.00	0.00%	<input type="text" value="0.00"/>
B7. Indirect Costs	0.00	0.00%	<input type="text" value="0.00"/>
B8. Postage	0.00	0.00%	<input type="text" value="0.00"/>
Total B. Projected Administrative Costs	\$54,467.08	6.40%	\$0.00

C. Summary of Income and Expenses

	Requested Amount	Approved Amount
C1. Total Annual SFSP Costs	850,891.08	0.00
C2. Total anticipated annual SFSP reimbursement for the Program Year	1,514,936.68	1,514,936.68
C3. Excess SFSP Revenue from prior Program Year or previous participation in SFSP	0.00	<input type="text" value="0.00"/>
C4. Enter amount of income from other sources	0.00	<input type="text" value="0.00"/>
C5. Balance	664,045.60	1,514,936.68

Adult Meal information

Will meals be sold to adults? Yes No

Will meals be provided at no cost to non-program adults? Yes No

Misc

Identify how excess funds from the prior Program Year will be used:

- Used to improve the meal service or other aspects of the SFSP
- Kept for next year's SFSP operations
- Pay for allowable costs of the other child nutrition programs

Is there a rental agreement, lease, or contract associated with any of the non-food costs listed above? Yes No

Certification

- I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the California Department of Education any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The California Department of Education may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Created By: BCalderon2 on: 6/7/2018 9:34:10 AM Modified By: BCalderon2 on: 6/7/2018 9:35:07 AM

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2017 - 2018 SFSP Management Plan

04028-SFSP-19
LOS ANGELES, CITY OF DEPT OF REC & PARKS
 3900 WEST CHEVY CHASE DRIVE
 LOS ANGELES, CA 90039
 CD:
 Vendor #: 229300

Management Plan Version: Revision 1

Executive Officers of Private Nonprofit Agencies

Governing Board for Private, Nonprofit Agencies

NOTE: Telephone number and mailing address must be a home or personal business address; do not list agency information for board members.

Complete the requested information for your agency's board members/executive officers:

BOARD MEMBER/OWNER	TELEPHONE #, FAX #, AND EMAIL	MAILING ADDRESS
First Last NAME: TITLE: OFFICE HELD: Board Chair		
First Last NAME: TITLE: OFFICE HELD: Executive Director/Officer		
First Last NAME: TITLE: OFFICE HELD:		
First Last NAME: TITLE: OFFICE HELD:		
First Last NAME: TITLE: OFFICE HELD:		

Administrative Staff

Name: Bertha Calderon Position title: Program Supervisor

Has this person attended the mandatory SFSP training provided by CDE this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: _____ Position title: _____

Has this person attended the mandatory SFSP training provided by CDE this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: _____ Position title: _____

Has this person attended the mandatory SFSP training provided by CDE this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: _____ Position title: _____

Has this person attended the mandatory SFSP training provided by CDE this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Name: _____ Position title: _____

Has this person attended the mandatory SFSP training provided by CDE this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

Administrative Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by CDE)
Overall Management	1	04/27/2018
Claims Preparation	1	04/27/2018
Accounting	1	04/27/2018
Training/Monitoring	12	06/01/2018

Operational Personnel

Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by CDE)
Site Supervisor	100	06/08/2018
Other, or Volunteer(s)	250	06/08/2018

Summer Food Service Program Monitoring System

NSD 8050 (REV. 11/09)

Sponsors are required to conduct monitoring visits to ensure their approved Summer Food Service Program (SFSP) sites operate according to Title 7 Code of Federal Regulations 225 and the Management Bulletin NSD-SFSP-01-2009 Monitoring Sponsor Requirements for CCNSP Sites. Based on the SFSP requirements complete your monitoring system plan and schedule for the SFSP below.

1. MONITORING PLAN

A. Describe when your agency will schedule the required monitoring visits for all sites in a timely manner.

Pre-operational visits will be done before the program starts for new visits; 1 week Site Visits will be done during the first week of the program; Site Review will be done during the first 4 weeks of the programs; Site Visits will be done through out the entire time the SFSP program is operating, randomly and as needed.

B. Describe how your SFSP monitor(s) will verify that meal count records observed during their visit validate the number reported on the claim forms.

They will compare their site visits observations with paperwork completed by site staff. They will also check the number ordered for the day during their visits.

C. When your monitor observes that meals do not meet the SFSP meal requirement, describe how those meals will not be claimed for reimbursement.

The monitor will make a note of disallowed meals and check the site's paperwork for that day.

D. When your monitor discovers problems during an SFSP site visit, describe your agency's corrective action plan. Include follow-up procedures, staff involved, and their responsibilities.

The monitor will talk to the site staff and/or supervisor to correct the problem, and will document the problem and corrective action on their report. The monitor will let the Program supervisor know of the problem. Monitor will conduct a follow-up site visit.

E. Describe the procedures your sites will use to ensure that complete meals/snacks are counted at the point of service.

The site staff will count each meal as it is served to each child and record accordingly on the Daily Meal Count form

F. What is the maximum amount of time allowed to lapse between meal delivery time to a satellite meal site and meal service time?

usually 1/2 hour to an hour

G. If meals are delivered more than one hour before serving, how will you ensure meals are maintained at the proper temperature?

keep the meals in insulated containers or in refrigerator

H. When will your site personnel verify temperatures of meals delivered from the central kitchen (or vendor) are within the proper temperature range?

at the time of delivery

2. FOR AGENCIES THAT PURCHASE COMPLETE MEALS FROM A FOOD SERVICE VENDOR.

I. Describe how your agency will ensure the components and portion sizes the food service vendor provides meet the SFSP Meal Pattern/Food Buying Guide requirements.

For self-prep sponsors, please enter N/A in the text field below.

Monitors and site staff will inspect meals upon delivery and when served to children

J. Describe how deficient meals received from the vendor will be corrected to meet the SFSP Meal Pattern/Food Buying Guide requirements. Include staff involved and their responsibilities.

For self-prep sponsors, please enter N/A in the text field below.

The site staff and/or monitors will notify the Program staff immediately. The Program staff will notify the food vendor to correct asap.

Created By: BCalderson2 on: 6/18/2018 5:01:43 PM Modified By: bhedges on: 6/20/2018 9:15:36 AM

