

**South Carolina Department of Social Services  
Emergency Shelters Program (ESP)  
APPLICATION FOR PARTICIPATION**

Agreement Number: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

**Name and Address of Organization**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City Zip

Physical Address: \_\_\_\_\_  
Street City Zip County

County: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

2. Date you would like to be approved to claim meals for reimbursement: \_\_\_\_\_

3. Check the one which applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Government Organization (Public)  | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Private Nonprofit Organization/Secular<br>(Attach a copy of the letter from IRS granting federal tax exemption) | <input type="checkbox"/> For-Profit Organization |
| <input type="checkbox"/> Private Nonprofit Organization/Faith-Based  | <input type="checkbox"/> Other: (Specify) _____  |

4. What is the primary purpose of your shelter?

- To provide temporary shelter and food services to unaccompanied children through age 18.
- To provide temporary shelter and food services to homeless children and their family.
- To provide residential child care services. (Answer question 5)
- Other: (Please describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. If your organization is a residential child care institution (RCCI), do you serve a distinct group of homeless children who are not enrolled in the RCCI's regular program?  Yes  No

6. What is the age range of participants accepted at your facility? From \_\_\_\_\_ to \_\_\_\_\_

7. Does your organization now participate or have you participated in programs funded through the Food and Nutrition Service in the past three years? (If "Yes," give name of program and dates of participation, and with which organization if not same as current.)  Yes  No

8. Does your organization participate in any other federally funded programs? (If "Yes," give name of program and dates of participation.)  Yes  No

9. Has your organization been terminated from participating in any publicly funded programs within the past seven years? (If "Yes," give name of program, dates of participation and reason(s) for termination.)  Yes  No

10. Number of sites your organization will sponsor for the Emergency Shelters Program: \_\_\_\_\_

11. Does your organization maintain documentation indicating the full names, dates of birth and periods of all children in residency?  Yes  No

If so, what is the title of this document? \_\_\_\_\_

Who is responsible for recording this information? (Include name(s) and title(s)) \_\_\_\_\_

Where will the ESP documentation be housed? (Originals and any copies) \_\_\_\_\_

12. How will you record the number of meals served to the children each day? \_\_\_\_\_

Where will the records be maintained? \_\_\_\_\_

Who will be responsible for recording the meal count?  Paid Staff  Volunteer  Parent/Guardian

Other: (Specify) \_\_\_\_\_

What are you using to record the meal count? (Attach a copy of the document) \_\_\_\_\_

13. Estimated Annual Budget for Food Service Operations at site(s). Sponsors must also complete the budget summary.

Food Purchases	\$
Food Service Labor (Salaries of staff preparing or serving meals)	\$
Nonfood Supplies (Items needed to support meal service: napkins, straws, dish washing detergent, eating utensils, etc.)	\$
Total Food Service Operating Budget	\$

14. List personnel who will be involved in administering the Emergency Shelters Program. (Administrative duties are associated with planning, organizing and supervising the meal program)

ESP Administrative Duties	Name and Title of Person Who Will Perform Duty
Preparation and Submission of the Monthly Claim for Reimbursement	
Annual Staff Training in the ESP Duties, Responsibilities and Regulations, If Applicable	
Monitoring of Sites to Meet Sponsor's Self-Review Requirement, If Applicable	

15. Is a separate fee charged for meals served to children residing at the shelter(s)?  Yes  No

16. A. List any sources of income specifically for the purpose of food service operations, other than the ESP.

\_\_\_\_\_

B. Would you prefer to receive  USDA-Donated Food or  Cash Payments?

**Note:** Approved providers who prefer cash payments instead of donated foods will receive such payments. However, those who choose donated foods may be required to accept cash instead.

17. Responsible Individuals of the Organization: Responsible individuals are individuals who have oversight of the program.

Name	Title	Date of Birth

18. Principals of the Organization: These include but are not limited to the chairperson, executive director, owner, or individuals with the equivalent title within an organization.

Name	Title	Date of Birth	Name and Date(s) of Publicly Funded Programs Individual Participated in During Past Seven Years

19. List the name and date(s) of the publicly funded programs this center has participated in during the past seven years.

Name of Program/Dates of Participation	Name of Program/Dates of Participation

20. **Applicable for multi-site sponsors only:** Describe your system for disbursing ESP reimbursement to facilities under your administration within five days of receipt from SCDSS: (Reimbursement for a facility cannot exceed the ESP meals claimed for that site by the sponsoring organization.)

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21. **Applicable for multi-facility sponsors only:** Sponsors are required to instruct their personnel in the ESP administration and regulations. Documentation of training (sign-in sheets, agendas, etc.) must be maintained as part of your permanent records and must be available when SCDSS reviewers visit your facility. This training must be conducted at least annually. (Annually is October 1 - September 30)

Date of Training: \_\_\_\_\_ Topics: \_\_\_\_\_

22. **Applicable for multi-facility sponsors only:** Each sponsored emergency shelter must be reviewed at least **three** times each year, (October - September) including one review during the first month of the ESP operations. These reviews cannot be more than three months apart. A Civil Rights Review is to be conducted annually at each facility. List below each facility under your sponsorship and give the date for the scheduled review. Attach additional sheets if necessary.

Facility Name: _____ Review No. 1 Date: _____ Review No. 2 Date: _____ Review No. 3 and Civil Rights Review: _____	Facility Name: _____ Review No. 1 Date: _____ Review No. 2 Date: _____ Review No. 3 and Civil Rights Review: _____
Facility Name: _____ Review No. 1 Date: _____ Review No. 2 Date: _____ Review No. 3 and Civil Rights Review: _____	Facility Name: _____ Review No. 1 Date: _____ Review No. 2 Date: _____ Review No. 3 and Civil Rights Review: _____

23. The purpose of the emergency shelter program(s) is to provide temporary, residential care to children in residence with their parents/guardians.  Yes  No

**Civil Rights Information** (Data should be expressed in actual numbers)

24. Ethnicity: Hispanic or Latino: \_\_\_\_\_ Not Hispanic or Latino: \_\_\_\_\_  
Race: American Indian or Alaskan Native: \_\_\_\_\_ Asian: \_\_\_\_\_ Black or African American: \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander: \_\_\_\_\_ White: \_\_\_\_\_

25. Describe efforts to be used to assure that minority populations have equal opportunity to participate.

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26. Describe efforts to contact minority and grass roots organizations about the opportunity to participate in the program.

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27. List the name(s) of other federal agencies providing assistance to your organization. Also state if you have been in noncompliance by these federal agencies.

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**Internal Controls**

28a. Does your organization have an audit?  Yes  No

b. If yes, indicate type of audit:

Organization-wide  Program Specific

c. Audit Period: \_\_\_\_\_

d. Name of Firm to Conduct Audit: \_\_\_\_\_

e. Attach a copy of the organization's most recent independent audit or audited financial statements as prepared by a certified accountant.  Attached

29. Fiscal Year End: \_\_\_\_\_

30. Identify the funding source and the amount of all federal funds received in the past fiscal year:

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

**Accounting System**

31a. Identify the type of accounting system used by your organization use: (Please check one; if you check paper ledger, skip number 31b.)

Paper Ledger  Accounting Software  No Formal Accounting System

Other: (Specify) \_\_\_\_\_

b. If accounting software is used:

1. Please list the type: \_\_\_\_\_

2. What system do you have in place to ensure the availability of records that support CACFP costs in the event of theft, property damage, system crash, etc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. If you use a paper ledger system, how do you ensure that all CACFP records are safeguarded from theft, property damage, etc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Will the organization use a separate bank account for CACFP monies?  Yes  No

e. How will CACFP funds (expenses and income) be tracked separately from other organizational funds? (Please check the method which applies to your organization.)

Summary of Expense

Formal Accounting System (System must separate CACFP expenses and income by funding source; please enclose a sample.)

Other: (Specify) \_\_\_\_\_

\_\_\_\_\_

f. CACFP reimbursement may not cover all costs incurred due to operating the Program. Please indicate below other sources of funds available to the center that will be used.

A. \_\_\_\_\_ B. \_\_\_\_\_

C. \_\_\_\_\_ D. \_\_\_\_\_

E. \_\_\_\_\_ F. \_\_\_\_\_

**Certification**

I certify that the information on this application, including all attachments, is true to the best of my knowledge; that this organization nor any of its principals have been disqualified from any other publicly funded programs for violation of the program's requirements in the past seven years; that this organization nor any of its principals have been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity. A lack of business integrity includes fraud, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency. In addition, I will accept final administrative and financial responsibility for total operations at the emergency shelters approved to participate in the Emergency Shelters Food Program, and understand that reimbursement will be claimed for meals served to eligible participants; and that department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. I understand that the ESP will be available to all eligible participants regardless of race, color, national origin, sex, age, or disability; and that this information is being given in connection with the receipt of federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I further understand that institutions and individuals providing false certifications will be placed on the National Disqualification List and will be subject to any other applicable civil criminal penalties.

Name of Emergency Shelter Facility Representative (Type or print)		Name of Sponsor Representative (Type or print)	
Date	Signature of Center Representative	Date	Signature of Sponsor Representative

## INSTRUCTIONS FOR DSS FORM 3359

All organizations must complete a DSS Form 3359 and DSS Form 3358.

The CACFP Agreement Number is assigned by the South Carolina Department of Social Services (SCDSS). If your organization has not participated in this program before, this number will be entered by SCDSS. If you are adding a center to your sponsorship, enter agreement number, which begins with the letters ES and ends with five numbers.

Give the Federal Identification Number assigned to your organization by the IRS. This number should be taken from your tax documents and should agree with the information listed on the W-9 form, which is part of this application package. If your W-9 indicates that you are a sole proprietor (100% ownership), please include your Social Security number as well as your Federal Identification Number.

1. **Name:** The name of your organization. **Telephone:** The organization's telephone number. The ESP staff should be able to reach your organization's contact person at this number. **Fax:** The organization's fax number. If you do not have a fax number, leave this space blank. **Mailing Address:** The mailing address of your organization, to include the street or post office box, the city and the zip. **Physical Address:** The organization's physical address, the address where your facility is physically located, to include the street, city, zip and county.
2. Indicate the date that you would like to be approved to claim meals for reimbursement. Include the month, date and year (format: mm/dd/yyyy).
3. Check if your organization is classified as a government organization (public), educational institution, for-profit organization, private nonprofit organization-secular or a Private Nonprofit Organization-Faith Based. If none of these, indicate other and specify the type of organization.
4. Primary purpose of the shelter. (Self-explanatory)
5. Residential Child Care Institution: shelters that provide a program of structure care on a long-term basis would be classified as a residential child care institution (RCCI) and would generally be eligible to participate in the school nutrition programs. However, a runaway shelter of this type could participate in CACFP only if, in addition to its other activities, it provides temporary housing and food services to a distinct group of children who are not part of its regular program of care.
6. Age range accepted at the facility. (Self-explanatory)
7. Check Yes or No to indicate if your organization currently, or has in the past, participated in any programs funded through the Food and Nutrition Service in the past three years. For example, if you participated in the Emergency Shelter, Afterschool Snack Program or any other food nutrition programs prior to completing this application, within the past three years, indicate Yes and then list the name and dates of participation for each of those programs. If you have not participated in any of the food nutrition programs in the past three years, check No.
8. Check Yes or No to indicate whether or not your organization participates in any other federally funded programs. Federally funded programs are programs in which you are paid with federal funds. For example, the ABC Voucher Program is funded with federal funds. If you participate in any other federally funded programs, check Yes and then give the names and dates of participation for each of those programs. If you do not participate in any federally funded programs, then check No.
9. Check Yes or No to indicate if your organization has ever been terminated from participating in any publicly funded programs. If your program has been terminated from participating in any publicly funded programs, give the name of the program, dates of participation and the reason(s) for termination. If not, then check No.
10. Indicate the number of sites that your organization will sponsor for the Emergency Shelter Program. If your organization will be responsible for more than one site, indicate the number of sites in the space provided. If your organization will only be operating one site, indicate 1 in the space provided.
11. Indicate if your organization maintains documentation of the full names, dates of birth and periods of all children in residency, by checking Yes or No. If you check Yes, give the title of the document used to document this information. **Who is responsible for recording information? (Include name(s) and title(s).)** Answer this question in a complete sentence. For example: Johnny Marshall, our area coordinator, is responsible for recording information. **Where will the ESP documentation be housed? Originals and copies?)** Answer this question in a complete sentence. For example: All ESP documentation will be housed at the administrative office and will be kept in a locked file cabinet.

- 12. How will you record the number of meals served to the children each day and where will the records be maintained?**  
 Indicate how you plan to record the number of meals that have been served to the children on a daily basis. For example: We will record the meal count in a notebook as the children are being served and then transfer the numbers to the menu/meal count form. The menu/meal count forms will be kept in the file cabinet at our main office. **Where will the records be maintained?** Indicate where you will be keeping the records. **Who will be responsible for recording the meal count? (Include names and titles.)** Select one of the given choices. If other, specify on the line provided. **What are you using to record the meal count? (Attach a copy of the document.)** Indicate what form you are using to record your daily meal count and attach the form to this application. For example: The meal count is recorded on a meal count form that we created. See attached.
13. Indicate your estimated annual budget for the food service operation for your site(s). If you are a sponsoring organization you will combine the costs for all of your sites.
14. List all of the personnel who will be involved in administering the Emergency Shelter Program. Administrative duties include planning, organization and supervising the meal program. Administrative duties are listed to the left. Indicate the name and title of the person who will be administering those duties.
15. If there is a separate fee charged for meals served to children residing at the shelter, check Yes; if not, check No.
16. **A.** If your organization receives any other source of income that is specifically for the purpose of the food service operation of the program, other than ESP, list the names of those sources in the space provided. **B.** Check if you would like to receive USDA-donated food or cash payments. Note that approved organizations that prefer cash payments instead of donated foods will receive such, however those who choose donated foods may be required to accept cash instead.
17. List those persons that are responsible individuals within your organization. Responsible individuals are those who have oversight of the program. Be sure to include their names, titles and date of birth.
18. List those persons that are considered to be principals of your organization. These include but are not limited to the Chairperson, Executive Director, Owner or individuals with equivalent titles within your organization. Be sure to include their names, titles, date of birth and the name and dates of any publicly funded program that they participated in the past seven years. If they have not participated in any publicly funded programs in the past seven years, leave this space blank.
19. List the names and dates of all the publicly funded programs the organization has participated in during the past seven years. Continue the response on a separate sheet, if necessary.
20. If you are applying for more than one site, describe your system for disbursing ESP payment to facilities under your administration within 5 days of receipt from SCDSS. If you provide meals to the sponsored sites, indicate your method for distributing those meals to each site in the space provided.
21. If you are applying for more than one site, indicate the date that you trained or will train, your ESP personnel in the ESP administrative and regulations and the topics that you discussed during this training. Documentation of training such as sign-in sheets, agenda, etc., must be maintained at your facility, as a part of your permanent records and must be available when SCDSS reviewers visit your facility. The training must be conducted annually.
22. If you are applying for more than one site, indicate the dates that you will go out to each of your multiple sites to conduct a review. You must indicate the name of the facilities and the review dates. Each facility must be reviewed at least three times a year, including one during the first month of operation. A civil rights review is to be conducted annually. These reviews must be recorded on the ESP monitoring form, provided by the SCDSS.
23. If the purpose of the Emergency Shelter Program is to provide temporary residential care to children in residence with their parents/guardians, then check Yes, if it is not, then check No.
24. Civil Rights Information: provide an estimate of the ethnicity and racial makeup of the population to be served from sources such as census track data, public school data, housing authority, etc. The numbers should be expressed in actual numbers.
25. Describe your efforts to be used to assure that the minority population will have equal opportunity to participate in your program. Explain how you will ensure that no one will be discriminated against when trying to apply to participate in your facility(ies).
26. Describe your efforts to contact minority and grass roots organizations about the opportunity to participate in the program. How will you contact organizations to inform them of your participation in this program?
- Certification Statement: read the certification very carefully. If you are an independent center, then complete the left side of the certification; indicating the name of your center, the date and the signature of the facility or center's authorized representative. If you are a sponsoring organization, complete the right side of the certification, indicating the name of the sponsoring organization, the date and the signature of the sponsoring organizations authorized representative.
27. List the name(s) of other federal agencies (WIC, ABC, etc.) providing assistance to your organization. Also, state if you have been noncompliant by these federal agencies.

28. If your organization has an audit, then complete this entire section.

29. Enter the date of your fiscal year end.

30. Identify the funding source and the amount of all federal funds received in the past fiscal year.

31. Identify the type of accounting system that is being used by your organization.

Question 31d.: Indicate Yes or No to identify whether or not your organization will use a separate bank account for your CACFP monies.

Question 31e.: Indicate how your organization's CACFP funds will be tracked by checking the appropriate option. If you will not be using the Summary of Expense record or a formal accounting system, then check Other and then specify what type of tracking form you will be using. If you check Formal Accounting System or Other, please provide a sample copy of the document that you will be using.

Question 31f.: CACFP reimbursement may not cover all costs incurred due to the operation of your program. Indicate any other funding that is available to your organization that will be used to cover any costs, not covered by CACFP.