



# OFFICE FOR FOOD AND NUTRITION PROGRAMS

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## INSTRUCTIONS FOR COMPLETING THE NSLP APPLICATION PACKET

### INSTRUCTIONS

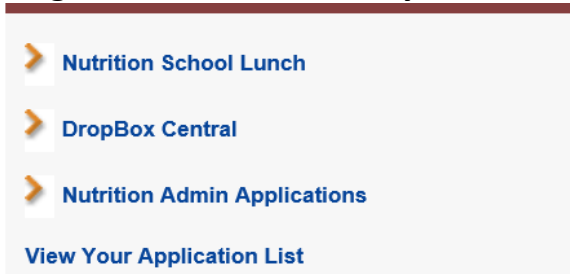
The **DESE Security Portal** can be accessed here:

<https://gateway.edu.state.ma.us/edu/myportal/meoe>

**IMPORTANT:** If you are part of a Public School and need a password to access the DESE Security Portal contact your district level Directory Administrator. Private and RCCI Programs complete the password request template at:

<https://gateway.edu.state.ma.us/nutregistration/default.aspx>

### Step 1) Log into the DESE Security Portal



### Step 2) Select Nutrition School Lunch

### Step 3) Select School Lunch and Breakfast

[Home](#) | [To-Do List](#) | [Sponsor Email History](#) | [Reviews](#) | [Child and Adult Care](#) | [USDA Food Orders](#) | [Family Day Care](#) | [School Lunch and Breakfast](#) | [Special Milk](#) | [Summer Food Service](#) | [Warehouse Operations](#) | [USDA Food Dist Only Pgm](#) | [USDA Foods Program](#) | [Reports](#) | [Document and Reference Library](#) | [Utilities](#) | [About](#)

\_\_\_\_\_ This institution is an equal opportunity provider. \_\_\_\_\_

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#### Step 4) Click on Applications

[Home](#) > School Lunch and Breakfast

[Claims](#) | [Provision2](#) | [Applications](#) | [Compliance](#) | [Reviews](#) | [Review Packets \(Dist](#)  
[Sponsor Notes](#) | [Send Email to Sponsor](#) | [District Change](#) | [Finance](#)

#### Step 5) Click on App Packet

[Home](#) > [School Lunch and Breakfast](#) > Applications

[District App](#) | [App Packet](#) | [App Packet Status Hist](#) | [Spsr In](#)  
[District Update](#) | [USDA Foods Program Info](#) | [View Invoices](#)

## Step 6) Authorized Signatures

Start with the Authorized Signatures component.

<input type="checkbox"/>	<a href="#">Authorized Signatures</a>		APPROVED	07/26/2018	
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By clicking on the word Authorized Signatures, a new window will open.

Personal Information					
Sal.	<input type="text"/>	*First	<input type="text"/>	MI	<input type="text"/>
*Last		<input type="text"/>			
Title <input type="text"/>					
Employee of Sponsor <input checked="" type="checkbox"/>			Type Contact		
DOB <input type="text"/>			ESE Liaison Authorized Claim Processor Business Manager/CFO Program Director		
Mailing Address					
Business Name	<input type="text"/>				
Street	<input type="text"/>				
Line 2	<input type="text"/>				
City	<input type="text"/>	County	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>	-	<input type="text"/>
Contact Information					
*Phone	<input type="text"/>	Ext.	<input type="text"/>	Fax	<input type="text"/>
*Email	<input type="text"/>				
*Confirm Email	<input type="text"/>				
Save Cancel Back Audit					

**IMPORTANT NOTE:** The titles of Food Service Director, Business Manager, Wellness Coordinator and Superintendent/CEO are mandatory. A person can have multiple roles. A new window will open up for every new contact person. Complete all information and Save and Submit.

## Step 6) FSMC Used

<input type="checkbox"/>	<a href="#">FSMC Used (SL)</a>		APPROVED	07/26/2018	
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Click on the word *FSMC* and a new window will open.

### SL FSMCs Used

<input type="checkbox"/> No FSMCs Used					
FSMC					
<b>For State Use Only</b>					
Approved	IN PROCESS	Date	07/26/2018	Status	IN PROCESS
Notes					
<input type="button" value="Submit"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Amend"/> <input type="button" value="Back"/> <input type="button" value="Audit"/>					

Select the Food Service Management company from the drop down box to if there is one if not check No FSMC and Save and Submit.

## Step 7) Food Service Vendors

<input type="checkbox"/>	<a href="#">Food Service Vendors (School Lunch)</a>		APPROVED	07/26/2018	
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Click on the word Food Service Vendors and a new window will open.

### SL Vendors

<input checked="" type="checkbox"/> No Vendors Used					
Name			City		
For State Use Only					
Approved	IN PROCESS		Date		Status IN PROCESS
Notes					
<input type="button" value="Add New"/> <input type="button" value="Remove Checked Items"/> <input type="button" value="Submit"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Amend"/> <input type="button" value="Back"/> <input type="button" value="Audit"/>					

If there are no vendors that provide the food service, click on the No Vendors Used check box and Save and Submit.

If vendors are used, then click on the Add New button and a drop down menu will let you choose your vendor from a list. Then Save and Submit.

## Step 8) Central Kitchen Information

<input type="checkbox"/>	<a href="#">Central Kitchen Information</a>		APPROVED	07/26/2018	
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Click on the word Central Kitchen Information and a new window will open.

### Central Kitchens

<input type="checkbox"/> No Central Kitchens					
<b>Central Kitchen</b>					
Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	MA	Zip	02601
Telephone	<input type="text"/>				
Contact	<input type="text"/>				
Sites Served	<input type="text"/>				

If there are no cafeterias that prepare and deliver meals to other locations, then click the No Central Kitchen button and Save and Submit.

If there are schools that prepare meals for other feeding sites, then fill out the information for each Central Kitchen and Save and Submit.

## Step 9) School Applications

<input type="checkbox"/> <a href="#">School Applications</a>	APPROVED	01/23/2019	
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School Applications will list all schools that are currently approved to serve meals under your agreement.

This is where any updates to school names, addresses, enrollment, serving times and operational days are updated. The number of approved days and enrollment will determine how many meals and days can be claimed.

### SL School Application Search

Status	Name	Site #
APPROVED DEFERRED DISAPPROVED IN PROCESS REVIEWED SUBMITTED TERMINATED	<input type="text"/>	<input type="text"/> Sites Listed: 10

Name	Number	Status
<a href="#">BARNSTABLE COMMUNITY HM CHARTE</a>	020-002	IN PROCESS
<a href="#">BARNSTABLE HIGH SCHOOL</a>	020-505	IN PROCESS
<a href="#">BARNSTABLE INTERMEDIATE SCHOOL</a>	020-405	IN PROCESS
<a href="#">BARNSTABLE UNITED ELEMENTARY</a>	020-003	IN PROCESS
<a href="#">BARNSTABLE WEST BARNSTABLE</a>	020-005	IN PROCESS
<a href="#">Cape Cod Waypoint</a>	020-004	IN PROCESS
<a href="#">CENTERVILLE ELEMENTARY</a>	020-010	IN PROCESS
<a href="#">HYANNIS WEST ELEMENTARY</a>	020-025	IN PROCESS
<a href="#">OSTERVILLE CAPE COD</a>	020-001	IN PROCESS
<a href="#">WEST VILLAGES ELEMENTARY</a>	020-045	IN PROCESS

Each site will have it's own application that needs to be completed for accuracy and Saved and then Submitted. Sites can be updated at any time during the school year.

Items with a **RED \*** are mandatory fields.

Click on the word School Applications and a list of all the schools in your program will appear with the name and site number as they appear on your monthly claims for reimbursement.

Agm #	01-020	*Site #	020-002	Fiscal Yr.	2019						
Amendment #	1	Status	APPROVED	*Eff. Date	08/29/2018						
*School Name	BARNSTABLE COMMUNITY HM CHARTE										
<input checked="" type="checkbox"/> This site is the same legal entity as the sponsoring organization											
Organization Name if different legal entity											
Remarks											
Address	165 BEARSES WAY										
City/Town	HYANNIS	Cty.	Barnstable	State	MA						
Telephone		Ext.		Zip	02601 -						
<b>Operating Information</b>											
Income Applications Collected	Collect application forms	Collection Method	POS								
School Type	Public	Enrollment	294								
After School Participation from Other Schools <input type="checkbox"/>											
Menu Planning Method	Food Based Menu Planning										
*POS Vendor	NUTRIKIDS										
POS System Info											
*Grade Level	From PK	Through 3	<input type="checkbox"/> Ungraded								
Snack Justification											
Select school from the list below to qualify for All Free Snack Service											
<b>Operating Dates</b>											
Dates	*Starting Date	09/04/2018	*Closing Date	06/30/2019	Termination Date						
<b>Meal Service</b>											
	M	Tu	W	Th	F	Sa	Su	Start Time	End Time	Source of Meals	Type of Meal
Breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08:00 AM	09:00 AM	On Site	Breakfast (Vendor)
Lunch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11:20 AM	01:30 PM	On Site	Lunch (Vendor)
After School Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Special Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



*Days Open Per Month								
<a href="#">Calculate</a>	Jul	0	Aug	0	Sep	19	Oct	23
	Nov	22	Dec	21	Jan	23	Feb	20
	Mar	21	Apr	22	May	23	Jun	20

Breakfast Model Information	
<input checked="" type="checkbox"/>	Is breakfast served before the beginning of the instructional day?
Model used before the beginning of the instructional day:	
Breakfast Model	Delivered to Classroom
Breakfast Model Info	
<input type="checkbox"/>	Is breakfast served after the beginning of the instructional day?

Alternate Provision Information			
Provision 2	Meal	Currently Participating	Want to Participate
	BRK	No	<input checked="" type="checkbox"/>
	LUN	No	<input type="checkbox"/>
	SNK	No	<input type="checkbox"/>
Universal Breakfast	Eligible - No	No	<input type="checkbox"/>

RCCI Only			
License #		Licensed By	
Licensed Capacity	0	Expiration	
		Total Enrollment	

For State Use Only					
Free Snack Eligible	<input checked="" type="checkbox"/>	Severe Need	<input checked="" type="checkbox"/>	Area Eligible	<input checked="" type="checkbox"/>
State Universal Breakfast Eligible	<input type="checkbox"/>	Participating State Universal Breakfast	<input type="checkbox"/>	Breakfast Mandated	<input checked="" type="checkbox"/>
PROV2		% Basis	Base Year	Extension Granted	Year Ext. Granted
	Breakfast	<input type="checkbox"/> Monthly		<input type="checkbox"/>	
	Lunch	<input type="checkbox"/> Monthly		<input type="checkbox"/>	
	Snacks	<input type="checkbox"/>			
Community Eligibility Provision	<input type="checkbox"/>	Base Year		Group ISP Percent	
		CEP Multiplier Effective Date		Site ISP Percent	
		<input type="checkbox"/> Manual Override		Manual Override Year	
Approval Status	Approved	Approval Date	10/26/2018		

<a href="#">Save</a>	<a href="#">Cancel</a>	<a href="#">Submit</a>	<a href="#">Site Selection</a>	<a href="#">View Changes</a>	<a href="#">Next</a>	<a href="#">Amend</a>	<a href="#">Audit</a>
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## Step 10) School Lunch and Breakfast Pricing

<input type="checkbox"/> <a href="#">School Lunch and Breakfast Pricing</a>	REVIEWED	09/14/2018	
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Click on the words School Lunch and Breakfast Pricing and a new window will open.

\* Application 2020 Amend 1 (IN PROCESS) ▼

		Elementary	Middle	Secondary
<b>Lunch</b>	*Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Reduced Price	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Breakfast</b>	*Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Reduced Price	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Snack</b>	*Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*Reduced Price	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Adult</b>	*Lunch	<input type="text"/>		
	*Breakfast			<input type="text"/>

I certify this submitted report includes meal services for which there is no pricing.

**For State Use Only**

Approved	<input type="text"/>	Date	<input type="text"/>	Status	<input type="text"/>
Notes	<input type="text"/>				

**IMPORTANT:** Please fill in the price most commonly charged at each grade level. If the meal and/or grade level does not apply, please enter "N/A". If the meal and/or grade level is non-pricing such as CEP, Provision 2 or a RCCI that does not charge, please enter "\$0.00".

### Step 11) Documents to be uploaded

Documents in the Application Packet with 'UPLOAD' next to them are located in the Document in Reference Library to be downloaded, completed and uploaded.

Free/Reduced Price Policy Statement	<a href="#">Upload</a>
Household Application	<a href="#">Upload</a>
Local Wellness Policy Addendum	<a href="#">Upload</a>
Performance Based Funding Annual Attestation	<a href="#">Upload</a>
Food Storage Facility Information Document	<a href="#">Upload</a>
Civil Rights Training Certificate of Completion	<a href="#">Upload</a>
After School Snack Program Addendum	<a href="#">Upload</a>

**IMPORTANT:** File names cannot have any spaces, hyphens or special characters. Please eliminate these before saving the document and uploading it into the security portal to avoid any error messages.

## Document and Reference Library

Sort By

### NSLP ANNUAL RENEWAL DOCUMENTS

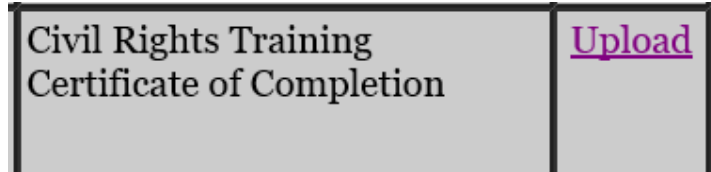
<a href="#">SY 2019 Free and Reduced Policy Statement</a>	Application Packet	06/29/2018
<a href="#">SY 2019 Local Wellness Policy Addendum</a>	Application Packet	06/29/2018
<a href="#">SY 2019 Performance Based Funding Attestation</a>	Application Packet	06/29/2018
<a href="#">SY 2019 Food Storage Form</a>	Application Packet	06/29/2018
<a href="#">SY 2019 After School Snack Addendum</a>	Application Packet	06/29/2018

[To-Do List](#) | [Sponsor Email History](#) | [Reviews](#) | [Child and Adult Care](#) | [USDA Food Orders](#) | [Family Day Care](#) | [School Lunch and Breakfast](#) | [Special Milk](#)  
[Summer Food Service](#) | [Warehouse Operations](#) | [USDA Food Dist Only Pgm](#) | [USDA Foods Program](#) | [Reports](#) | [Document and Reference Library](#) | [Utilities](#)  
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Each of these items will appear in the Document and Reference Library in the order they appear on the Application Packet. Click on each item and complete the form before uploading it to the corresponding component in the application packet.

## **\*NEW\* This Year for SY 2019-2020**

### Civil Rights Training Certificate



The Civil Rights On Demand Module can be accessed from the John C. Stalker Institute website:  
<https://www.johnstalkerinstitute.org/>

Complete the profile to create an account.



After the account has been created, the on demand course has been taken, complete the certificate and upload it into the corresponding component.

## CERTIFICATE OF TRAINING

The John C. Stalker Institute of Food and Nutrition  
at Framingham State University certifies that on

June 17, 2019 (Month/day/year)

Benjamin Franklin (First/Last name)

from DESE (District name)

participated in the

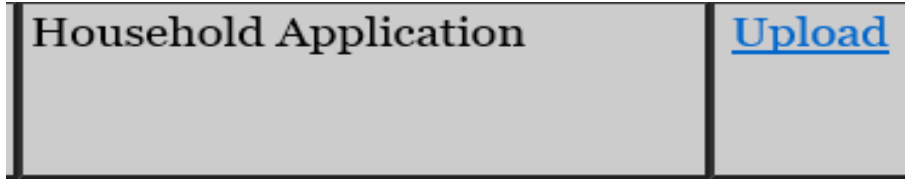


**Civil Rights for Child Nutrition Programs**

\_\_\_\_\_ This institution is an equal opportunity provider. \_\_\_\_\_

**\*NEW\* This Year for SY 2019-2020**

**The Household Application component**



**Upload a copy of the district's meal benefit household application.**

**2019-2020 Prototype Household Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please use a pen (not a pencil).

Apply online: [Mylunchapp.com](http://Mylunchapp.com)

<p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p>	Child's First Name	M	Child's Last Name	Grade	Student Y N	Foster Child	Homeless Migrant Runaway
	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

**IF NO** > Go to STEP 3.      **IF YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income:  Weekly  Bi-Weekly  Monthly

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?					
		Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)       Last Four Digits of Social Security Number (SSNI) of

## Step 11) District Application

The final steps is the District Application. All items below it **MUST** be in a 'Submitted' status to complete this final step.

### Application Packet Disposition

Component	Upload	Disposition	Disposition Date	Comments
<input type="checkbox"/> <a href="#">District Application</a>		APPROVED	01/23/2019	

### School Lunch and Breakfast SFA Application

Agm #	09-288	Fiscal Year	2020	Status	IN PROCESS
Amendment #	1	*Effective Date	08/29/2019		
IRS Status	Non-Profit	Sponsor Type	Public		
*SFA Name	Your School District				
*Physical Address	40 Fairbank Rd				
*City/Town	Anytown	Cty.	Middlesex	State	MA
*Zip	09999				
Remarks					
Administrator/Director	Christine Boyd				
Telephone	978-639-3228			Ext.	
<b>Superintendent/CEO</b>					
*First Name	First Name	MI		*Last Name	Last Name
DOB				Title	Superintendent
Telephone	978-639-0099	x	Ext.	Fax	978-443-0000
*Mailing Address	40 Fairbank Road				Email
*City/Town	Anytown	State	MA	*Zip	09990
<b>Claim and Request Information</b>					
*Starting Date	08/29/2019			*Ending Date	06/30/2020
Claims will be submitted in the following months:	Jul	Aug	Sep	Oct	Nov
	Jan	Feb	Mar	Apr	May
Reduced Price Meal Charge	Breakfast	0.00	Lunch	0.00	After School Snack
					0.00
USDA Foods Request	<input checked="" type="checkbox"/>				
<b>For State Use Only</b>					
Severe Need Lunch	<input type="checkbox"/>			Consultant	Faria, Ebonique
Warehouse Used	A and D Cold Storage, Inc.				
Approve	In Process			Approval Date	
Temporary Suspension	<input type="checkbox"/>			Temporary Suspension By	
Temporary Suspension Reason					
Termination Reason				Termination Date	
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Submit"/> <input type="button" value="View Changes"/> <input type="button" value="View Affected Sites"/> <input type="button" value="Amend"/> <input type="button" value="Back"/> <input type="button" value="Audit"/>					