May 22, 2008

TX: 178-1015

Texas A and M University Corpus Christi
ATTN: Dr Harvey Knull
NRC 2200 Unit 5854
6300 Ocean Dr
Corpus Christi, TX 78412

RE: Approved Summer Food Service Program Application for Program Year (PY) 2008

Dear Dr. Knull:

Your application for the SFSP has been approved for PY 2008. A copy of your approved application is enclosed. Enclosed also are the forms listed in Attachment #1 to this letter. You need these forms for the operation of the program. You may make copies of these forms as needed or you may also print your own forms by accessing the Texas Department of Agriculture (TDA) Food and Nutrition Division (FND) website at http://www.snptexas.org and downloading the desired forms.

The program number for your SFSP contract is TX# 178-1015. The program number identifies your organization as a participant in the SFSP. The contract number for your SFSP contract is 75L7016. The contract number identifies your organization as a contractor with the TDA FND. Both numbers are unique to your organization and you need to enter them on required TDA forms when filing a claim for reimbursement and when completing the renewal or update documents each program year.

You must retain a copy of all forms and documents as part of your official records for at least three years and 90 days from the end of the program year or until all audit findings, claims, or litigation have been resolved whichever period is longer. Please reference the FND agreement for additional record retention requirements.
You have the right to appeal TDA adverse actions that affect your claims for reimbursement or participation in the program. Your request for an appeal must state the basis of the appeal of the adverse action and must include a copy of the adverse action letter. A request for an appeal must be submitted in writing and received by TDA within 10 calendar days from the date you receive a notice of adverse action from TDA. Requests for appeals must be mailed or faxed to:

TEXAS DEPARTMENT OF AGRICULTURE
SNP APPEALS
ATTN: JOHN WILEY, DOCKET CLERK
OFFICE TELEPHONE NUMBER (512) 463-4075
FAX NUMBER 1-800-909-8520

MAILING ADDRESS:
PO BOX 12847
AUSTIN TEXAS 78711

You may hand-deliver or submit your appeal request via overnight/special delivery service to the following street address:

1700 NORTH CONGRESS,
11TH FLOOR
AUSTIN TEXAS 78701

Based on the information you submitted on the Special Nutrition Programs Form H1569, Single Audit Identification Data, you are subject to single audit requirements and you must submit an audit within 9 months of your organization's most recently completed fiscal year. Failure to submit an audit or comply with audit requirements can result in adverse action up to and including contract termination.

If you have any questions, please contact me at (210) 655-6986.

Sincerely,

Barbara Zachary
Field Operations Manager
Food and Nutrition Division
Enclosures
MAILING ADDRESSES FOR
TEXAS DEPARTMENT OF AGRICULTURE

Mail to field office:

Barbara Zachary
Field Operations Manager
TEXAS DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION DIVISION, MAIL CODE 279-4
PO Box 23990
San Antonio, Texas 78223-0990

Mail Claims for Reimbursement to:

TEXAS DEPARTMENT OF AGRICULTURE
ADMINISTRATIVE MANAGEMENT SERVICES
FOOD AND NUTRITION DIVISION, MAIL CODE -SNP
PO BOX 12847
AUSTIN, TEXAS 78711

NOTE: Contractors are encouraged to file claims electronically using the INAPP system.

Mail all checks and/or cashier checks to this agency to:

ADMINISTRATIVE MANAGEMENT SERVICES
FOOD AND NUTRITION DIVISION, MAIL CODE -SNP
TEXAS DEPARTMENT OF AGRICULTURE
P.O. BOX 12847
AUSTIN, TEXAS 78711

To be assured of proper credit to your contract, we request that the following information be submitted along with payment:

- Name of your organization
- Program number (TX)
- Contract Number (75####)
- Program for which the payment is for, and
- Month and year of service for which payment is for, and
- Type of payment (i.e., claim overpayment, advance return, etc.)
**Summer Food Service Program**

**Application for Participation**

Give as much information as possible. Attach additional sheets if needed; identify each attachment with the name of the contracting organization.

<table>
<thead>
<tr>
<th>For TDA Staff Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract No. 7517016</td>
</tr>
<tr>
<td>Eff. Date 09-08</td>
</tr>
</tbody>
</table>

Approved for:
- [x] Breakfast
- [ ] A.M. Supp.
- [ ] Lunch
- [ ] P.M. Supp.
- [ ] Supper
- [ ] All

---

**Section I – Sponsor Information**

<table>
<thead>
<tr>
<th>Sponsoring Organization Name</th>
<th>Texas ID No.</th>
<th>Telephone No.</th>
<th>Hotline No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas A&amp;M University - Corpus Christi</td>
<td>174176906633016</td>
<td>(361)825-5967</td>
<td>(361)825-2778</td>
</tr>
</tbody>
</table>

Mailing Address (Street or P.O. Box, City, State, ZIP):
6300 Ocean Dr. NRC 2200, Mail Unit 6854, Corpus Christi, TX 78412

Street Address (if different):

<table>
<thead>
<tr>
<th>Name of Administrator</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Miller</td>
<td><a href="mailto:Joseph.miller@tamucc.edu">Joseph.miller@tamucc.edu</a></td>
</tr>
</tbody>
</table>

Title:
Director of Education & Youth Issues

Name of SFSP Contact Person: Joe Miller
Telephone No. of Contact Person (include Area Code): (361)825-5967

---

A. Sponsor Classification (Check all that apply):

- [x] National Youth Sports Program  
- [ ] Residential  
- [ ] Nonresidential Summer Camp  
- [ ] Unit of Government – Contractor certifies that all food service sites are operated directly by the contractor.  
- [ ] Private Nonprofit

B. Is your program a year-round program?

[ ] Yes  [x] No

C. Type of Sponsor:

- [x] Public Entity

  Is your agency considered to be owned/operated?
  [ ] Yes  [x] No

  Do you deposit your program reimbursement directly into the State Treasury?
  [ ] N/A  [ ] Yes  [x] No

  Do you deposit your program reimbursement into a local bank?
  [ ] N/A  [x] Yes  [ ] No

  If "Yes," is it direct deposit?
  [ ] Yes  [x] No

- [ ] Private Nonprofit Organization – Tax-exempt status established. Attach letter of determination (IRS 501(c)(3)) of tax-exempt status from IRS.

  Do you deposit your program reimbursement into a local bank?
  [ ] N/A  [ ] Yes  [ ] No

  If "Yes," is it direct deposit?
  [ ] Yes  [ ] No

D. Does the organization provide an ongoing year-round service to the community that is to be served by the Summer Food Service Program (SFSP)?

[ ] Yes  [x] No

  If "No," which of the following circumstances applies?

  - [ ] Residential Camp
  - [ ] Serves Migrant Children  
  - [x] Failure to operate would deny program to a poor area
  - [ ] Failure to operate would deny a significant number of children access to program

E. Does the organization expend $500,000 or more in federal funds yearly?

[ ] Yes  [ ] No

Attach a copy of the audit covering last year's program operation or documentation that an audit conforming with SFSP policy will be conducted, including the date it will be conducted.
Section II – Budget

A. Estimate all SFSP costs that will be claimed for reimbursement for the program year.

<table>
<thead>
<tr>
<th>1. Estimated Operational Costs</th>
<th>Program Year Costs</th>
<th>2. Estimated Administrative Costs</th>
<th>Program Year Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Labor</td>
<td></td>
<td>Administrative Labor (mgmt., monitor, clerical)</td>
<td>$534</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td>Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$6187.50</td>
<td>Rental of Office Space</td>
<td></td>
</tr>
<tr>
<td>Non-food Supplies</td>
<td></td>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td>Office Supplies</td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
<td>Office Building Maintenance</td>
<td></td>
</tr>
<tr>
<td>Equipment Use Fee</td>
<td></td>
<td>Equipment Use Fee</td>
<td></td>
</tr>
<tr>
<td>Rental of Equipment</td>
<td></td>
<td>Audit Fees</td>
<td></td>
</tr>
<tr>
<td>Transportation – Rate per mile:</td>
<td></td>
<td>Legal Fees</td>
<td></td>
</tr>
<tr>
<td>Other (specify): Custodial, facilities</td>
<td></td>
<td>Transportation – Rate per mile:</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td>Other (specify):</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

Total 1 $6187.50

Total 2 $534.00

B. Indicate projected income to the food service from all sources other than SFSP reimbursement. Identify exactly the costs this income will cover. (Do not include state or federal funds.)

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
<th>Will be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Section III – Management Plan

A. List administrative-level personnel who will be responsible for management and monitoring of the SFSP. (Do not include site supervisors, cooks, janitors or other personnel involved in on-site food service.)

<table>
<thead>
<tr>
<th>Title of Position</th>
<th>Number in Position</th>
<th>Specific Food Services Program Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1</td>
<td>Prepares claims, maintains documentation/training/facilitation</td>
</tr>
<tr>
<td>Business Coordinator</td>
<td>1</td>
<td>Financial supervision and allotments</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>1</td>
<td>Processes paperwork, assists Director</td>
</tr>
<tr>
<td>Monitor</td>
<td>1</td>
<td>Monitors serving sites, performs daily counts</td>
</tr>
</tbody>
</table>
B. Are children charged separately for meals? ................................................................. ☐ Yes  ☒ No
   If "Yes," complete Form H1506, Attachment A (page 2) and submit with this application.

C. Do you want to receive advance payments:
   for operational costs? ................................................................................................. ☐ Yes  ☒ No
   for administrative costs? ............................................................................................. ☐ Yes  ☒ No

D. If meal service is self-preparation, do you want to receive commodities? .......................... ☐ Yes  ☒ No
   If "Yes," Form H1608, Application and Agreement for Receipt of USDA-Donated Commodities, must be completed and returned with your SFSP application.

Section IV – Program Operation

A.1. Beginning and Ending Dates of Meal Service
   From: June 9, 2008  To: June 29, 2008

A.2. Number of Sites
   1

B. List dates and topics of SFSP training.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2, 2008</td>
<td>Food site monitoring, accurate counts, eligibility, reimbursable items, civil liberties, HB4300</td>
</tr>
</tbody>
</table>

C. Is the organization currently contracting with a year-round food service management company? ☒ Yes  ☐ No
   If "Yes," submit a copy of your procurement procedures, bid, contract and all amendments; skip Item D. If "No," complete Item D.

D. Is the organization planning to contract with a food service management company? .......................... ☐ Yes  ☒ No
   If "Yes," and the contract will exceed $25,000, attach a copy of the invitation to bid. Also provide:

<table>
<thead>
<tr>
<th>Date of Bid Publication</th>
<th>Place of Publication</th>
<th>Date of Bid Opening</th>
<th>Time of Bid Opening</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Is bid expected to be $100,000 or more?  ☐ Yes  ☒ No
   If "Yes," give place of bid opening.

Also, attach a copy of a minimum 11-day cycle menu, including all specific menus to be used.

E. Attach a copy of the letter that has been (or will be) sent by the organization to the local health department notifying it of intent to operate a Food Service Program at the site(s) indicated on the attached Form H1507, Site Information.

F. Are you implementing the option to allow off-site consumption of food? .................. ☐ All Sites  ☐ Some Sites  ☒ No Sites

Section V – Assurances

A. Free Meal Policy Statement
   1. The sponsoring organization assures the Texas Department of Agriculture (TDA) that all children at the sites described on the site(s) information sheets (Form H1507) for the Summer Food Service Program will be offered the same meals with no physical segregation of, or other discrimination against, any child because of race, color, national origin, sex, age or disability. No separate charge will be made for any meal except in accordance with Attachment A of this application.
   2. The sponsoring organization assures TDA that, if it is sponsoring camps or other enrollment programs:
      • the sponsoring organization has or will obtain family size and income data about all children whose meals will be reported as free or reduced-price; and
      • the children claimed as free or reduced-price meet the current family size and income standards set by the United States Department of Agriculture, TDA Form H4504, Income Standards for Determining Free and Reduced-Price Eligibility.
   3. If the sponsoring organization is sponsoring a camp or other enrollment program that charges separately for meals, the sponsoring organization has read Attachment A to this application, "Additional Assurances for Camps and Other Enrollment Programs that Charge Separately for Meals," and assures TDA that all requirements have been or will be met.

RECEIVED

May 16, 2008

Texas Department of Agriculture
Food & Nutrition Division, San Antonio
B. Public Release

1. The sponsoring organization will make efforts to ensure that the local news media will make a public announcement of the program and will supply them with a news release.

   If the sponsoring organization is sponsoring a camp or other enrollment program, this release must contain, at a minimum, a list of all approved sites, a list of the current standards for determining free and reduced-price eligibility, and the following statement:

   "The [Organization Name] announces the sponsorship of the Summer Food Service Program. (name of the organization)

   Income eligibility will be based on family size and income using the Standards for Determining Free and Reduced-Price Eligibility, provided by the United States Department of Agriculture (USDA). Meals will be provided at the site(s) listed. In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

   To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

   For all other groups, the announcement must contain, at a minimum, a list of all approved sites and the following statement:

   "The [Organization Name] announces the sponsorship of the Summer Food Service Program. (name of the organization)

   Meals will be provided at the site(s) listed. In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

   To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

2. This public release was or will be published in the following news media outlet(s):

<table>
<thead>
<tr>
<th>Name of Media Outlet</th>
<th>Date of Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Christi Caller-Times</td>
<td>May 30, 2008</td>
</tr>
</tbody>
</table>

3. Attach a copy of the sponsoring organization's public release statement as submitted to the news media and any other materials used to publicize the program's availability and nondiscrimination requirements.

Section VI – Waiver Requests (Check all for which you are applying; submit appropriate waiver request form and documentation.)

☐ Waiver to operate more than 25 sites (nonprofit organizations only). Complete and submit Form H1570.

☐ Waiver of the 15-consecutive school day requirement for year-round school program sites. Complete and submit Form H1571.

☐ Waiver of the time restrictions for meal service. Complete and submit Form H1572.

☐ Waiver of the first-week site visit requirement (school food authorities only). Complete and submit Form H1510.

☐ Waiver of Number and Type of Meals Served at an SFSP Site. Complete and Submit Form H1573.

Section VII – Certification (see Form H1506, Attachment B)

I certify that the information on this application is true and correct to the best of my knowledge. I certify that reimbursement will be claimed only for approved meals served to eligible children during the hours they are in attendance at approved sites. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

[Signature]

Name (please type or print)  Title
Harvey Knoll  Associate VP for Research & Scholarly Activity

Date
5-15-08

RECEIVED

MAY 1 6 2008

Texas Department of Agriculture
Food & Nutrition Division - San Antonio
For TDA Use Only

☑ Approved  ☐ Denied (reason):

[Signature] [Official Sponsoring Organization]

[Date]

Name (please type or print) [Marye Beal]
Title [Food]