Sponsor Procedures for Accepting Donations for the Summer Food Service Program (SFSP)

PURPOSE: To provide direction concerning any food donations received for use in the SFSP.

SCOPE: Public and Private non-profit agencies and organizations participating in the program as SFSP sponsors.

DESCRIPTION: In order to standardize the method by which SFSP sponsors document donations received for SFSP operations, the state Agency has established the required SFSP Donations Policy and Form for recording program donations in a manner which is consistent with State Agency requirements and SFSP Regulations.

The following criteria are applicable to the sponsor at any time a program donation is received:

- The attached form is dated and completed at the time when the donation is received. Any "after the fact" donation documentation is considered unacceptable.
- In accepting donated foods, the sponsor must, in accordance with its agreement with the State agency, maintain in the storage, preparation, and service of food, proper sanitation and health standards that conform to all applicable State and local laws and regulations. Sponsors must comply with any stricter local laws, where applicable.
- The entity donating the food to the sponsoring SFSP organization must have supportive documentation available which shows how the donations were obtained. The copies of the actual purchase receipts and/or invoices should be available for State Agency review upon request.
- All documentation related to program donations must be available for examination during the Administrative Review of the Sponsor and at any time throughout or after the program operations.
- All contributions received in a form of food donations must be documented as funds accrued to the program, but will not be deducted from a sponsor's reimbursement.

SOURCE: Indiana Department of Education, School and Community Nutrition

Indiana SFSP Donations Form

Sponsor Name_____ Sponsor ID # _____

Authorized Sponsor Representative _____ Date _____

Name of the Donating Organization _____

Items Donated	Quantity	Size, Units, etc. (If applicable)	Estimated Value

Date Donations Received _____

Donator's Name (printed) _____

Donator's Signature _____

Signature of the Authorized Sponsor Representative _____

Sponsor/Donor Certification: I certify (promise) that all information on this form is true and that all donated items listed have been received in food safe condition by types and quantities as listed above and without compensation to the donor. I understand that State Agency officials may verify the information and request additional documentation such as invoices and receipts of the actual purchases from the Donating Organization. The Donating Organization has been informed of such conditions. I understand that if I purposely give false information regarding donations, my status as a SFSP sponsor may be jeopardized, and I may be prosecuted.

Sponsor Initials_____Donor Initials _____

SFSP 3/12