

**Senior Project Fresh Program Compliance Assessment Form**  
**Program Year: \_\_\_\_\_**

Agency Name: \_\_\_\_\_ Counties Served: \_\_\_\_\_

ITEM	YES	NO	COMMENTS
Coupons are kept in secure location until use.			
Has a target audience has been identified? (If yes, please explain who they are in the comments section.)			
Have distribution sites been identified?			
Do staff review application and proxy (if needed) for completeness with client?			
Are clients given an opportunity to ask questions?			
Are non-eligible persons notified within 15 days of their non-eligibility?			
Are eligible clients given list of nutrition education opportunities (i.e., classes, demonstrations, 1-1 counseling) <b>List methods in comments section.</b>			
Do staff review instruction sheet with client, including civil rights and complaint process?			
Are all applications kept confidential?			
Are completed applications, coupon registers, and proxy forms kept in a secure location?			
Are application forms kept for a minimum of 3 years unless they are sent to the State Agency?			
Does agency have waiting list?			
If yes, is waiting list current?			
Are those on waiting list notified immediately when SPF Coupon Booklets are available?			

Has the Lead Agency planned to complete the data requirements no later than the 1 <sup>st</sup> business day of December of the current program year?			
Are non-discrimination statements printed on all SPF materials?			
Does staff give information and refer clients with other concerns/needs?			
If local monies are raised, are there plans to get those funds submitted to the state prior to September 15 <sup>th</sup> of the current program year?			
Does the agency have an agency-specific policy and procedure manual for SPF in addition to the State Agency's Lead Agency Handbook?			
Is the agency on the debarred list? Check this website: <a href="https://www.sam.gov/">https://www.sam.gov/</a> (The debarred list names agencies that are past due on money owed to the federal government or defaulted on federal loans.)			

Are there complaints or concerns about the program? Please list:

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I certify to the best of my knowledge and belief that reports submitted to MDHHS' Behavioral and Physical Health and Aging Services Administration (BPHASA) are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).