
Is this site indoor or outdoor? Indoor Outdoor

If this is an outdoor site, where will meals be served in inclement weather?

Method of meal preparation (check one): Self-Prep (meals are prepared on site and served only at that site)
 Sat-Prep (meals are prepared on site and served at this site and other sites)
 Satellite (meals are not prepared on site)

Indicate how meals are obtained/
 procured: Purchased from a School Food Authority
 Competitively procured
 Purchased from a University campus dining
 Sponsor Prepares meals

Sat-Prep and Satellite sites only complete this section

Name of food preparation kitchen location:

Address of food preparation kitchen location:

County of food preparation kitchen location:

Describe arrangements for the delivery and holding of meals, how and where meals are stored, including excess meals, and the procedure to be used to communicate adjustments in the number of meals delivered when variations in the site's average daily participation occur (attach additional sheet if necessary):

First date SFSP meals will be served:

Last date SFSP meals will be served:

List all days there will be limited meal service:

List all days there will be no meal service:

Does the sponsor plan to implement Jewish Dietary Law at this site? Yes No

If yes, which option will be implemented?

How many children can eat at this site?

Do you feed (check all that apply)? Program adults Non-program adults Children not eligible

How will the cost of the meals be covered? Charged for meal
 Not charged for meals and paid with non SFSP funds

If charged for meals, what is the amount?

Will you be serving children 6 years or younger a six ounce portion of milk? Yes No

If yes, how many?

***Sponsors may serve up to two meals per day. May be any combination except Lunch and Dinner.**

Meal Number One:

Please indicate the meals you will be serving, along with other information requested. If over the course of the summer the meals or meal service times change, or if the actual number of children served exceeds the estimate, please update online or notify our office.

Type of meal to be served:	Breakfast	Lunch	Supper	Snack
Check days meals will be served:	Monday Friday	Tuesday Saturday	Wednesday Sunday	Thursday
Start time of meal service:				
End time of meal service:				
Offer vs. Serve:	Yes	No		
Flexible Off Site consumption:	Yes	No		
Points of service:				
Participation/Enrollment:				
Is there shift feeding?	Yes	No		
If yes, number of shifts:				

Meal Number Two (If applicable):

Type of meal to be served:	Breakfast	Lunch	Supper	Snack
Check days meals will be served:	Monday Friday	Tuesday Saturday	Wednesday Sunday	Thursday
Start time of meal service:				
End time of meal service:				
Offer vs. Serve:	Yes	No		
Flexible Off Site consumption:	Yes	No		
Points of service:				
Participation/Enrollment:				
Is there shift feeding?	Yes	No		
If yes, number of shifts:				

I CERTIFY this site will operate a non-profit food service; the site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served; that all eligible children will be served meals free of charge; that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Name of Authorized Official/SFSP
Contact/ Designated Representative:

Signature:

Title:

Date

For SED Use Only:

Department Approval

Date

LEA Code:

Urban or Rural?

Urban

Rural