2022 SFSP Site Application

Site Information:

Site Name______________________________________________________________

Physical Address _______________________________________________________

City_________________ State_______ Zip_____________ County ________________

TCFB Program Start Date: 6/6/22
TCFB Program End Date: 8/5/22
Site Application Deadline: 5/16/22

All information on this form will be submitted to the Florida Department of Agriculture and Consumer Services – Food, Nutrition, and Wellness department for approval. To operate as a summer feeding site, your organization must inform TCFB immediately with any changes in your meal service program. Examples: change in meal service time, # of meals being requested, meal service type, contact information, etc. All changes to your site will take up to 48 hours to be approved by FDACS and changes should not be implemented at your site until approved. Per new 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children during meal service.

Which meal service is your site planning to operate? Circle 1 meal or 2 meals:
Breakfast  Lunch  PM Snack

**Breakfast Service**

1. Meal Preparation Type:
   
   ✓ Satellite Self Prep

2. What dates do you plan to serve breakfast?
   Start Date: _________________ End Date: _______________

3. What time do you anticipate serving breakfast?
   Start Time: _________________ End Time: _______________
   (Meals cannot be served/consumed outside of the provided timeframe)

4. Check all days of the week breakfast meals will be served and claimed for reimbursement (TCFB requires sites to serve meals Monday – Friday).
   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
5. Is this site closed any date in between the start date and end date (Please note: TCFB will be closed July 4th, 2022)?

________________________________________________________

________________________________________________________

6. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per new 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service) __________________________

Lunch Service
7. Meal Preparation Type:

☑ Satellite Self Prep

8. What dates do you plan to serve lunch?
   Start Date: __________________  End Date: __________________

9. What time do you anticipate serving lunch?
   Start Time: _________________  End Time: _________________
   (Meals cannot be served/consumed outside of the provided timeframe)

10. Check all days of the week lunch meals will be served and claimed for reimbursement (TCFB requires sites to serve meals Monday – Friday).
   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

11. Is this site closed any date in between the start date and end date (Please note: TCFB will be closed July 4th, 2022)?

________________________________________________________

________________________________________________________

12. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per NEW 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service) __________________________

PM Snack Service
13. Meal Preparation Type:

☑ Satellite Self Prep

14. What dates do you plan to serve pm snack?
   Start Date: __________________  End Date: __________________

15. What time do you anticipate serving pm snack?
   Start Time: _________________  End Time: _________________
   (Meals cannot be served/consumed outside of the provided timeframe)

16. Check all days of the week pm snack meals will be served and claimed for reimbursement (TCFB requires sites to serve meals Monday – Friday).
   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
17. Is this site closed any date in between the start date and end date (Please note: TCFB will be closed July 4th, 2022)?

18. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per NEW 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service)

Participation Information:

1. Please choose the best description for your site:
   - [ ] Apartment Complex/Mobile Home Park
   - [ ] Boys & Girls Club
   - [ ] Church
   - [ ] Upward Bound
   - [ ] Day Care/Tutoring Center
   - [ ] Farmers Market
   - [ ] Homeless
   - [ ] Hotel
   - [ ] School/After School
   - [ ] Library
   - [ ] Medical Delivery
   - [ ] Migrant
   - [ ] Mobile (moving site)
   - [ ] WIC
   - [ ] YMCA
   - [ ] Recreation Center
   - [ ] HUD (Housing and Urban Development)
   - [ ] Rural Development (RD)
   - [ ] National Park Service
   - [ ] CROP (College Reach Out Program)
   - [ ] NYSP (National Youth Sports Program)
   - [ ] Police Athletic League
   - [ ] Non-Residential Camp
   - [ ] Residential Camp

2. Is this a For-Profit Site?
   - [ ] Yes
   - [ ] No

   If yes, please request a For-Profit Certificate from your sponsor.

3. If you currently operate the Child and Adult Care Food Program (CACFP), will you ensure the children will not be claimed on CACFP and SFSP?
   - [ ] Yes
   - [ ] No
   - [ ] N/A

4. If this is a Migrant Site, do you certify that the local migrant coordinator has been contacted to verify the location is a migrant site.
   - [ ] Yes
   - [ ] No
   - [ ] N/A

5. Is this a Residential or Non-Residential Camp Site?
   - [ ] Yes
   - [ ] No

   If yes, please request a hearing procedures form template from your sponsor.
6. Will the site participate in any field trips where meals will be transported, counted, and consumed off site (at a different point of service)?

☐ Yes ☐ No

If yes, please attach a field trip schedule including dates, times, addresses, and approximately how many children will attend. This must be approved by FDACS before meals can be taken and consumed off site.

a. If yes, will the main site (point of service) be closed during your field trips?

☐ Yes  ☐ No

7. Does this site operate more than one Point of Service?

☐ Yes ☐ No

a. If yes, please provide a detailed description of the multiple Points of Service and Meal Counting procedures to your Sponsor.

8. Will meals be claimed by grades or ages?  ☐ Grade  ☑ Age

a. If grades, what grades will be served?  N/A

b. If ages, what ages will be served?  

9. What arrangements been made for food service during inclement weather?


10. Indicate what the site will do with leftover meals.

☐ Return to preparation facility

☐ Refrigerate or store for next day service

☑ Discard

☐ Donate
Officials

(Must have at least one supervisor for every 25 children in attendance. These officials must have attended a sponsor training):

<table>
<thead>
<tr>
<th>Position/Job Title</th>
<th>Name</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site Supervisor</strong></td>
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<td><strong>Alternate Site Supervisor</strong></td>
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Signature of Authorized Representative  Title  Date
Sponsor Only:

11. Eligibility Information (To be filled out by the Sponsor)

Check Applicable:

☐ Open (Open to the Public on a first come first serve basis)
☐ Open Restricted (Open to broad community participation but meals will be limited and/or restricted based on facility capacity, safety, security and control)
☐ Closed Enrolled (open only to your enrolled kids with approved income eligibility applications submitted for each child)

a. If Open Restricted, please explain your specific reason why you are restricted:

____________________________________________________________________________________________________
____________________________________________________________________________________________________

12. Is this site area eligible? (To be filled out by the Sponsor)

☐ Yes  ☐ No

a. If yes, please indicate documentation type below:

☐ October Data  ☐ Census Tract  ☐ Other (attach supporting documentation)

i. If October Data,

School Number: ________________________________

School Name: ________________________________

Economically Needy Percentage: ________________________________

________________________________________________________

School Year Eligibility Established: ________________________________

ii. If Census Tract,

Census Tract Number: ________________________________

Block Group Number: ________________________________

School Year Eligibility Established: ________________________________

b. If no, please indicate how the income eligibility form requirement is being met:

☐ Collected  ☐ On File  ☐ Other

Received: ________________________________

Entered into FANS: ________________________________

Site Number: ________________________________