



## SFSP Site Information Sheet

Site Information:

Site Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Meal Service Information** (2 meal types only. You may choose from any of the following combinations: Breakfast/Lunch, Lunch/Snack, Snack/Supper. You may also elect to have only one meal service if that is all that your program requires.)

**Note:** There must be a three (3) hour period between the beginning of lunch and the beginning of breakfast. Lunch and Supper can last up to 2 hours. Breakfast and Snack can last up to 1 hour. EXAMPLE: Breakfast Served from 9:00-10:00 (1 hr.) Lunch served from 12:00-2:00 (2hr.)

### Breakfast Service

1. Meal Preparation Type:

Vended

2. What are the meal service dates? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

3. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

4. Check all days of the week meals are served and claimed for reimbursement.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4<sup>th</sup> of July, etc.)

\_\_\_\_\_  
\_\_\_\_\_

6. What is the Average Daily Attendance (ADA) for this meal service? \_\_\_\_\_

Lunch Service

1. Meal Preparation Type:

Vended

2. What are the meal service dates? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

3. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

4. Check all days of the week meals are served and claimed for reimbursement.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4<sup>th</sup> of July, etc.)

---

---

6. What is the Average Daily Attendance (ADA) for this meal service? \_\_\_\_\_

PM Snack Service

1. Meal Preparation Type:

Vended

2. What are the meal service dates? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

3. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

4. Check all days of the week meals are served and claimed for reimbursement.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4<sup>th</sup> of July, etc.)

---

---

6. What is the Average Daily Attendance (ADA) for this meal service? \_\_\_\_\_

Supper Service

1. Meal Preparation Type:

Vended

2. What are the meal service dates? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

3. What are the meal service times? Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

4. Check all days of the week meals are served and claimed for reimbursement.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4<sup>th</sup> of July, etc.)

\_\_\_\_\_  
\_\_\_\_\_

6. What is the Average Daily Attendance (ADA) for this meal service? \_\_\_\_\_

Participation Information:

1. Please choose a site type for this site:

Apartment Complex  Boys & Girls Club  Church  Upward Bound

Day Care  Farmers Market  Homeless  Hotel

School  Library  Medical Delivery  Migrant

Mobile  WIC  YMCA  Recreation

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. If this is a Day Care Site, will you ensure the children will not be claimed on CACFP and SFSP?

Yes  No  N/A

3. Will the site participate in any field trips where meals will be transported and counted at the Point of Service (POS) off site?

Yes  No \*If yes, **please attach field trip schedule**. This application is incomplete without the field trip schedule.

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

---

---

**Officials** (You must have a minimum of 2 officials listed. Please list as many as possible with all information filled in.)

Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

---

Signature of Authorized Representative

Title

Date

Phone number that we should call if we have any questions: \_\_\_\_\_

---

Sponsor Only:

Received: \_\_\_\_\_

Entered into FANS: \_\_\_\_\_

Site Number: \_\_\_\_\_

Thank you for your interest in the Summer Food Service Program. Please submit this application to **info@championsunite.org**. You may also **fax** it to **(888)278-0537**. Please call us to confirm receipt. We look forward to serving you this summer!

Please feel free to contact us at any time. We are happy to answer any questions that you may have.