



## Site Application

### SITE INFORMATION

Site Name							Date		
Physical Address							Apartment/Unit #		
City					State			Zip	
County					Nearest Cross Street				
Mailing Address, if different than above									
City					State			Zip	
Phone					Fax #				

### SITE SUPERVISOR INFORMATION

Last Name					First			Title		
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Driver's License #					Copy submitted?	Yes	No			

### GENERAL SITE INFORMATION

Start Date					End Date				
Days of Service	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon-Fri Only	
Mobile Site?	No		Yes		Site Type:	Open		Closed, Enrolled	
Is this a new site?	No			Yes		Pre-screening completed?	Yes		No
Another SFSP site within ¼ mile?	No			Yes		If yes, explain how 2 or more sites will not serve same group for same type of meal service:			
Are you requesting Disaster Response approval for this Site to operate as an emergency meal site during unanticipated school closures?									
Yes					No				

### MEAL SERVICE #1 BREAKFAST AM SNACK LUNCH PM SNACK SUPPER

Start Date					End Date				
Service start time						Service end time			
Days of Service	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon-Fri Only	
Average Daily Participation									
Meal Service Method	Self-Prep			Vended		Vendor Name:			
Appropriate holding equipment available			Appropriate holding equipment not available. Meals delivered no more than 1 hour before meal start time						



Storage/disposal Method for Leftovers:	Throw away	Donate	Refrigerate and serve next day
Inclement weather plans? (if outdoor site)	Serve indoors	Cancel meal for the day	Other
Meal Service Exceptions: Holiday closing, field trips, meal time change requests, etc.			
<b>MEAL SERVICE #2</b> <input type="checkbox"/> <b>BREAKFAST</b> <input type="checkbox"/> <b>AM SNACK</b> <input type="checkbox"/> <b>LUNCH</b> <input type="checkbox"/> <b>PM SNACK</b> <input type="checkbox"/> <b>SUPPER</b>			
<b>**LEAVE BLANK IF ONLY SERVING ONE MEAL AT THE SITE. SITE CANNOT SERVE BOTH LUNCH AND SUPPER**</b>			
Start Date	End Date		
Service start time	Service end time		
Days of Service	Mon	Tues	Wed
	Thurs	Fri	Sat
	Sun	Mon-Fri Only	
Average Daily Participation			
Meal Service Method	Self-Prep	Vended	Vendor Name:
Appropriate holding equipment available	Appropriate holding equipment not available. Meals delivered no more than 1 hour before meal start time		
Storage/disposal Method for Leftovers:	Throw away	Donate	Refrigerate and serve next day
Inclement weather plans? (if outdoor site)	Serve indoors	Cancel meal for the day	Other
Meal Service Exceptions: Holiday closing, field trips, meal time change requests, etc.			

**DISCLAIMER AND SIGNATURE**

This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalent of traditional handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntary excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation or withholding of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Signature	Date
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**SECTION BELOW IS FOR SPONSOR ONLY**

Eligibility method:	School Name:	
Percentage of students receiving free/reduced meals:	School Year for data usage:	
Census block #:	Group #:	Percentage Needy Children:
Pre-approval site visit completion date:		
Any additional notes:		