



METROPOLITAN ACTION COMMISSION 2024 SUMMER FOOD SERVICE PROGRAM (SFSP) SITE APPLICATION

NEW SITE (PLEASE CHECK ONE): () YES () NO (IF YOUR SITE DID NOT SERVE SFSP MEALS LAST YEAR PLEASE MARK "YES")

Site Name: _____

Site Address: _____ Site Phone: () - _____

Name and Title of the on-site coordinator in charge at site: _____ On-site coordinator Email Address: _____

Type of Site (Please check one): <input type="checkbox"/> Recreational <input type="checkbox"/> School <input type="checkbox"/> Residential Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Church <input type="checkbox"/> Other (Specify): _____	Period of Operation of Food Service June 3, 2024 through July 26, 2024	Site Program Dates of Operation: / / - / /	Site Program Hours of Operation:
	Total Number of Operating Days: 38	Number of Site personnel working with the program: Number of Personnel () 1-3 persons () Over 3 persons Number of Hours Daily () 1-4 hours () Over 4 hours	

ESTIMATED NUMBER OF CHILDREN TO BE SERVED MEALS EACH DAY:			ESTIMATED MEAL TIME: (PLEASE INDICATE THE TIME YOU WILL SERVE MEALS)?		WILL YOUR SITE PROVIDE MEALS ON FRIDAYS?	WILL YOUR SITE OFFER ACTIVITIES (ENRICHMENT/DAY CAMP, TUTORING, ATHLETICS, ETC) (X) YES () NO
Meal	Minimum	Maximum	Begins	Ends	() YES () NO	Will you offer field trips? () Yes () No If yes, for our delivery planning purposes what dates are the trips planned?
Breakfast:						
Lunch:						

SCHOOLS ATTENDED BY CHILDREN AT SITE (LIST ALL SCHOOLS THAT WILL BE REPRESENTED)	WHAT ARE THE ETHNIC AND/OR RACIAL GROUPS YOU EXPECT TO SERVE	WHERE WILL YOU SERVICE MEALS?
	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Arabic <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	(Please check one) <input type="checkbox"/> Indoors Facility <input type="checkbox"/> Outdoors Facility <input type="checkbox"/> Other (Please Explain): _____

How will you store your meals (Please check one) <input type="checkbox"/> Refrigerated storage available for ALL meals (including leftovers) <input type="checkbox"/> Refrigerated storage available for LEFTOVERS only <input type="checkbox"/> No refrigerated storage (It is required that you have refrigerated space to store meals.	Describe your plan for storing and distributing leftover meals the next day (attach additional sheet if needed)
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I certify that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature: _____ Date: / / _____

Title: _____

PLEASE NOTE: FAXED APPLICATIONS WILL NOT BE PROCESSED. APPLICATIONS MUST BE MAILED OR HAND DELIVERED TO OUR OFFICE.

FOR INTERNAL (SPONSOR) USE ONLY:

Classification of Site	Mark Type Documentation Site Eligibility	Percent of Children Eligible?
<input type="checkbox"/> Open regular <input type="checkbox"/> Open w/applications <input type="checkbox"/> Restricted w/applications <input type="checkbox"/> Residential Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Title 1/Vulnerable school printout <input type="checkbox"/> Census Tract <input type="checkbox"/> Needy Enroll/Applications <input type="checkbox"/> Migrant <input type="checkbox"/> Other (Specify): _____ Public Housing Eligibility Data	%

Approved

Denied Reason: _____

Initials: _____ Date: ____ / ____ / ____