

**THE METROPOLITAN ACTION COMMISSION
2020 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 person in charge at site: _____ Site Supervisor 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: Monday June 1, 2020- Friday July 31, 2020	Site Program Dates of Operation: _____	Site Program Hours of Operation: _____
	Total Number of Operating Days: 44	Site personnel working with the program: Number of Personnel <input type="checkbox"/> 1-3 persons <input type="checkbox"/> Over 3 persons Number of Hours Daily <input type="checkbox"/> 1-4 hours <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> NO
Meal	Minimum	Maximum	Begins	Ends	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you offer field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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		DO YOU HAVE AN INDOOR FACILITY/SHELTER AVAILABLE FOR MEAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		If not, what plan will be implemented? (Please check one) <input type="checkbox"/> Cancel Meals <input type="checkbox"/> Move to Alternate Site <input type="checkbox"/> Other (Explain): _____	

TO BE ANSWERED ONLY IF YOU ARE REQUESTING MEALS TO BE DELIVERED TO YOUR SITE

Storage Facilities for 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	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

- Open regular
- Open w/applications
- Restricted w/applications
- Residential Camp
- Migrant
- Other (Specify): _____

Mark Type Documentation Site Eligibility

- Needy school printout
- Census Tract
- Needy Enroll/Applications
- Migrant
- Other (Specify): _____

Percent of Children Eligible?

Public Housing Eligibility Data

Approved

Denied Reason: _____

Initials: _____ Date: _____