METROPOLITAN ACTION COMMISSION
2025 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):
() Recreational
( ) School
( ) Residential Camp
( ) Migrant
( ) Church
( ) Other (Specify):
_____

Period of Operation of Food Service
June 2, 2025 thru August 1, 2025

Site Program Dates of Operation:

Site Program Hours of Operation:

Total Number of Operating Days:
43

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:

Meal	Minimum	Maximum
Breakfast:		
Lunch:		

ESTIMATED MEAL TIME: (PLEASE INDICATE THE TIME YOU WILL SERVE MEALS)?

Begins	Ends

WILL YOUR SITE PROVIDE MEALS ON FRIDAYS?

( ) YES

( ) NO

WILL YOUR SITE OFFER ACTIVITIES (ENRICHMENT/DAY CAMP, TUTORING, ATHLETICS, ETC) (X) YES ( ) NO

Will you offer field trips? ( ) Yes ( ) No
If yes, what dates are the trips planned?

SCHOOLS ATTENDED BY CHILDREN AT SITE (LIST ALL SCHOOLS THAT WILL BE REPRESENTED)

WHAT ARE THE ETHIC AND/OR RACIAL GROUPS YOU EXPECT TO SERVE

() Hispanic/Latino
( ) American Indian
( ) Asian
() Black or African American
( ) Native Hawaiian or other
Pacific Islander
() White
( )Arabic

WHERE WILL YOU SERVICE MEALS

(Please check one)

( ) Indoors Facility

( ) Outdoors Facility

( ) Other (Please Explain):_____
_____

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

Storage Facilities for Meals (Please check one)

( ) Refrigerated storage available for ALL meals (including leftovers)

( ) Refrigerated storage available for LEFTOVERS only

( ) No refrigerated storage

Describe your plan for storing and distributing leftover meals the next day (attach additional sheet if needed)

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):_____ Public Housing Eligibility Data	Percent of Children Eligible?
( ) Approved ( ) Denied Reason:_____ Initials:_____ Date:_____		