



METROPOLITAN ACTION COMMISSION 2026 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 June 1, 2026 thru July 31, 2026	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:			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, 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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Arabic	(Please check one) <input type="checkbox"/> Indoors Facility <input type="checkbox"/> Outdoors Facility <input type="checkbox"/> 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) <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)

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"/> Needy 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: _____