



## 2024 SFSP Site Application

Site Name (no abbreviations) \_\_\_\_\_

Physical Address (where meals will be served) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

TCFB Program Start Date: **June 3<sup>rd</sup>, 2024**

TCFB Program End Date: **August 9<sup>th</sup>, 2024**

Site Application Deadline: **April 5<sup>th</sup>, 2024**

**All information on this form will be submitted to the Florida Department of Agriculture and Consumer Services – Food, Nutrition, and Wellness department for approval. To operate as a summer feeding site, your organization must inform TCFB immediately with any program changes in your meal service program. Examples: change in meal service time, # of meals being requested, meal service type, contact information, etc. All changes to your site will take up to 48 hours to be approved by FDACS and changes cannot not be implemented at your site until approved. Per new 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children during meal service.**

**All sites must be open a minimum of 4 consecutive days per week. Sites can only receive and serve meals Monday - Friday. Which meal service(s) is your site planning to serve? Circle 1or 2 meal types that you plan to serve:**

**Breakfast                      Lunch                      PM Snack**

### **Breakfast Service**

1. Meal Preparation Type:

☒ Satellite Self Prep

2. What dates do you plan to serve breakfast?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. What time do you anticipate serving breakfast each day?

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*(Meals cannot be served outside of this timeframe. To change your meal service time, you must report to TCFB and wait for approval)*

4. Check all days of the week breakfast meals will be served and claimed for reimbursement  
*(Sites must be open a minimum of 4 consecutive days per week. Sites can only receive and serve meals Monday – Friday).*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

5. Will your site be closed any date(s) in between the start date and end date mentioned above (*Please note: TCFB will be closed June 19<sup>th</sup> & July 4<sup>th</sup>, and meals will not be provided*)?
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6. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per new 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service) \_\_\_\_\_

### **Lunch Service**

7. Meal Preparation Type:

☒ Satellite Self Prep

8. What dates do you plan to serve lunch?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

9. What time do you anticipate serving lunch each day?

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

(Meals cannot be served outside of this timeframe. To change your meal service time, you must report to TCFB and wait for approval)

10. Check all days of the week lunch meals will be served and claimed for reimbursement (*Sites must be open a minimum of 4 consecutive days per week. Sites can only receive and serve meals Monday – Friday*).

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

11. Will your site be closed any date(s) in between the start date and end date mentioned above (*Please note: TCFB will be closed June 19<sup>th</sup> & July 4<sup>th</sup>, and meals will not be provided*)?
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12. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per NEW 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service) \_\_\_\_\_

### **PM Snack Service**

13. Meal Preparation Type:

☒ Satellite Self Prep

14. What dates do you plan to serve pm snack each day?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

15. What time do you anticipate serving pm snack?

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

(Meals cannot be served outside of this timeframe. To change your meal service time, you must report to TCFB and wait for approval)

16. Check all days of the week pm snack meals will be served and claimed for reimbursement  
(Sites must be open a minimum of 4 consecutive days per week. Sites can only receive and serve meals Monday – Friday).

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

17. Will your site be closed any date(s) in between the start date and end date mentioned above (Please note: TCFB will be closed June 19<sup>th</sup> & July 4<sup>th</sup>, and meals will not be provided)?
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18. What is the Average Daily Attendance (ADA) for this meal service? (# of children you anticipate serving – please do not inflate this number. Per NEW 5P-3 rule on Staff to Child Ratio = 1 staff to 25 children/meals during meal service) \_\_\_\_\_

Participation Information:

1. Please choose the best description for your site:

☐ Apartment Complex/Mobile Home Park

☐ Boys & Girls Club ☐ Church ☐ Upward Bound

☐ Day Care/Tutoring Center ☐ Farmers Market ☐ Homeless ☐ Hotel

☐ School/After School ☐ Library ☐ Medical Delivery ☐ Migrant

☐ Mobile (moving site) ☐ WIC ☐ YMCA ☐ Recreation Center

☐ HUD (Housing and Urban Development) ☐ Rural Development (RD)

☐ National Park Service ☐ CROP (College Reach Out Program)

☐ NYSP (National Youth Sports Program) ☐ Police Athletic League

☐ Non-Residential Camp ☐ Residential Camp

2. Is this a For-Profit Site?

☐ Yes ☐ No

*If yes, please request a For-Profit Certificate from your sponsor.*

3. If you currently operate the Child and Adult Care Food Program (CACFP), will you ensure the children will not be claimed on CACFP and SFSP?

☐ Yes ☐ No ☐ N/A

4. If this is a Migrant Site, do you certify that the local migrant coordinator has been contacted to verify the location is a migrant site.

☐ Yes ☐ No ☐ N/A

5. Is this a Residential or Non-Residential Camp Site?

☐ Yes ☐ No

*If yes, please request a hearing procedures form template from your sponsor.*

6. Will the site participate in any field trips where meals will be transported, counted, and consumed off site (at a different point of service)?

☐ Yes ☐ No

*If yes, site MUST attach a field trip schedule including dates, times, addresses, and approximately how many children will attend before being approved as a SFSP site. The field trip schedule must be approved by FDACS before meals can be taken and consumed off site. If there are any changes to your field trip schedule, site MUST notify TCFB with a new field trip form and wait for approval from FDACS.*

- a. If yes, will the main site/point of service be closed during your field trips?

*(Please note: Sites considered an "open site" cannot be closed during field trips, and must have a trained site supervisor present to still serve meals to the general public)*

☐ Yes

☐ No

7. Does this site operate more than one Point of Service?

☐ Yes ☐ No

*If yes, please provide a detailed description of the multiple Points of Service and Meal Counting procedures to your Sponsor. This must be approved by TCFB & FDACS prior to partnering.*

8. Will meals be claimed by grades or ages? ☐ Grade ☒ Age

a. If grades, what grades will be served? N/A

b. If ages, what ages will be served? \_\_\_\_\_

9. What arrangements have been made for food service during inclement weather?

\_\_\_\_\_  
\_\_\_\_\_

10. Indicate what the site will do with leftover meals.

- ☐ Return to preparation facility
- ☐ Refrigerate or store for next day service
- ☒ Discard
- ☐ Donate

### Site Officials

(All sites must have at least 1 supervisor present during all meal services. There must be 1 site supervisor present for every 25 children in attendance. These officials must have attended a sponsor training):

#### Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### Alternate Site Supervisor

Position/Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

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Signature of Authorized Representative

Title

Date

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**Sponsor Only:**

11. Eligibility Information (To be filled out by the Sponsor)

Check Applicable:

- ☐ Open (Open to the Public on a first come first serve basis)
- ☐ Open Restricted (Open to broad community participation but meals will be limited and/or restricted based on facility capacity, safety, security and control)
- ☐ Closed Enrolled (open only to your enrolled kids with approved income eligibility applications submitted for each child)

a. If Open Restricted, please explain your specific reason why you are restricted:

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12. Is this site area eligible? (To be filled out by the Sponsor)

☐ Yes ☐ No

a. If yes, please indicate documentation type below:

☐ October Data ☐ Census Tract ☐ Other (attach supporting documentation)

i. If October Data,

School Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Economically Needy Percentage: \_\_\_\_\_

\_\_\_\_\_

School Year Eligibility Established: \_\_\_\_\_

ii. If Census Tract,

Census Tract Number: \_\_\_\_\_

Block Group Number: \_\_\_\_\_

School Year Eligibility Established: \_\_\_\_\_

b. If no, please indicate how the income eligibility form requirement is being met:

☐ Collected   ☐ On File   ☐ Other

Received: \_\_\_\_\_

Entered into FANS: \_\_\_\_\_

Site Number: \_\_\_\_\_