



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

**SUMMER NUTRITION PROGRAMS
FOR-PROFIT CERTIFICATE**

5P-3.001, F.A.C.

Sponsor Name: _____ Sponsor Number: _____

Site Number and Name
of For-Profit Entity: _____

Site Address: _____

City: _____ Zip Code: _____

The department will approve a for-profit site if all of the following criteria are met:

1. The sites must be operated under an eligible public or private non-profit Sponsor;
2. The sites must operate as open sites or restricted open sites;
3. The sites must be located in an area in which at least 50 percent of the children are from households that are eligible for free or reduced priced school meals;
4. The sites must make meals available to all children in the area and must serve meals to children on a first come, first served basis; and
5. The sites must serve all meals at no charge.

An example of an eligible site is an apartment complex located in a needy area hosting an open site.

☐ I certify that the for-profit site will not benefit financially from participation in the SFSP.

☐ I certify that to the best of my knowledge and belief, this information is true and correct in all respects and records are available to support this statement if requested.

Printed Name of Site Official

Printed Name of Sponsor Official

Title

Title

Signature of Site Official

Signature of Sponsor Official

Date

Date