



NICOLE "NIKKI" FRIED
COMMISSIONER

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

**SUMMER FOOD SERVICE PROGRAM
APPLICATION**

5P-3.001, F.A.C.

Program Year: _____

SPONSOR INFORMATION

Type of sponsor (choose one):

- Public School District
- Private Nonprofit School
- Charter School
- Residential Camp
- Government Agency
- Church – 501(c)(3) or Church Qualifier Letter
- Private Nonprofit Organization - 501(c)(3)
- National Youth Sports Program (NYSP)
- Upward Bound College Program
- College Reach Out Program (CROP)
- National Park Service

For current sponsors:

Sponsor Agreement Number _____ Contract Number _____

For all sponsors:

Organization Name _____

Contact Name _____

Phone Number _____ Fax Number _____

MyFloridaMarketPlace Number _____

Data Universal Numbering System (DUNS) Number _____

System for Award Management (SAM) Registration
Commercial And Government Entity (CAGE) Code _____ Expiration Date _____

501(c)(3) Expiration Date _____

Federal Employer Identification Number (FEID) Number _____

Fiscal Year Begin _____ Fiscal Year End _____

Physical Address _____

City _____ State _____ Zip _____

County _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

Payment Address _____

City _____ State _____ Zip _____

County _____

AUTHORIZED REPRESENTATIVES:

Enter the names and contact information of persons authorized to sign the application, agreements, documents, forms and claim for reimbursement.

- The following must be documented before you can submit: Program Administrator; Program Director; SFSP Reimbursement Claims Official; Financial Contact; SAM Registration Contact; and Disaster Recovery Liaison
- Food Service Management Company (FSMC) employees cannot be listed below.
- Persons listed must be employees of the organization.

Job Title	Name	Email	Phone	Official Type
				Program Administrator
				Program Director
				SFSP Reimbursement Claims Official
				Financial Contact
				SAM Registration Contact
				Warehouse Manager
				Disaster Recovery Liaison
				USDA Foods Contact
				Hold/Recall Manager
				SFSP Other (Optional)

PROGRAM INFORMATION:

1. Does this organization plan to operate any closed enrolled sites or residential camps?
 Yes No N/A
2. Has the sponsorship notified the local Department of Health of its intent to operate a summer food program?
 Yes No N/A
3. Have the Program Administrator, Director and Administrative Staff received and read the Administrative Guidebook for Sponsors?
 Yes No
4. Does this organization expect to receive a total of \$750,000 or more in federal funds from any source this fiscal year?
 Yes No
5. Will meals be served to non-program adults?
 Yes No
6. Will meals be served to program adults?
 Yes No
7. Will the sponsorship participate in any field trips where meals will be transported and counted at the point of service (POS) off site?
 Yes No
8. Does this organization participate in offsite consumption of fruit, vegetable, or grain?
 Yes No
9. During unanticipated school closures, School Food Authorities may opt to provide meals for reimbursement; however, SFA's must receive approval prior to providing meals. In the event of an unanticipated school closure, will the SFA serve meals?
 Yes No N/A
10. Is an advance for the program being requested?
 Yes No

If yes, please specify which month(s) for which an advance is being requested. Advance payments may only be issued for months in which a sponsor will operate the Summer Food Service Program for ten or more days.

- June July August

11. Within the last twelve months, have any of the organization's employees or board members been associated with any organization that has received notices of Serious Deficiencies or been terminated from any Child Nutrition Program for failure to correct Serious Deficiencies?

If yes, please explain:

CIVIL RIGHTS:

1. Estimate the participation in daily meal service in the table below. Do not list percentages.

Hispanic or Latino	Not Hispanic or Latino	ETHNICITY TOTAL	White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander	RACE TOTAL

2. Describe efforts to be used to assure that minority populations have an equal opportunity to participate:

3. Describe efforts to be used to contact minority and grassroots organizations about the opportunity to participate:

4. List federal agencies other than the U.S. Department of Agriculture that provide financial support to your organization:

SPONSOR BUDGET:

Administrative Personnel

Administrative personnel must be necessary and reasonable for proper administration of the program. Administrative Personnel examples may include: labor, taxes and benefits of the director, administrator, finance contact, and monitors for your program. The USDA recommends one monitor for every 1-15 sites for rural areas and one monitor for every 15-20 sites in urban areas.

Position Title	Number of People in the Position	Wage/ Hour (Salaries & Fringe)	Hours Worked/ Day	Total Number of Days Worked	Gross Wages (Salaries & Fringe)

Total Wages: _____

Administrative Costs

Administrative costs are cost incurred by a sponsor related to planning, organizing, and managing a food service under the program, and excluding interest costs and operating costs. Administrative Cost examples may include: Advertising and publishing Information, Communications, Contracted/Professional Service, Equipment Rental, Insurance Premium, Office Space Rental, Printing and postage, Staff and Site training, Supplies, Travel, and Utilities.

Item Description	Amount

Total Amount: _____

Total Administrative Costs (Total Wages + Total Amount): _____

Operational Personnel

Operational personnel costs are allowable when the amounts claimed are based upon hourly rates that are reasonable for the services provided and documented by payroll records. Hourly rates will be considered reasonable to the extent that they are consistent with rates paid for similar work in the area in which the sponsor is located. These costs will include those that will be responsible for preparation, delivery, and service of program meals and cleanup, supervision of children during the meal service, and onsite preparation of records required for the program and volunteers. Please note that although volunteers will not be paid for their services, you will need to indicate their time spent on the program to show adequate coverage of your sites. Operational personnel examples may include site supervisors, cooks, delivery drivers, and janitorial personnel.

Position Title	Number of People in the Position	Wage/ Hour (Salaries & Fringe)	Hours Worked/ Day	Total Number of Days Worked	Gross Wages (Salaries & Fringe)

Total Wages: _____

Operational Costs

Operating costs are expenses incurred in operating a food service under the SFSP. In this section you will detail your food cost (if self-prep), non-food supply cost (i.e. paper goods, etc.), contracted food costs (if vended/catered), any facility expenses, equipment rentals/repairs, utility costs, costs for transporting food to children (i.e. picking up food from a central kitchen and transporting them to various sites). For more information, please refer to FNS Instruction 796-4 found in subsection 5P-3.001(1), Florida Administrative Code and the USDA Summer Food Service Program Administration Guide.

Item Description	Amount

Total Amount: _____

Total Operational Costs (Total Wages + Total Amount): _____

Total Costs (Administrative + Operational): _____

PROCUREMENT:

For Self-Preparation Sponsors:

1. Will there be a contract with a mainline food distributor (i.e., Sysco, Gordon, US Foods, etc)?

Yes No

If yes, please fill out the contract information below:

Vendor Name _____

Contract Amount _____

Contract Start Date _____

Contract End Date _____

2. Provide the total cost of food.

Total Food Cost: _____

Total Non-Food Supplies Cost: _____

For Vended Sponsors:

1. How are meals vended to sites?

School Food Authority (SFA)

Food Service Management Company (FSMC) (i.e., Caterer, Restaurant)

2. Do all sites use the same SFA or FSMC?

Yes. Please fill out vendor table below.

No. Please attach a detailed site list showing which FSMC services each site.

FSMC Name _____

Total Estimated Contract Value _____

Enter the prices charged per meal:

Meal Type	Price
Breakfast	
Morning Snack	

Lunch	
Afternoon Snack	
Supper	

SITE INFORMATION: (Please complete for each site.)

Site Number _____ Site Name _____

Physical Address _____

City _____ County _____ Zip _____

Participation Information:

1. Is this site a new site, or did the location of this site change from the previous summer?

Yes No

If yes, please make sure you complete a Pre-Operational Site Visit before operating.

2. Please choose a site type for this site:

Apartment Complex Boys & Girls Club Church Upward Bound

Day Care Farmers Market Homeless Hotel

School Library Medical Delivery Migrant

Mobile WIC YMCA Recreation

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

3. Is this a for-profit site?

Yes No

4. If this organization is also participating in the Child and Adult Care Food Program, will the sponsor ensure the meals provided will not be claimed on both programs?

Yes No N/A

Eligibility Information (check applicable):

1. Will this site be an Open Site, Open Restricted Sites, or a Closed Enrolled Site?

Open Open Restricted Closed Enrolled

a. If Open Restricted, please explain the purpose for the restrictions:

2. Is this site area eligible?

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 requirement is being met:

Collected On File Other

3. Is this site part of a mobile route? Yes No

4. Will the site participate in any field trips where meals will be transported and counted at the Point of Service (POS) off site? The department must be notified of any field trips 48 hours in advance of the field trip taking place.

Yes No

a. If yes, will the meals be provided during field trips?

No (Please fill out the field trip form provided to you by your Program Specialist)

Yes (List out field trip dates and locations below)

5. Does this site operate more than one POS?

Yes No

- a. If yes, please provide a detailed description of the multiple Points of Service and Meal Counting and Claiming procedures to your Program Specialist.

- 6. Will meals be claimed by grades or ages?
 - a. Grades (indicate grades):
 - b. Ages (indicate age range):

- 7. Have arrangements been made for food service during inclement weather?
 - Yes No

- 8. Indicate what the site will do with leftover meals.
 - Return to preparation facility
 - Refrigerate or store for next day service
 - Discard
 - Donate

Site Supervisor:

Name _____

Email _____

Phone Number _____

Position/Job Title with Organization _____

Meal Service Information:

Breakfast Service

- 1. Meal Preparation Type:
 - Vended Self Preparation at Site Self Preparation at Kitchen with Delivery to Site

- 2. Check all days of the week meals are served and claimed for reimbursement.
 - Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- 3. What are the meal service dates? Start Date _____ End Date _____

- 4. What are the meal service times? Start Time: _____ End Time: _____

- 5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

- 6. What is the Average Daily Attendance (ADA) for this meal service? _____

Morning Snack Service

1. Meal Preparation Type:

Vended Self Preparation at Site Self Preparation at Kitchen with Delivery to Site

2. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. What are the meal service dates? Start Date _____ End Date _____

4. What are the meal service times? Start Time: _____ End Time: _____

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

Lunch Service

1. Meal Preparation Type:

Vended Self Preparation at Site Self Preparation at Kitchen with Delivery to Site

2. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. What are the meal service dates? Start Date _____ End Date _____

4. What are the meal service times? Start Time: _____ End Time: _____

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

Afternoon Snack Service

1. Meal Preparation Type:

Vended Self Preparation at Site Self Preparation at Kitchen with Delivery to Site

2. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. What are the meal service dates? Start Date _____ End Date _____
4. What are the meal service times? Start Time: _____ End Time: _____
5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

Supper Service

1. Meal Preparation Type:
 Vended Self Preparation at Site Self Preparation at Kitchen with Delivery to Site
2. Check all days of the week meals are served and claimed for reimbursement.
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
3. What are the meal service dates? Start Date _____ End Date _____
4. What are the meal service times? Start Time: _____ End Time: _____
5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

CERTIFICATION STATEMENTS

___ This organization certifies that all staff and all site staff operating will be trained prior to operation.

___ This organization certifies that all children will be served the same meals and that there will be no discrimination during meal service.

___ This organization certifies that all new sites will receive a **Preoperational Visit** before the site begins program operation. **Site Visits** will be conducted within the first week of program operation. **Site Reviews** will be conducted within the first four weeks of program operation.

Signature of Authorized Representative Title Date