



Site Application

SITE INFOR	MA	ION	ı																				
Site Name Date																							
Physical Addres									Apartment/Unit														
City								State												Z	ip		
County								Nearest Cross Street															
Mailing Address different than a		<u>)</u>																					
City									State									Zip					
Phone				Fax #																			
SITE SUPERVISOR INFORMATION																							
Last Name	ame									Title													
Street Address						Ap							Apa	artme	nt/Unit #								
City		State																		Z	IP		
Phone					E-mai	I Addres	Address																
Driver's License	Driver's License # Copy submi								tted?				Yes					No					
GENERAL S	TE	INFC	RMA	TION																			
Start Date								End [Date														
Days of Service	: N	1on	on Tues Wed Thurs Fri Sat							Sun						Мо	Mon-Fri Only						
Mobile Site?	No)			Yes			Site T	ype:	Ope	n							Clos	Closed, Enrolled				
Is this a new si	Is this a new site? No Yes						Yes Pre-				-screening completed? Yes									No			
Another SFSP site within 1/4 No mile?						Yes	i				If yes, explain how 2 or more sisame type of meal service:						sites	ites will not serve same gro				grou	o for
Are you requesting Disaster Response approval for this Site to operate as an emergency meal site during unanticipated school closures? Yes No																							
MEAL SERV	ICE	#1		BREAKFAS	ST 🗆	AM SN	IACK] LUN	ICH		□ Pľ	VI SNA	CK]	SUPI	PER					
Start Date								End E	Date														
Service start tir	ne										Serv	vice en	d time										
Days of Service	:	Mon		Tues	Wed	Th	nurs		Fri		Sa	t		S	un				M	lon-F	ri Oı	nly	
Average Daily Participation																							
Meal Service Method Self-Prep									Vendor Name:														
Appropriate holding equipment available Appropriate holding equipment not available. Meals delivered no more than 1 hour before meal start time.												time											



Storage/disposal Me for Leftovers:	Throw away					Donate		Refrigerate and serve next day								
Inclement weather p		Serve indoors				ncel meal for th	e da	у	Other							
Meal Service Excepti		eal tim	e change requests, etc							'						
Holiday closing, field trips, meal time change requests, etc. MEAL SERVICE #2																
LEAVE BLANK IF ONLY SERVING ONE MEAL AT THE SITE. SITE CANNOT SERVE BOTH LUNCH AND SUPPER																
Start Date	art Date End Date															
Service start time	me Service end time															
Days of Service	Days of Service Mon T				Thur	s	Fri	S	Sat		Sun	1	Mon-Fri Only			
Average Daily Participation																
Meal Service Method	I Se	Self-Prep Vended							Vendor	Name:	ime:					
Appropriate holding equipment available Appropriate holding equipment not available. Meals delivered no more than 1 hour before meal start time.											pefore meal start time					
Storage/disposal Me for Leftovers:	Throw away					Donate		Refrige	ay							
Inclement weather p	Serve indoors				Cai	ncel meal for th	у	Other								
Meal Service Exceptions: Holiday closing, field trips, meal time change requests, etc.																
DISCLAIMER AND SIGNATURE																
This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalent of traditional handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntary excluded from participation in this transaction by any Federal/State department or agency.																
I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation or withholding of information will subject me to prosecution under applicable federal and state criminal statutes.																
On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.																
Signature																
SECTION BELOW IS FOR SPONSOR ONLY																
Eligibility method: School Name:																
Percentage of students receiving free/reduced meals: School Year for data usage:																
Census block #:							Group #:				Percentage Needy Children:					
Pre-approval site visit completion date:																
Any additional notes:																