



Summer Food Service Program

Application

(Application Deadline February 28, 2017)

Name of Site _____

Street Address _____ City _____ State _____ Zip _____

Primary Site Supervisor _____ Phone _____

Secondary Site Supervisor _____ Alternate Phone _____

Email Address _____ Text number _____

Secondary Email Address _____

Does this site have a refrigerator? Yes No

The Meals must be served during the pre-determined designated times each day:

Breakfast: Beginning Time _____ Ending Time _____

Lunch: Beginning Time _____ Ending Time _____

Days of the week requested (circle): Monday Tuesday Wednesday Thursday Friday

Beginning Date _____ End Date _____

Are there any days between the Beginning and End dates that the program will not want service?

How many children do you anticipate to eat each day? _____

If the number will vary, please indicate the reasons and how we can forecast the number of meals to prepare

What types of activities will your site provide before or after meals?

I agree to ensure that Meal Counts are recorded using the **Child Care Resources** website through a smartphone, tablet, or computer *while the children are eating each day*. We have a refrigerator to cool down the milk before service. The Summer Food Service Program uses federal dollars to provide meals. I understand that distributing meals without recording Meal Counts may result in immediate termination of the SFSP at this site.

CACFP Administrator Signature _____ Date: _____

Site Supervisor Signature _____ Date: _____