

**South Carolina Department of Social Services
Summer Food Service Program for Children
SPONSOR APPLICATION FOR PARTICIPATION**

(In accordance with 7.C.F.R. 225, no participation may be authorized unless a completed application has been received.)

INSTRUCTIONS: Complete two copies of this application. Submit applications with an original DSS Form 3306, Site Information Sheet, for each site and for each session (if more than one is offered) where the program will be administered by the applicant. If more space is needed, continue on a plain sheet of paper numbering each item. Type or print clearly all information.

1. Sponsor Number: SF- _____ Federal Identification Number: _____ Year: _____

2. Name and Mailing Address of Applicant/Sponsor: (Include zip code)

3. Intended Dates of Food Service Program Operation: Begin: _____ End: _____

Number of Operating Days: May: ____ June: ____ July: ____ August: ____ September: ____ **Total:** _____

4. Name and Title of Authorized Sponsor Representative Who Will Sign the Contract:

Name of Contact Person: _____

E-Mail: _____ Telephone: _____ Fax: _____

5. Status of Applicant: Public or Nonprofit Private School Food Authority Private Nonprofit Private Residential Summer Camp State, Local, Municipal or County Government Entity Private Nonprofit Organization

6. Indicate Other USDA Programs in Which the Applicant Participates: (Sites may not participate in the SFSP and SMP simultaneously.)

None Child/Adult Care Food Program National School Lunch Program
 School Breakfast Program Food Distribution Program Special Milk Program (SMP)

7. Has the applicant participated in the Summer Food Service Program in prior years?

Yes No (If yes, state the agreement number, year and state in which the applicant participated for the most recent period of participation.)

Sponsor Number: SF- _____ Year: _____ State: _____

8. Please respond to the following. Attach additional sheets if necessary.

A. Yes No Does the applicant provide an ongoing year-round service to the community that would be served by the Summer Food Service Program? (If yes, describe the nature of the service, the date it was instituted and the average number of paid and volunteer workers during the six months preceding this application.)

B. Yes No Has applicant managed or administered any community Food Service Program(s) including the Summer Program? If yes, provide the names of corporate officers, the addresses of food service sites and the sources of funding for each Food Service Program specified and also, attach a copy of your independent audit result(s).

C. Yes No Was applicant ever terminated or determined to have been seriously deficient in his/her operation of any community Food Service Program listed in item A? If yes, please explain:

9. Training Sessions (Training is mandatory for all administrative and site personnel.)

A. Name(s) of Person(s) Responsible for Conducting Training Sessions for Administrative Personnel:

B. Name(s) of Person(s) Responsible for Conducting Training Sessions for Site Personnel:

C. Dates of Training Sessions: (Attach summary of training programs, including topics to be covered.)

Administrative Personnel Training: _____ Site Personnel Training: _____

10. How will meals be provided to sites?

A. Self-preparation on site.

Number of Sites Served: Rural: _____ Nonrural: _____

B. Sponsor preparation at central kitchen facility.

Number of Sites Served: Rural: _____ Nonrural: _____

C. Sponsor preparation at school food service facility.

Number of Sites Served: Rural: _____ Nonrural: _____

D. Agreement with food service authority.

Number of Sites Served: Rural: _____ Nonrural: _____

E. Contract with food service management company. (If contract will exceed \$10,000, attach a copy of the wording to be used in the summary of the invitation to bid, the planned date and place of publication, and the planned date and place of bid opening.)

Number of Sites Served: Rural: _____ Nonrural: _____

11. Indicate Total Number of Eligible Children to be Served Daily by Meal Type at All Sites Listed on DSS Form 3306, Site Information Sheet: (For camps, list only the estimated total number of eligible children for each session in which reimbursement for meals will be claimed under the SFSP.)

Breakfast (A)	AM Supplement (B)	Lunch (C)	PM Supplement (D)	Supper (E)

12. FNS Instruction 113-8 requires the following data be submitted as part of the application process. Please respond to each item. (Attach additional sheets, if necessary.)

A. Give an estimate of the racial/ethnic makeup of the population to be served.

Black: _____ % White: _____ % Hispanic: _____ % Other: _____ %

Note: Possible sources of data could be the 2000 Census or public school enrollment data.

B. What efforts are to be used to contact minority and grassroots organizations about the opportunity to participate?

- Letter to Local Churches Letter to Local Community Action Agency Flyers
 Letter to Local Schools Notify Local NAACP Chapter Other: (Describe) _____

13. Indicate Advance Payment Requests:

A. Operational costs? Yes No B. Administrative costs? Yes No

14. Show Projected Income From All Sources Other Than USDA That Will be Used to Help Finance the SFSP:
 (Attach additional sheets, if necessary.)

Income Source: _____ Income Amount: _____

Describe the Costs for Which This Income Will be Used: _____

15. Management Plan: (Identify person(s) by name and title)

A. Authorized to approve purchases or rentals. _____

B. Authorized to approve the number of hours of regular and overtime pay for employees. _____

C. Responsible for scheduling and supervising monitors, reviewing site reports of deficiencies, restricting or terminating food service, if necessary, and effecting corrective action. _____

16. List the Administrative Level Personnel Who Will be Responsible for the Summer Food Service Program:

Title of Position	Number	Hours Per Day on SFSP	Salary Per Hour (Volunteer Use "V")	Number of Days	Total \$ for Program	Source of Funds (USDA, etc.)	Name of Administrative Personnel

Did any of the personnel named in item 16 work for another summer food service program sponsor or a food service management company? (Attach sheet if necessary.)

Yes No (If yes, give name of personnel, name of sponsor or food service management company and dates of employment here.)

17. Operational and Administrative Budget: (Add additional line items as needed.)

A. Estimated Operational Costs (Food Service)			B. Estimated Administrative Costs		
	Sponsor Amount	DSS Approved Amount		Sponsor Amount	DSS Approved Amount
Food			Total Administrative Salaries (See 16 above)		
Labor	Site		Fringe Benefits		
	Kitchen		Office Utilities		
Fringe Benefits			Office Supplies		
Non-Food Supplies			Audit Fees (Attach letter)		
Utilities			Transportation (Administrative and Monitors)	Rental	
Kitchen or Truck Rental (Attach contract)				Mileage	
Equipment Rental (Attach contract)			Telephone		
Indirect Cost			Postage		
			Use Allowance		
			Rent of Office Space (Attach contract)		
			Indirect Cost		
Sub-Total			Sub-Total		

18. I certify that the information on this application and the attached DSS Form 3306, Site Information Sheet, is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. The program must be made available to all eligible children regardless of sex, age, disability, race, color, religion or national origin. If government sponsor, I certify that the program is directly operated at all sites by this sponsor.

Name and Title of Authorized Sponsor Representative

Signature of Authorized Sponsor Representative

Date