

**South Carolina Department of Social Services
Summer Food Service Program for Children (SFSP)
SITE INFORMATION APPLICATION**

Instructions: Complete in duplicate for each feeding site which will be administered by the applicant. Attach one copy to DSS Form 1625, "Sponsor Application for Participation." Retain a copy for your file. If more space is needed, continue on a plain sheet of paper, numbering each item and attach to the Site Application. A Site Information Application must be submitted and approved before meals served at the site are eligible for reimbursement.

1. Name of Sponsor: _____ _____ _____	Agreement Number: _____	Site Number: _____																							
2. Name and Address of Food Service Site: (Include Zip Code) _____ _____ _____ Telephone: _____	Is the site located in a standard metropolitan statistical area (SMSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site located in a rural pocket within SMSA? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
3. Did this site participate in any prior year's Summer Food Service Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of sponsor and year of participation: _____	Name of Site Supervisor: (If unknown at this time, provide to SCDSS Office prior to beginning of operation.) _____ County in Which Site is Located: _____																								
4. Indicate other USDA programs in which the site participates. (Sites in the Special Milk Program (SMP) are not eligible for the SFSP.) <input type="checkbox"/> None <input type="checkbox"/> National School Lunch <input type="checkbox"/> School Breakfast <input type="checkbox"/> Child/Adult Care Food <input type="checkbox"/> Food Distribution <input type="checkbox"/> SMP																									
5. Type of Site: (Check all that apply.) A. <input type="checkbox"/> Open Site C. <input type="checkbox"/> Migrant Site E. <input type="checkbox"/> Enrolled Site G. <input type="checkbox"/> Homeless Site B. <input type="checkbox"/> Residential Camp D. <input type="checkbox"/> Nonresidential Camp F. <input type="checkbox"/> NYSP Site H. <input type="checkbox"/> Licensed Day Care Center/Home																									
6. If the answer to item 5 is "A" or "C" please check one of the following to document that the local areas from which the site draws its attendance are areas in which poor economic conditions exist, as defined by the program regulations. <input type="checkbox"/> Documentation from public or nonprofit private schools located nearest the site. Name of School: _____ <input type="checkbox"/> Documentation from departments of welfare, education or zoning commissions. <input type="checkbox"/> Documentation from organization determined by the state agency as a migrant organization. <input type="checkbox"/> Census tract information. Documentation attached or indicate the year the above documentation was submitted: _____																									
7. If the answer to item 5 is "B", "D" or "E": (a) Attach a copy of the form that is or will be used to document each enrolled child's eligibility for reduced-price school meals. (b) For camps only, indicate the number of children eligible for reduced-price meals and the total number of children participating at this site for each session. (If this information is unavailable at this time, it must be provided to the SCDSS prior to the submission of the Claim for Reimbursement for each session.) Total No. of Children Participating: (Estimate) _____ Total No. of Eligible Children Participating: (Estimate) _____																									
8. A. Period of Operation of Food Service: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Beginning Date (MM/DD/YY)</th> <th rowspan="2" style="width: 15%;">Closing Date (MM/DD/YY)</th> <th colspan="6">Number of Operating Days</th> </tr> <tr> <th style="width: 5%;">May</th> <th style="width: 5%;">Jun</th> <th style="width: 5%;">July</th> <th style="width: 5%;">Aug</th> <th style="width: 5%;">Sep</th> <th style="width: 5%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> C. Indicate date(s) this site will be closed: _____			Beginning Date (MM/DD/YY)	Closing Date (MM/DD/YY)	Number of Operating Days						May	Jun	July	Aug	Sep	Total									B. Operating Days of the Week: (Check each day that this site will operate, and if a camp, attach a copy of your camping schedule.) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Beginning Date (MM/DD/YY)	Closing Date (MM/DD/YY)	Number of Operating Days																							
		May	Jun	July	Aug	Sep	Total																		

9. A. Describe the Meal Service Area:

How many children can eat at this site at one time? _____ Is there shift feeding? Yes No

B. Describe the Meal Service:

Instructions:

All applicants should complete this section. All Sponsors applying for camps should only list the number of eligible children to be served daily for which reimbursement for meals will be claimed under the Summer Food Service Program.

Types of Meals to be Served	Estimated Total of Children to be Served	Estimate Number of Eligible Children (Camps Only)	Time of Meal Service		For SCDSS Use: Approved Level of Meal Service
			Begins	Ends	
Breakfast					
Snack:	AM				
	PM				
Lunch					
Supper					

C. Monitoring Schedule:

Pre-Operational Visit

First Week Review

Site Review

Dates: _____

10. A. How will meals be prepared for this site? (Check One)

- Self-Preparation on Site
- Sponsor Preparation at Central Kitchen Facility
- Sponsor Preparation at a School Food Service Facility
- Agreement with School Food Service Authority
- Contract with Food Service Management Company
- Other: _____

B. The Holding of Meals Until the Time of Meal Service: (Check One)

- Served at Time of Delivery
- Served Within One Hour of Delivery
- Held in Refrigerator on Site
- Other: _____

C. The Storage and Refrigeration of Excess Meals Until the Next Day or the Return of Excess Meals to the Vendor: (If Applicable)

- Refrigerate Until the Next Day
- Return to Sponsor
- Other: _____

11. A. Is this site an indoor or outdoor site? (Check Appropriate Box) Indoor Outdoor

B. If an outdoor site, what is your policy for serving meals when weather prevents the outdoor service of meals?

- Meal service will be cancelled.
- Meals will be served at the following location:

Address: _____ Description: _____

Note: Leaving meals with the children is not an option.

C. Is there a regularly scheduled activity? Yes No

If yes, list the types of activities provided or attach a schedule of daily activities. _____

I certify that this site has been visited and that the information on this form and subsequent attachments is true and correct to the best of my knowledge. 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 children regardless of sex, age, disability, race, color, religion or national origin.

Name and Title of Authorized Sponsor Representative (Please Print)

Signature of Authorized Sponsor Representative

Date