



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 \_\_\_\_\_

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.

- Food Service Management Company (FSMC) employees cannot listed below.
- Persons listed must be employees of the organization.

<b>Job Title</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>	<b>Official Type</b>
				Program Administrator
				Program Director
				SFSP Reimbursement Claims Official
				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

2. Does this organization expect to receive a total of \$750,000 or more in federal funds from any source this fiscal year?

Yes  No

3. Will meals be served to non-program adults?

Yes  No

4. Will meals be served to program adults?

Yes  No

5. Does this organization participate in offsite consumption of fruit, vegetable, or grain?

Yes  No

6. 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

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

If yes, please explain:

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**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	<b>ETHNICITY TOTAL</b>	White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander	<b>RACE TOTAL</b>

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

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

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

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**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.

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

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-3.003(3), 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. 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)

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4. 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.

5. Have arrangements been made for food service during inclement weather?

Yes    No

6. 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, 4<sup>th</sup> 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, 4<sup>th</sup> 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, 4<sup>th</sup> of July, etc.)

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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, 4<sup>th</sup> of July, etc.)

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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, 4<sup>th</sup> 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